

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	25/03/2021 11:16 (SGT)
Date of Accident	25/03/2021 07:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6047R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Company Reg No	2XXXXX975H
Email Address	CLAIMS@PREMIERTAXI.COM
Mobile Phone No	(Phone) +65-91550072
Alternative Phone No	(Office) +65-62148880

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5107202885-01
Cover Note Number	-

DRIVER

Name of Driver	NG YONG KANG
NRIC No	SXXXX436G

Date Of Birth	17/04/1968
Occupation	Outdoor
Date Of Driving Pass	18/04/1989
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91061055
Alt. Phone Number	-
Email Address	CLAIMS@PREMIERTAXI.COM
Address	BLK 504B #07-98
Address complement	YISHUN ST 51
Postcode	762504
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX IN THE REAR SEAT
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

VEH. A - 1 PAX
VEH. B - 1 CHILD

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM3357D
Vehicle Manufacturer	Mercedes
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FEMALE CHINESE
Contact Number	(Phone) +65-97569992
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	CHILD ON BOARD
Gender	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG YONG KANG - DRIVER OF VEH. A
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON
Injured person in which vehicle?	SHC6047R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


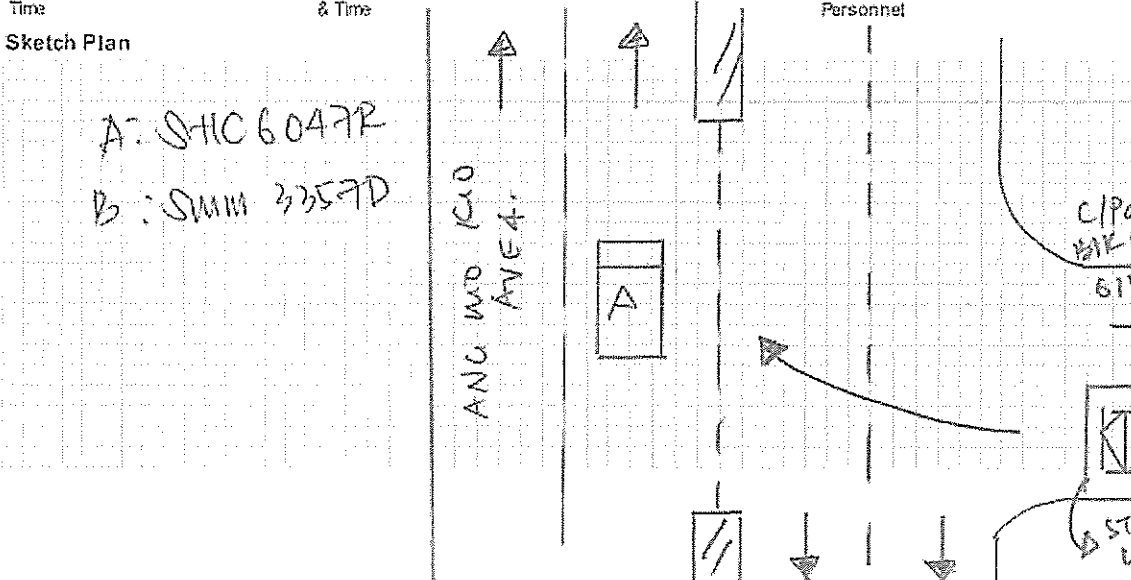
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	<p>268154366</p>	<p>25 MAR 2021</p>
<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p>A: SHC 6047R B: SWM 3357D</p> 		

Describe Circumstances of the Accident

Refer to sketch

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

25 MAR 2021
 369154364

Driver's Signature (if driver is not the policyholder) / Date & Time

25 MAR 2021

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

ON 25/03/2021 @0723HRS, I WAS DRIVING MY TAXI (SHC 6047 R) WITH 1 PASSENGER ON BOARD, TRAVELLING ALONG ANG MO KIO AVE 4, ON THE RIGHT LANE.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY VEHICLE B (SMM 3357 D – M/BENZ) WHICH WAS EXITING FROM THE CARPARK DRIVEWAY (BLK 613/614 – ON MY RIGHT) – FAILED TO KEEP FOR CLEARANCE FROM MY ROUTE, HAD COLLIDED ONTO THE RIGHT PORTION OF MY TAXI WHEN MAKING HER TURN OUT INTO THE MAIN ROAD.

AS SUCH, THE FRONT LEFT OF VEHICLE B COLLIDED ONTO THE RIGHT REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION & VEHICLE B DAMAGE ON THE FRONT LEFT PORTION.

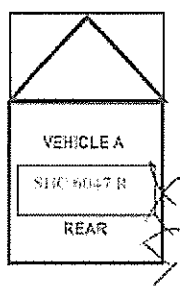
MY PASSENGER – MR IBRAHIM WILLING TO BE MY EYE WITNESS.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

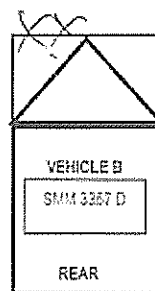
VEHICLE B HAD A CHILD ONBOARD.

*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI

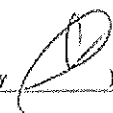


THIRD PARTY
VEHICLE

 568154366

Driver's Signature & NRIC Number
Thursday, March 25, 2021 @ 10:21:31 AM

(attended by



Vehicle Registration Details

Vehicle No. SHC6047R	Make/ Model HYUNDAI/AE IONIQ HEV FL 1.6 DCT	Vehicle Scheme Revised Taxi (Company)
Current Propellant Petrol-Electric	Chassis No. KMHC851CVLU240856	Vehicle Type Public Transport Taxi (Motor Car)

Owner's Details

Owner Name:
PREMIER TAXIS PTE. LTD.

Owner ID Type:
Company

NRIC/Passport/Company Cert No.:
200304975H

Registered Address
**23 CHANGI SOUTH AVENUE 2 #04-03
SINGAPORE 486443**

Mailing Address:
-

Birth Date
-

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
22 Mar 2021

Original Registration Date:
22 Mar 2021

Registration Date:
22 Mar 2021

No. of Transfers:
0

IU Label No.:
1050549337

Vehicle Specifications

Engine No.:
G4LELU040543

Chassis No.:
KMHC851CVLU240856

Year of Manufacture:
2020


Motor No.:
PM04LAN068DJ

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMM3357D

Date of Accident25/03/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **26/06/2020 - 25/06/2021**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **25/03/2021 13:39****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**