

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.



[Signature]

50169611D

20 APR 2021

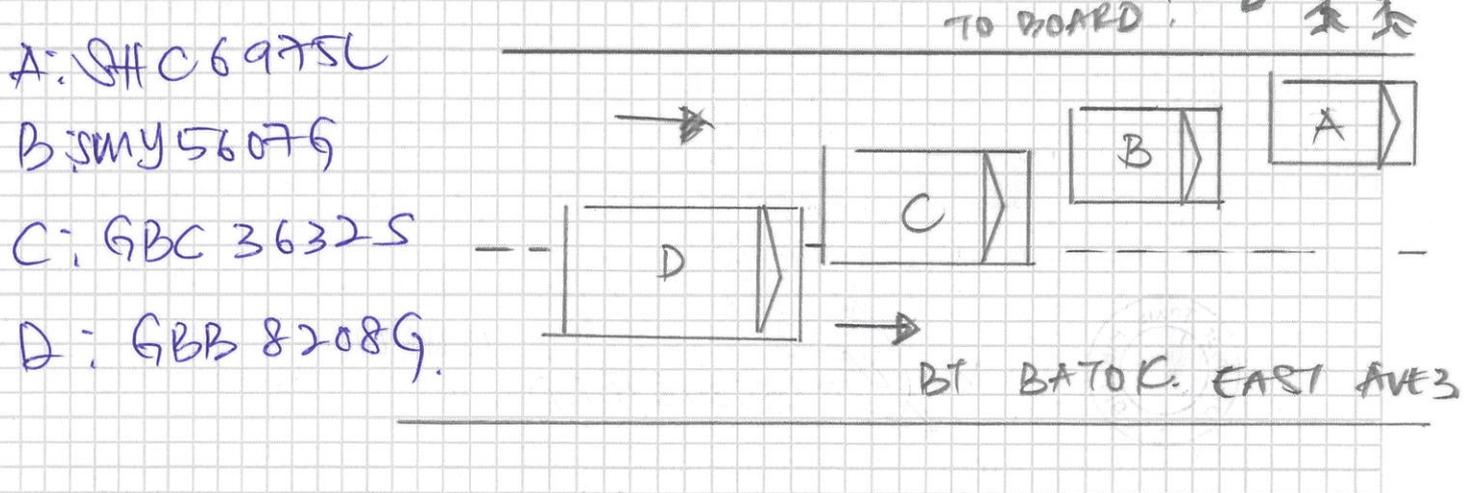
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attach.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 50169611D

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

20 APR 2021

[Signature]

Witnessed by Reporting Centre Personnel

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 16/04/2021 @ 18:50HRS, I WAS IN MY TAXI (SHC 6975 L) STATIONARY ALONG BUKIT BATOK EAST AVE 3, ON THE LEFT LANE WITH HAZARD LIGHTS – TO BOARD 2 PASSENGERS.

WHILE STATIONARY – I NOTICED VEHICLE B (SMY 5607 G – M/BENZ) WHICH WAS BEHIND ME, STOPPED AS WELL, BUT SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, VEHICLE D (GBB 8208 G – LORRY) – HAD COLLIDED ONTO THE REAR OF VEHICLE C (GBC 3632 S – TOYOTA LORRY) & VEHICLE C HAD COLLIDED ONTO THE REAR OF VEHICLE B.

THE IMPACT FORCED VEHICLE B TO SURGE FORWARD & COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. BOTH VEHICLE B & VEHICLE C HAD DAMAGES ON THE FRONT & REAR PORTION. VEHICLE D HAD DAMAGES ON THE FRONT PORTION.

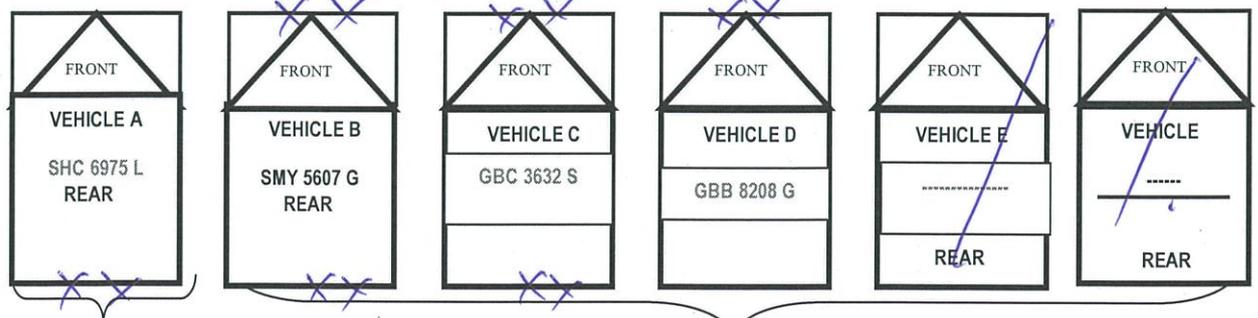
BOTH DRIVER & PASSENGER FROM VEHICLE B – HAD SOME PAIN ON THEIR SHOULDER, ATTENDED BY PARAMEDICS @ SCENE BUT NO ONE WAS CONVEYED TO HOSPITAL.

VEHICLE B HAD A PASSENGER ONBOARD. BOTH VEHICLE C & VEHICLE D HAD PASSENGERS ONBOARD.

*SCENE PHOTOS TAKEN

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E & F



PREMIER TAXI

THIRD PARTY VEHICLES



[Signature]

50169611D
Tuesday, April 20, 2021 @ 9:42:16 AM

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	13 Nov 2015 / 09:55:11	Receipt No.:	AACCK001-AX239-151113-000017
Asset Type:	Vehicle	Transaction Amount:	\$69,056.00
Asset ID:	SHC6975L	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151113095511358670		

Vehicle No.: SHC6975L
 Vehicle Type: H10 - Public Transport Taxi (Motor Car)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -

Vehicle Scheme: Taxi (Company)

First Registration Date: 13 Nov 2015
 Original Registration Date: 13 Nov 2015
 Vehicle Make: KIA
 Vehicle Model: OPTIMA 1.7(A) DIESEL
 Chassis No.: KNAGM414MF5642450
 Engine No.: D4DFDH314169
 Motor No.: -
 Trailer Chassis No.: -
 Propellant: Diesel
 Passenger Capacity: 4
 Engine Capacity: 1685
 Power Rating: -
 Unladen Weight: 1584
 Maximum Laden Weight: 2050
 Primary Color: Silver
 Secondary Color: -
 Manufacturing Year: 2015
 Open Market Value: \$22,606.00
 Minimum PARF Benefit: \$14,189.00
 PARF Eligibility: Y
 No. of Transfer: 0
 Effective Ownership Date/Time: 13 Nov 2015 09:55:11
 COE No.: 2015111301003573K
 COE Expiry Date: 12 Nov 2023
 COE Bid Category: -
 Actual QP/PQP Paid Amount: \$45,267.00
 Lifespan Expiry Date: 12 Nov 2023

INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SMY5607G

Date of Accident

16/04/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **07/04/2021 - 27/04/2022**Requested By **LIEW HAI LEONG (PREMIER AU...**Requested Date **20/04/2021 10:40****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**