




SKETCH PLAN

IMPORTANT NOTICE

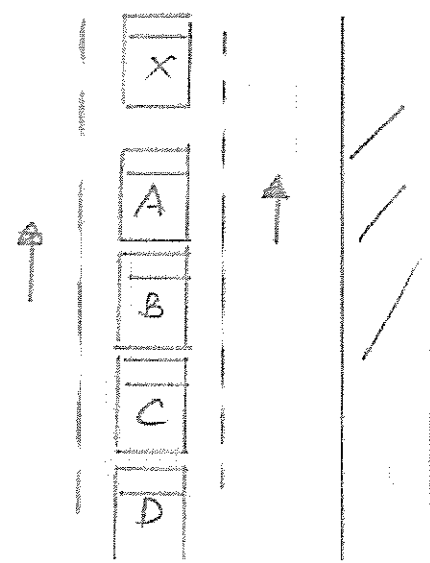
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan

A : SHC 6202J
 B : SFF 95Z
 C : SCP 2020J
 D : SHC 2522L

BT TIMAR ROAD



Describe Circumstances of the Accident.

*** CHAIN COLLISION ***

ON 20/09/2021 @09:15HRS, I WAS DRIVING MY TAXI (SHC 6202 J), TRAVELLING ALONG BT TIMAH ROAD - AFTER GOLDHILL AVE WITH A PASSENGER ONBOARD - ON LANE 2.

I SLOWED DOWN MY TAXI TO A COMPLETE STOP - AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SFF 95 Z - M/BENZ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI AND 2 OTHER VEHICLES INVOLVED : VEHICLE C (SCP 2020J - M/BENZ) AND VEHICLE D (SHC 2522 L - COMFORT TAXI).

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

NO INJURY INVOLVED.

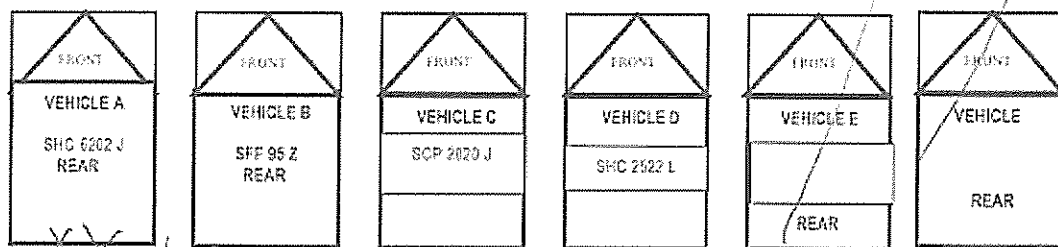
NO AMBULANCE AT SCENE.

UNKNOWN PASSENGERS ONBOARD OTHER VEHICLES

*SCENE PHOTOS & VIDEO FOOTAGE CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES

DAMAGES FOUND ON VEHICLE A, B, C, D, E, F, G, H, I



PREMIER TAXI

THIRD PARTY VEHICLES



Driver's Signature & NRIC Number

Monday, September 20, 2021 @ 10:10:48 AM

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	03 Oct 2014 / 08:58:45	Receipt No.:	AACCK001-AX239-141003-000004
Asset Type:	Vehicle	Transaction Amount:	\$63,304.00
Asset ID:	SHC6202J	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20141003085845812191		

Vehicle No.:	SHC6202J
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:	03 Oct 2014
Original Registration Date:	03 Oct 2014
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5468863
Engine No.:	D4FDDH309750
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:	2013
Open Market Value:	\$19,726.00
Minimum PARF Benefit:	\$7,335.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	03 Oct 2014 08:58:45
COE No.:	2014100301001150R
COE Expiry Date:	02 Oct 2022
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$50,938.00
Lifespan Expiry Date:	02 Oct 2022
Owner ID Type:	Company


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

sff95z

Date of Accident

20/09/2021 

Reset

% **RESULT & RECEIPT**

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **24/08/2021 - 23/08/2022**Requested By **NG BOON KAI (PREMIER AUTO...**Requested Date **20/09/2021 15:06****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**