SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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.

Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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

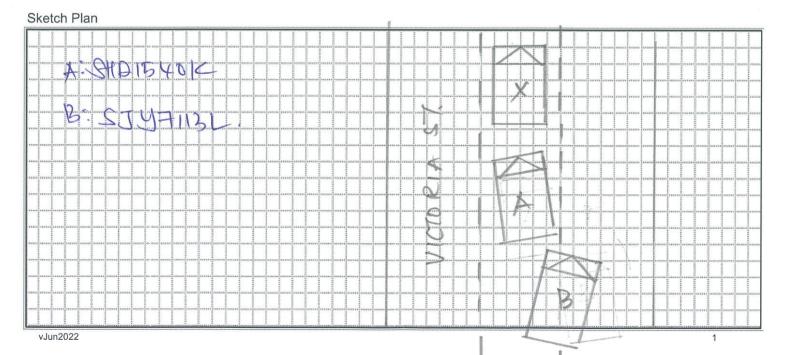
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

hanny

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

16 SEP 2022







Police Station Of Origin: Changi N.P.C

2 of 3 Report No. T/20220916/2038

9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

Driver						
Name				ID No	•	
Related Vehicle	SHD1540K (Taxi)			Conta	ct No.	
Hospital/Clinic	CHERN MEDICAL CLINIC			Class Driving Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/09/2022 Date D		Date Disc	harge 16/09)/2022
No. of Days granted Medical Leave 03		Degree of	f Injury Slight			
				and the second		
Name				ID No.	•	
Related Vehicle	SJY7113L (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of	Degree of Injury NIL		

Brief Details.

On 16/09/2022 at about 0930hrs, i was driving along victoria street just before the junction of arab street towards bugis junction on the middle of a three lane road. There were roadworks ahead as such i slowed down when i saw that vehicles are slowing down also. Suddenly, i felt an impact from the rear and i saw that the other vehicle behind me had tried to change lane to the first lane however his front bumper had collided onto my vehicle's rear bumper causing some damage. I went out of my vehicle, exchanged particulars and check on the damage. There were some scratches and dents on the right side of my rear bumper. There was no traffic police or ambulance at scene. The accident caused me to suffer from a whiplash and i felt pain and aches on my back and shoulder area.

I had went to Chern Medical Clinic and received three days of MC.



Vehicle Registration Details

Vehicle No. SHD1540K	Make/ Model HYUNDAI/AE IONIQ HEV FL 1.6 DCT	Vehicle Scheme Revised Taxi (Company)
Current Propellant Petrol-Electric	Chassis No. KMHC851CVLU241052	Vehicle Type Public Transport Taxi (Motor Car)

Owner's Details

Owner Name:

Owner ID Type:

PREMIER TAXIS PTE, LTD.

Company

NRIC/Passport/Company Cert No.:

Registered Address

200304975H

23 CHANGI SOUTH AVENUE 2 #04-03

SINGAPORE 486443

Mailing Address:

Birth Date

-

Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

-

13 Jan 2021

Original Registration Date:

Registration Date:

13 Jan 2021

13 Jan 2021

No. of Transfers:

IU Label No.:

0

1050551986

Vehicle Specifications

Engine No.:

Chassis No.:

G4LELU041277

KMHC851CVLU241052

Year of Manufacture:

Motor No.:

2020

PM04LAU326DJ

Primary Colour:	Secondary Colour:				
Silver	-				
Passenger Capacity:	Engine Capacity / Power Rating :				
4	1580 cc / 32.0 kW				
Maximum Power Output:	Max Unladen Weight:				
103.6 kW (138 bhp)	1361 kg				
Maximum Laden Weight:	Vehicle Attachment 1:				
1870 kg	Air-Con (Taxi)				
Vehicle Attachment 2:	Vehicle Attachment 3:				
-	-				
Additional Registration Fee (ARF) and COE Informat	ion				
Cimen Banket Kebin.	Additional Registration Fee Rate:				
Open Market Value: \$24,646.00	First \$20,000.00 (100%), next \$4,646.00				
\$2 -1,0-10.00	(140%)				
Actual ARF Paid:	Vehicle Lifespan Expiry Date:				
\$5,000.00	12 Jan 2029				
OPC Cash Rehate Eligibility:	QP during COE Bidding Exercise:				
No	\$0.00				
COFNIA	COFF ! B.				
COE No.:	COE Expiry Date:				
2021011301002033R	12 Jan 2029				
COE Category:	COE Registration Category:				
A - Car up to 1600cc & 97kW (130bhp)	A - Car up to 1600cc & 97kW (130bhp)				
Quota Premium (QP) / Prevailing Quota	PQP Paid				
Premium:	\$30,510.00				
-/\$38,137.00	¥ • • • • • • • • • • • • • • • • • • •				
QP (Regn Cat):					
PARF Rebate Details					
PARF Eligibility:	PARF Eligibility Expiry Date:				
Yes	12 Jan 2029				
Minimum PARF Benefit:					

\$3,000.00

Vehicle Emissions Details

CO2 Emission: CEV/VES Rebate Utilised Amount:

86.00 (g/km) \$21,505.00

CO Emission: HC Emission:

0.109280 (g/km) 0.028670 (g/km)

NOx Emission: PM Emission:

0.002060 (g/km) 0.052000 (mg/km)

Message:

This is a public service vehicle.

Printed on 13 Jan 2021 11:45:09

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INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SJY7113L

Date of Accident

16/09/2022

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance ______ China Taiping Insurance (Sing... Period of Insurance ______ 24/05/2022 - 23/05/2023 Requested By _____ VINCENT CHUA WEE AN (PREM... Requested Date ______ 16/09/2022 13:46

Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13**

Total Amount Due (GST Inclusive): \$\$2

General Insurance Association

Records Management Centre GST Registration No: **M400017735**