# **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 Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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   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 First Submission 19/08/2024 16:51 (SGT) Reported by **Actual Driver** Date of Accident 19/08/2024 13:50 (SGT) Exact Location of Accident Singapore Additional Location Information CHANGI TERMINAL 1 PICK-UP DRIVEWAY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SHB9779Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE. LTD. Company Reg No 200303878K Email Address CLAIMS@TRANSCAB.COM.SG Mobile Phone No (Phone) +65-65552222 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Alphard Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 2400 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

# INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5140725663-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	KATHY CHEE S2184240J 11/12/1962 Indoor 08/11/1982 3 Valid 41 YEARS AND 9 MONTHS Female (Phone) +65-86600939 - CLAIMS@TRANSCAB.COM.SG 106 PASIR RIS STREET 12 #07-117 - 510106 No Hirer No	
Insurance Company of Other Vehicle Owned by Driver	- -	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement		
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
I WAS STATIONARY IN THE QUENE WHEN THE OTHER VEHICLE COLLIDED ONTO MY REAR.		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer	SHC1412C	

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LAWRANCE
Contact Number	(Phone) +65-90029538
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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 Traffic Police Department for investigation.

- 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.
- 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.

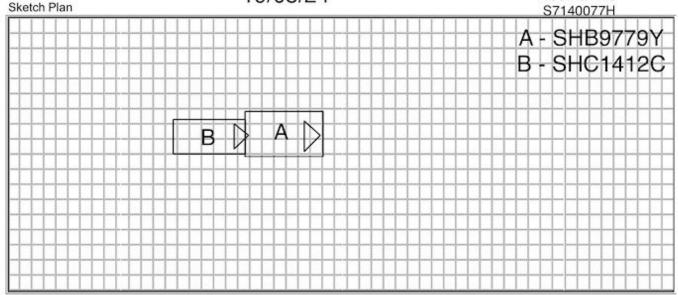
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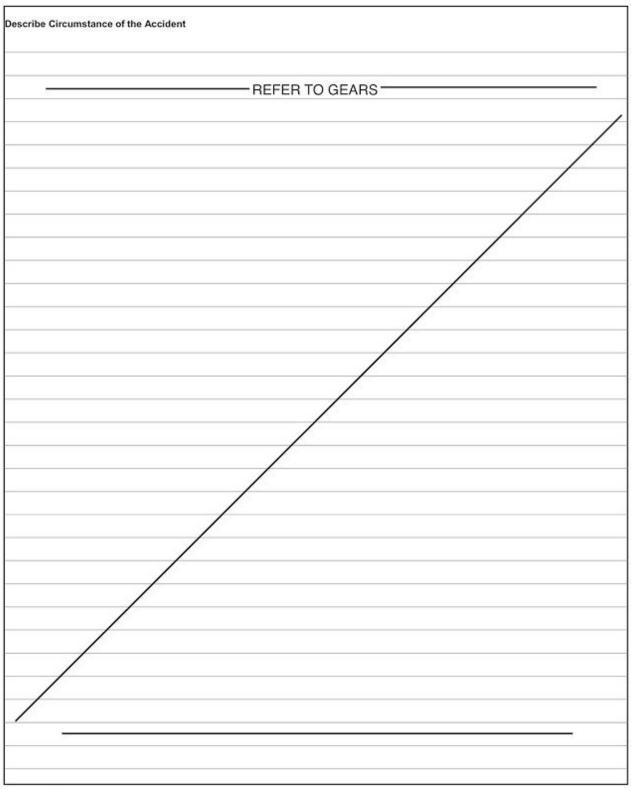
Driver's Signature (if driver is not the policyholder) / Date & Time 19/08/24

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Loo Han Ho

\$2000A00000000000

Policyholder's Signature / Date & Time





Declaration

I/We declare the foregoing particulars are true in every respect.

Driver's Signature (if driver is not the policyholder) / Date & Time 19/08/24

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) LOO Han Ho S7140077H<sub>2</sub>

Policyholder's Signature / Date & Time