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.

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 06/08/2024 12:02 (SGT) Reported by **Actual Driver** Date of Accident 05/08/2024 23:30 (SGT) Exact Location of Accident Lavender St., Singapore Additional Location Information TOWARDS REPUBLIC AVENUE, JUNCTION OF KALLANG **ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHC5891B

Manufacturer

INSURED/POLICYHOLDER

Is company? 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

Model Prius 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 your vehicle? No - Claiming third party Vehicle Category Taxi Transmission Auto CC 1798 Vehicle Fuel First Regisration Date Chassis no JTDKB3FU603092678 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	GOH LEANG SOON	
NRIC No	S1646062A	
Date Of Birth	13/11/1964	
Occupation	Outdoor	
Driving Pass Date	10/08/2004	
Driving License Pass Class	3	
Driving License Validity	Valid	
Driving experience	20 YEARS	
Gender	Male	
Mobile Number	(Phone) +65-82634322	
Alt. Phone Number	-	
Email Address	claims@transcab.com.sg	
Address	806 TAMPINES AVENUE 4	
Address complement	#05-107	
Postcode	520806	
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		
Weather Conditions	Collision - Head to Rear	
	Clear	
Road Surface	Dry	
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?	No	
Was any injured conveyed to hospital by ambulance?	-	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
Has the driver been approached by unknown person(s)	•	
soliciting/offering accident claims assistance?	No	
Translator's name	-	
Translator's ID	-	
Translator's phone number	<u>-</u>	
Translator's email	-	
Original language used in the statement	-	
DETAILS OF POLICE ACTION		
DETAILED OF T DEIGE NOTION		
NA-s de a social de la composite de la desenvalia de la composite de la compos		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
I STOPPED AT THE JUNCTION DUE TO RED TRAFFIC LIGHT, SUBSEQUENTLY VEHICLE B COLLIDED INTO MY REAR.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	

SHB4233G

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-91766811
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

06082024/1130HRS

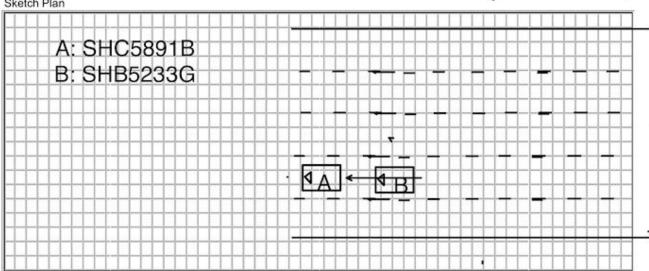
Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

MUHAMMAD ZAKI BIN SUPIAN

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)





1

