

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 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. 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	15/10/2024 10:47 (SGT)
Reported by	Actual Driver
Date of Accident	15/10/2024 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 683 HOUGANG AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5146P
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	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800
Vehicle Fuel	Petrol-Electric
First Registration 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	CHOO BAN HUAT
NRIC No	S0018795Z
Date Of Birth	26/10/1954
Occupation	Outdoor
Driving Pass Date	27/06/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85889005
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	BLK 511 HOUGANG AVENUE 10
Address complement	#02-143
Postcode	530511
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	Collision - Head on collision
Weather Conditions	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)	2
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	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM MUI GEK
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 15102024 AT 0720HRS I WAS DRIVING IN OPEN SPACE CARPARK OF BLOCK 683 HOUGANG AVENUE 8. I WAS LOOKING FOR CARPARK.I TURNED RIGHT AT A AREA TO LOOK FOR CARPARK. WHILE TURNING RIGHT I CHECKED TRAFFIC TO BE CLEAR AND MADE MY TURN. I CROSSED THE GIVE WAY LINE ALREADY AND THEN A WHITE CAR BEARING PLATE SLH5963D CAME OUT OF CARPARK LOT AND HIT INTO THE LEFT FRONT SIDE OF MY CAR. NO ONE WAS INJURED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH5963D
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	TOH TECK LEE
NRIC No	S7334799H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstance of the Accident

REFER TO GEARS FOR ACCIDENT STATEMENT

Declaration

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

Policyholder's Signature / Date & Time

 15/10/2024
1000HRS

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

 Suman Sukumar
S990968

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

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.

Policyholder's Signature / Date & Time

 15/10/2024
1000HRS

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

 SUMAN SUKUMAR
S990968

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

Sketch Plan

