SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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

3. Information provided must be as trutinul and accurate as possible. (All profiles 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 Contre 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 15/07/2024 15:20 (SGT) Reported by **Actual Driver** Date of Accident 14/07/2024 15:00 (SGT) Exact Location of Accident Singapore ALONG KING GEORGE AVE Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SHD5176C Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Toyota Manufacturer **Prius** Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Taxi Vehicle Category Auto Transmission 1800 CC

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company Policy Number / Cover Note Number

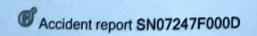
DRIVER

CHAI YEW FATT Name of Driver S2059010F NRIC No 07/02/1950 Date Of Birth Indoor Occupation

02/07/1973 **Driving Pass Date** Driving experience 51 YEARS Gender Male Mobile Number (Phone) +65-98115271 Alt. Phone Number Email Address CLAIMS@TRANSCAB.COM.SG Address BLK 162 SIMEI ROAD #11-308 Address complement Postcode 520162 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 to Rear 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? Number of Passengers (Including Driver) 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 P1 Gender Male PASSENGER 2 P2 Gender **Female** PASSENGER 3 **P3** Name **Female** Gender PASSENGER 4 P4 Name Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I STOP AT A MINOR JUNCTION PREPARED TO TURN RIGHT, SUDDENLY THE OTHER VEHICLE COLLIDED ONTO MY REAR.



ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA707X
venicle Manufacturer	SJA707X
Vehicle Model	and the second spine of
Vehicle Variant	Since Debate in
Vehicle Colour	
Vehicle Category	
Name of Driver	Private car
Contact Number	-
Address	
Address complement	
Postcode	
Insurance Company Name	Charles Ling In
Nature Of Damage	- strenther,
Details of property damaged in accident	Care line trivial
No. Of Passenger (Including Driver)	e, to Dischard waters
or asseriger (including Driver)	inc-Westerley Just

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 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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Policyholder's Signature / Date & Time

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

^{& Time}15/07/24

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

Sketch Plan

S7140077H

A - SHD5176C

B - SJA707X