

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 Authorised 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 ability.
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 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 Report	16/01/2015 10:56
Date Of Accident	15/01/2015 18:40
Exact Location Of Accident	Yishun Avenue 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD963E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/4147
Cover Note Number	

Driver

Name of Driver	PHILIP PEH KOK CHEONG
NRIC No	S1091987H
Date Of Birth	12/10/1949
Occupation	Outdoor
Date Of Driving Pass	26/06/1979
Driving Experience	35 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-90288218
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 176 ANG MO KIO AVENUE 4 #11-731
Postcode	560176
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - Hirer
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Traffic Police Division Hq
Police Station Address	ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20150115/2146	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB1403E
Vehicle Make/Model/Colour	YAMAHA SPARK135
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FM4432X
Vehicle Make/Model/Colour	HONDA NV 400
Details Of Properties	

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	MOTORCYCLIST
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBB1403E
Were seat belts worn?	No
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

YISHUN AVENUE 1

A. SHD963E

B. FBB1403E

C. FM4432X

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20150115/2146

1 of 3

Report No. T/20150115/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2015 21:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PHILIP PEH KOK CHEONG			Address: APT BLK 453 YISHUN STREET 41 #06-03 SINGAPORE 760453		
ID Type / ID No.: NRIC NO / S1091987H			Contact No.: Home/Office: Mobile: 90288218		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 12/10/1949	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/01/2015 18:40	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1403E	Motorcycle	YAMAHA	SPARK135 M	Black		0
FM4432X	Motorcycle	HONDA	NV 400 CS	Black		0
SHD963E	TAXI	TOYOTA	WISH 1.8 BI-FUEL AUTO	Red		0

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20150115/2146

2 of 3

Report No. T/20150115/2146

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE LEFT OF A 2 LANE ROAD AND THE TRAFFIC WAS SLOW. THERE IS ANOTHER LANE OF THE EXTREME LEFT WHEREBY HEAVY VEHICLES ARE PARKED. I WAS JUST DRIVING STRAIGHT WHEN I SUDDENLY HEARD A LOUD BANG SOUND. I ON MY HAZZLE LIGHT AND I ALIGHTED FROM MY TAXI AND I WENT TO TAKE A LOOK AT WHAT HAPPENED. I SAW A MOTORCYCLIST ON THE FLOOR AND THERE WAS ANOTHER PERSON HELPING THE MOTORCYCLIST UP AND HE PLACED THE MOTORCYCLE AT THE SIDE OF THE ROAD. FOLLOWING THAT, I CALLED THE POLICE AND AMBULANCE. I WAS TOLD THAT THE MOTORCYCLIST WHO FELL HAD ACTUALLY COLLIDED ONTO MY TAXI AFTER BOUNCING OFF A LORRY THAT WAS PARKED AT THE LEFT SIDE OF THE ROAD. THE PERSON WHO TOLD ME WAS THE ONE WHO HELPED THE MOTORCYCLIST UP AND HE TOLD ME THAT THE MOTORCYCLIST HAD ALSO COLLIDED ONTO HIM.

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20150115/2146

3 of 3

Report No. T/20150115/2146

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
CHIN KIM HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/01/2015 21:37

Officer In Charge Of Case:
TP / GIT /
Ang Swee Lian Annie
Contact No.: 65472079

Classification Of Case:

Authentication Stamp
NP168



Signature:

SINGAPORE POLICE FORCE

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD963E
Vehicle to be Exported: Yes
Intended De-registration Date: 16 Jan 2015
Vehicle Make: TOYOTA
Vehicle Model: WISH 1.8 BI-FUEL AUTO
Primary Colour: Red
Manufacturing Year: 2009
Engine No.: 1ZZ3238381
Chassis No.: JTDER12W503002893
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$22,392.00
Original Registration Date: 31 Aug 2009
First Registration Date: 31 Aug 2009
Transfer Count: 0
Actual ARF Paid: \$13,436.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Aug 2017
PARF Rebate Amount: \$9,405.00

Intended COE Rebate Details

COE Expiry Date: 30 Aug 2017
COE Category: A - Car (1600cc & below)
COE Period (Years): 8
QP Paid: \$10,927.00
COE Rebate Amount: \$3,579.00
Total Rebate Amount: \$12,984.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 16 Jan 2015

OK

Land Transport Authority

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