

## 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	04/02/2015 17:20
Date Of Accident	03/02/2015 14:30
Exact Location Of Accident	Sembawang Drive X Sembawang Way
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5094K
<b>Insured/Policyholder</b>	
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	RENAULT
Model	LATITUDE-2.0 D dCi (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/1093
Cover Note Number	

### Driver

Name of Driver	THEN TIAN BOCK
NRIC No	S1525254E
Date Of Birth	06/11/1962
Occupation	Outdoor
Date Of Driving Pass	16/03/1987
Driving Experience	27 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-90507772
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 127D KIM TIAN ROAD #28-553
Postcode	164127
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- Traffic Light Junction
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)	2

#### 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/20150204/2023

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW3884S
Vehicle Make/Model/Colour	NISSAN CABSTAR
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	THEN TIAN BOCK
Approximate Age	
Injuries Sustain	

Injured person in which vehicle? SHC5094K  
Were seat belts worn? Yes  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5094K  
Were seat belts worn? Yes  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GW3884S  
Were seat belts worn? Yes  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

## Sketch Plan Pg.1

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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;




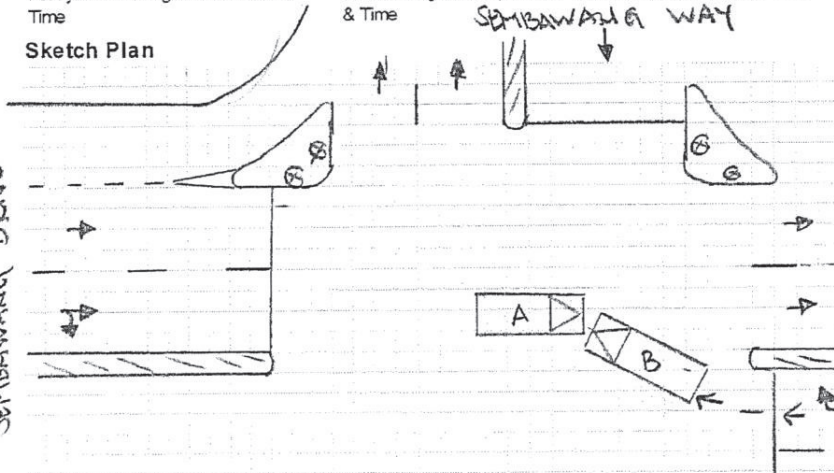
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
		
Sketch Plan	SEMBAWANG WAY	
		
A. 9HC5094K B. GW38845		

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PLS REFER TO GLA REPORT

We declare the foregoing particulars are true in every respect.

for

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/20150204/2023

1 of 3

Report No. T/20150204/2023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2015 11:06		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: THEN TIAN BOCK			Address: APT BLK 127D KIM TIAN RD #28-553 SINGAPORE 164127		
ID Type / ID No.: NRIC NO / S1525254E			Contact No.:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 06/11/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2015 02:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SEMBAWANG DRIVE SEMBAWANG WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3884S	Lorry	NISSAN	CABSTAR	White	Seriously Damaged	0
SHC5094K	Car	TOYOTA	CROWN TAXI	Red	Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report Pg.1

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



T/20150204/2023

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Report No. T/20150204/2023

CONTINUATION OF REPORT

Driver			
Name	THEN TIAN BOCK		ID No. S1525254E
Related Vehicle	SHC5094K (Car)		Contact No. 90507772
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I (SHC5094K) WAS DRIVING ALONG SEMBAWANG DR TOWARDS ADMIRALTY RD WEST WITH 1 PASSENGER . REACHING AT THE JUNCTION OF SEMBAWANG DR BY SEMBAWANG WAY, TRAFFIC LIGHT WAS GREEN FOR ME TO PROCEED. I NOTICED THE LORRY(GW3884S) WAS ABOUT THE TURN RIGHT TOWARDS SEMBAWANG WAY, I ALERT HIM WITH HORN AS THE LORRY HAVE TO GAVE WAY TO ME BEFORE TURNING. I SWERVED SLIGHTLY TO THE LEFT TRYING TO AVOID COLLISION. HOWEVER UPON REACHING IN THE MIDDLE OF THE JUNCTION, LORRY STILL PROCEED AND CAUSING A COLLISON BETWEEN MY TAXI AND THE LORRY. MY FRONT RIGHT PORTION COLLIDED WITH THE LORRY'S FRONT PORTION CAUSING A SERIOUS DAMAGES FOR BOTH CAR. AFTER THE LORRY HIT MY TAXI, I SWERVED TO THE LEFT HIT ONTO THE T/L POST CAUSING MY CENTRE PORTION TO DAMAGE SEVERELY. NO DAMAGE ON THE T/L POST. PASSENGER, LORRY DRIVER AND MYSELF WAS CONVEYED TO KTPH.

Police Report Pg.1

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



T/20150204/2023

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Report No. T/20150204/2023

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 /  
MUHAMMAD FAHMI BIN SUHAIRY ALIAS  
HAIRULANUAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT / *ZUL*

Contact No.: *65476367*

Signature Of Informant:

Date/Time:  
04/02/2015 11:06

Classification Of Case:

Authentication Stamp  
NP168



Signature: *[Signature]*

SINGAPORE POLICE FORCE