

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	28/09/2015 13:12
Date Of Accident	26/09/2015 16:05
Exact Location Of Accident	Tampines Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF536U
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	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/4584
Cover Note Number	

Driver

Name of Driver	LIM KHENG GUAN (LIN QINGYUAN)
NRIC No	S7402878J
Date Of Birth	04/02/1974
Occupation	Outdoor
Date Of Driving Pass	27/07/1994
Driving Experience	21 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-85060028
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 672A EDGEFIELD PLAINS #14-539
Postcode	821672
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	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
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	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20150928/2029	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB6433A
Vehicle Make/Model/Colour	ISUZU CXZ81K
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	

SKETCH PLAN

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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

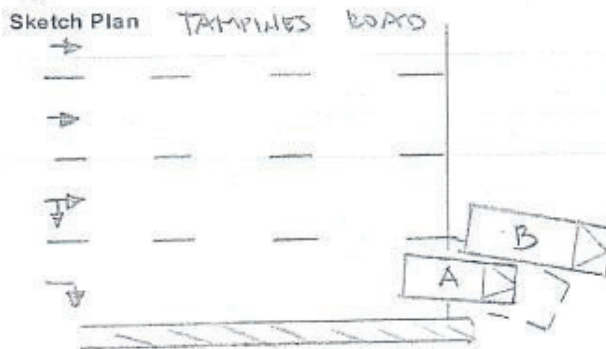
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature]
Witnessed by Reporting Centre Personnel



A: SRF536V

B: XB6433A

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

blv

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:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150928/2029

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Report No. T/20150928/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2015 11:55		Vide Report No.:		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LIM KHENG GUAN			Address: APT BLK 672A EDGEFIELD PLAINS #14-539 SINGAPORE 821672		
ID Type / ID No.: NRIC NO / S7402878J			Contact No.: Home/Office:		Mobile: 85060028
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2015 16:05	Type of Location: T-Junction
Location: Along Road 1 TAMPINES ROAD				
Junction of Defu Lane and Hougang Avenue 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF536U	Car				Slightly Damaged	0
XB6433A	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20150928/2029

CONTINUATION OF REPORT

Driver			
Name	LIM KHENG GUAN	ID No.	S7402878J
Related Vehicle	SHF536U (Car)	Contact No.	85060028
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2015	Date Discharge	28/09/2015
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 26/09/2015 at about 4.05pm, I was driving along Tampines Road. At the junction of Defu Lane and Hougang Avenue 7, traffic light turns red and I stopped my vehicle, SHF536U. After the traffic light turns green I then moved off towards Hougang Avenue 7 however the other vehicle, XB6433A which is on my left was really closed to me and eventually knocked my vehicle by the left side and grazing throughout the right turn towards Hougang Avenue 7. My vehicle sustained badly of scratches and dent marks on the whole of my left side of my vehicle. The lorry did not stopped and drive off. I gave chased and managed to stop the driver and exchange particulars. The other party plead guilty of the damages. I have also installed a vehicle camera in my vehicle and believed to have captured the whole incident.

On 28/09/2015 at about 10 plus, I went to Mount Alvernia Hospital as my hand aching with pain. I was been given 3 days MC from 28/09/2015 to 30/09/2015. I am lodging this report for insurance claims purposes.

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150928/2029

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Report No. T/20150928/2029

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: E/ Ho Kang Ling <i>Ho Kang Ling</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2015 11:55
Officer In Charge Of Case: TP / AEIT / Toh Hoe Sian Jenn Contact No.: 65476185	Classification Of Case: SN 1 /
Authentication Stamp NP168 <i>[Stamp]</i>	



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHF536U

Vehicle to be
Exported: Yes

Intended De-
registration Date: 28 Sep 2015

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing
Year: 2014

Engine No.: M9R8839C001614

Chassis No.: VF1ABL15AUC278303

Maximum Power
Output: 127.0 kW (170 bhp)

Open Market
Value: \$19,998.00

Original
Registration Date: 13 Jun 2014

First Registration
Date: 13 Jun 2014

Transfer Count: 0

Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility
Expiry Date: 12 Jun 2022

PARF Rebate
Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date: 12 Jun 2022

COE Category: A - Car (up to 1600cc & 97kW (130bhp))

COE
Period(Years): 8

PQP Paid: \$57,338.00

COE Rebate
Amount: \$45,870.00

**Total Rebate
Amount: \$55,243.00**

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.