

## 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	19/03/2016 10:56
Date Of Accident	18/03/2016 22:25
Exact Location Of Accident	TELOK BLANGAH RD AND SEAH IM RD CROSS JUNC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB5266L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-800000000
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	AZERA-3.3 (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
<b>Insurance Company</b>	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-I1027591MFSH
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHIA THIAM CHYE
NRIC No	S1425967H
Date Of Birth	12/08/1960
Occupation	Outdoor
Date Of Driving Pass	08/10/1979
Driving Experience	36 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Other - RELIEF

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident Collision- Head to Side  
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? No  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? No  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? No  
If Yes, against whom?

#### Circumstances of Accident

I WAS TRAVELLING ALONG TELOK BLANGAH RD TOWARDS KEPPEL RD. TRAFFIC WAS IN MY FAVOUR AND I PROCEEDED STRAIGHT. SUDDENLY A VEHICLE SGW5059U TURNED RIGHT TOWARDS MY DIRECTION FROM MY RIGHT AND COLLIDED ONTO THE FRONT PORTION OF MY TAXI.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB5059U  
Vehicle Make/Model/Colour SMRT TAXIS  
Details Of Properties  
Name of Driver KOH GUAN CHYE  
NRIC/Passport Number S1593921D  
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

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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

**Discussion**

Describe Circumstances of the Accident:

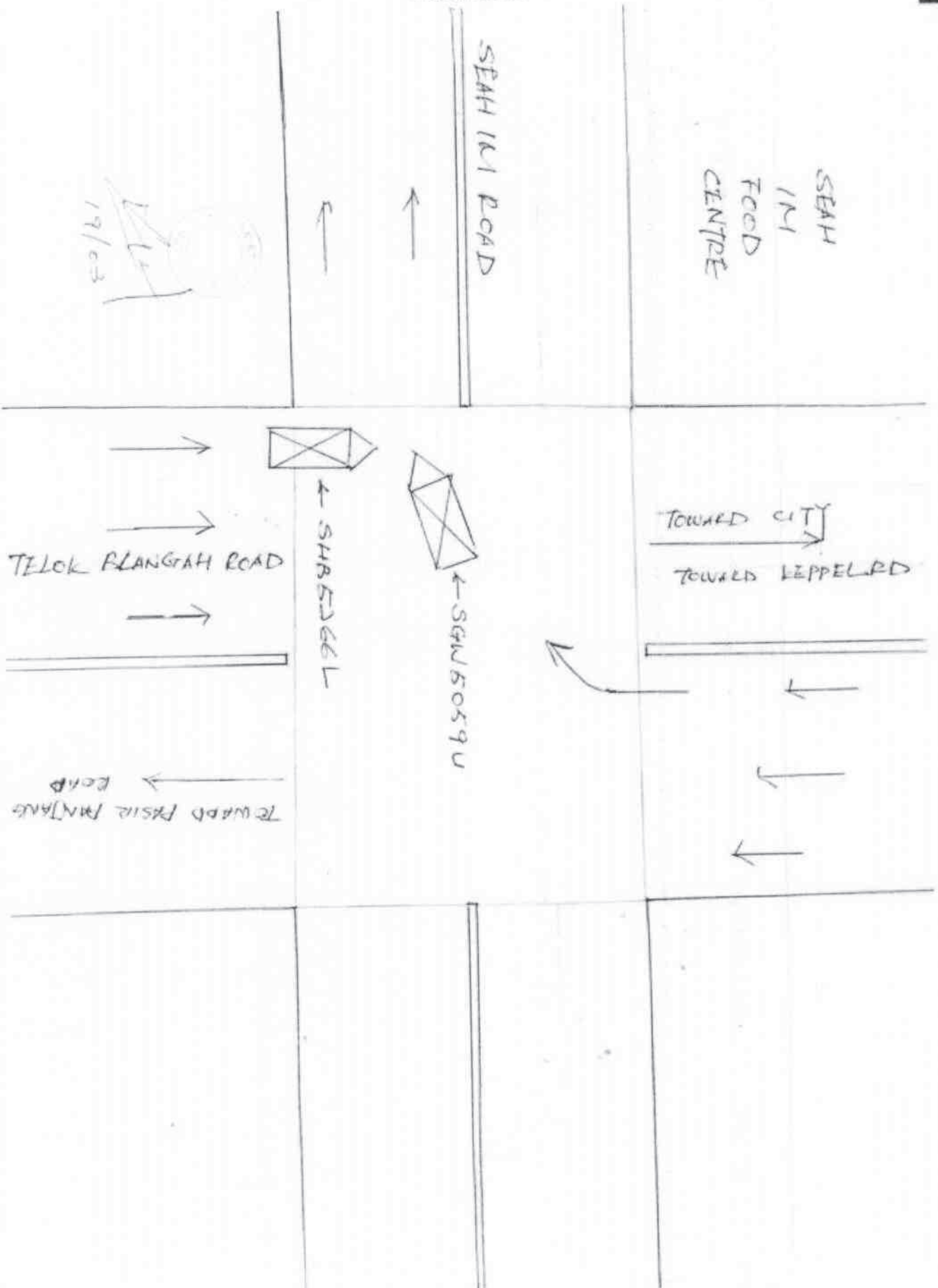
(We declare the foregoing particulars are true in every respect.)

19/03/16

19/3/2016



Sketch Plan #3



Text size + -

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

Owner ID Type: Company

Owner ID: 5369K

**Vehicle Details**

Vehicle No.: SHB5266L

Vehicle to be Exported: No

Intended De-registration Date: 21 Mar 2016

Vehicle Make: HYUNDAI

Vehicle Model: AZERA 3.3 A (BI-FUEL)

Primary Colour: Maroon

Manufacturing Year: 2009

Engine No.: G6DB8A184921

Chassis No.: KMHFC41DR9A370314

Maximum Power Output: 173.0 kW (231 bhp)

Open Market Value: \$28,517.00

Original Registration Date: 07 Oct 2009

First Registration Date: 07 Oct 2009

Transfer Count: 0

Actual ARF Paid: \$17,111.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 06 Oct 2017

PARF Rebate Amount: \$11,122.00

**Intended COE Rebate Details**

COE Expiry Date: 06 Oct 2017

COE Category: A - Car (1600cc &amp; below)

COE Period(Years): 8

PQP Paid: \$12,252.00

COE Rebate Amount: \$2,360.00

**Total Rebate Amount: \$13,482.00****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 21 Mar 2016

OK

Land Transport Authority

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