SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 1. 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 Authorised Driver.
- 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 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

foresaid.	ACCIDENT STATEMENT
Date Of Report	03/05/2016 14:51
Date Of Accident	30/04/2016 00:30
Exact Location Of Accident	CTE (Orchard)
Country/State of Loss	Singapore
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD9492M
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	THAM KWONG KWAN
NRIC No	S1021924H
Date Of Birth	04/07/1952
Occupation	Outdoor
Date Of Driving Pass	07/11/1979
Driving Experience	36 Years And 5 Months
Gender	Male

(Local) +65-84029898

NOEMAIL

Address

BLK 52 HAVELOCK VIEW

#08-102

Postcode

161052

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Other - Hirer

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?

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

Toa Payoh Neighbourhood Police Centre

ROAD: 93 Toa Payoh Central Toa Payoh Community Building, POSTCODE: 319194, COUNTRY: Singapore

Police Station Address

TEL NO: 1800-2519999 - FAX NO: 63548749

Police Station Contact Was notice of intended Prosecution given?

No

If Yes, against whom?

Circumstances of Accident

Please refer to Police Report- T/20160501/2055

Are accident photos available for attachment?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ1525D

Vehicle Make/Model/Colour

TOYOTA VIOS

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

CHAN TUCK KWAI

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

THAM KWONG KWAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD9492M

Were seat belts worn?

Yes

Was injured conveyed to hospital by ambulance?

No

Address Postcode

DETAILS OF INJURED PERSON 2

Name

CHAN TUCK KWAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD9492M

Were seat belts worn?

Yes

Was injured conveyed to hospital by ambulance?

No

Address

Postcode

Sketch Plan Pg.1

SKETCH PLAN

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- 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.

	Nu		for
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver i & Time	s not the policyholder) / Date	Witnessed by Reporting Centre Personnel
TO CE	OFCHARD)		. SHO 9492M
· · · · · · · · · · · · · · · · · · ·	· 	В	SKZ 1525D
-	(AD)	Taxanana Maria	

Sketch Plan #2 Pg.1

escribe Circumstances of the	Accident	
Mr. Carlotte		
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		N. C.
		Wilder Co.
Declaration		
Dodardon		
I/We declare the foregoing particulars	are true in every respect.	
l/we declare the foregoing particulars	ale lide in every respect.	
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Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



Feedback | Contact Info



Text size +

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

3878K

Vehicle Details

Vehicle No.:

SHD9492M

Vehicle to be

Yes

Exported:

Intended De-

03 May 2016

registration Date:

Vehicle Make:

CHEVROLET

Vehicle Model:

EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Primary Colour:

Red

Manufacturing Year: 2011

Engine No.:

Z20S1454358K

Chassis No.:

KL1LA69RJBB089430

Maximum Power

Output:

110.0 kW (147 bhp)

Open Market Value: \$14,361.00

Original Registration 21 Mar 2012

Date:

First Registration

Date:

21 Mar 2012

Transfer Count:

Actual ARF Paid:

\$14,361,00

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility

20 Mar 2020

Expiry Date: PARF Rebate

Amount:

\$10,770.00

Intended COE Rebate Details

COE Expiry Date: 20 Mar 2020

COE Category:

A - Car (1600cc & below)

COE Period(Years): 8

QP Paid:

\$39,441.00

COE Rebate

\$19,124.00

Amount:

Total Rebate

\$29,894.00

Amount: Message

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

The information contained herein is correct as at 03 May 2016