

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	17/06/2016 11:24
Date Of Accident	16/06/2016 22:00
Exact Location Of Accident	PIE (Tuas) before BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9719X
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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	RENAULT
Model	LATITUDE-2.0 CVT ABS (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	Reporting Only
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	JAIRAMAN S/O NARAYANAN
NRIC No	S1147626J
Date Of Birth	02/04/1947
Occupation	Outdoor
Date Of Driving Pass	04/11/1976
Driving Experience	39 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-96314485
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 915 JURONG WEST STREET 91 #04-190
Postcode	640915
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	Wet

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?	No
Number of Passengers (Including Driver)	5

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Address	ROAD: 700 Corporation Road , POSTCODE: 649818 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20160617/2004

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

Vehicle Registration Number	SHD9279M
Vehicle Make/Model/Colour	TRANSCAB TAXI
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	SJM9726T
Vehicle Make/Model/Colour	HONDA CROSSROAD

Details Of Properties

Name of Driver	VESTIN TAI
NRIC/Passport Number	
Contact Number	9626 6593
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	DRIVER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9279M
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

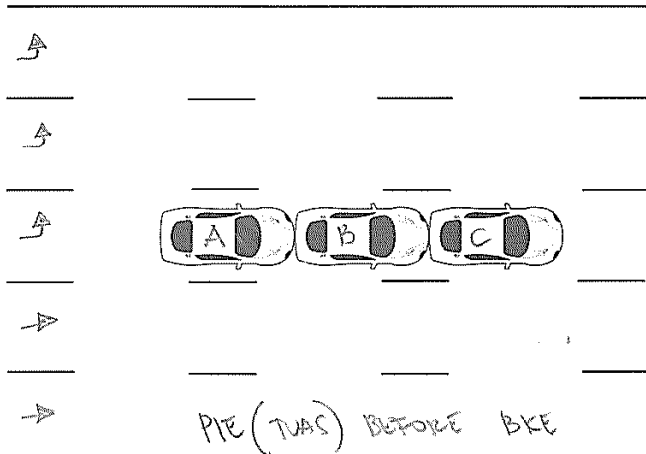
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SHB9779X

B : SHD9279M

C : SJM9726T

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



**SINGAPORE
POLICE FORCE**



T/20160617/2004

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20160617/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2016 00:31		Vide Report No.: F/20160616/0268		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: JAIRAMAN S/O NARAYANAN			Address: APT BLK 915 JURONG WEST STREET 91 #04-190 SINGAPORE 640915		
ID Type / ID No.: NRIC NO / S1147626J			Contact No.: Home/Office: Mobile: 96314485		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 02/04/1947	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2016 22:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS TUAS BEFORE BKE EXIT				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB9719X	Car				Slightly Damaged	0
SHD9279M	Car				Slightly Damaged	0
SJM9726T	Car				Slightly Damaged	0



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T/20160617/2004

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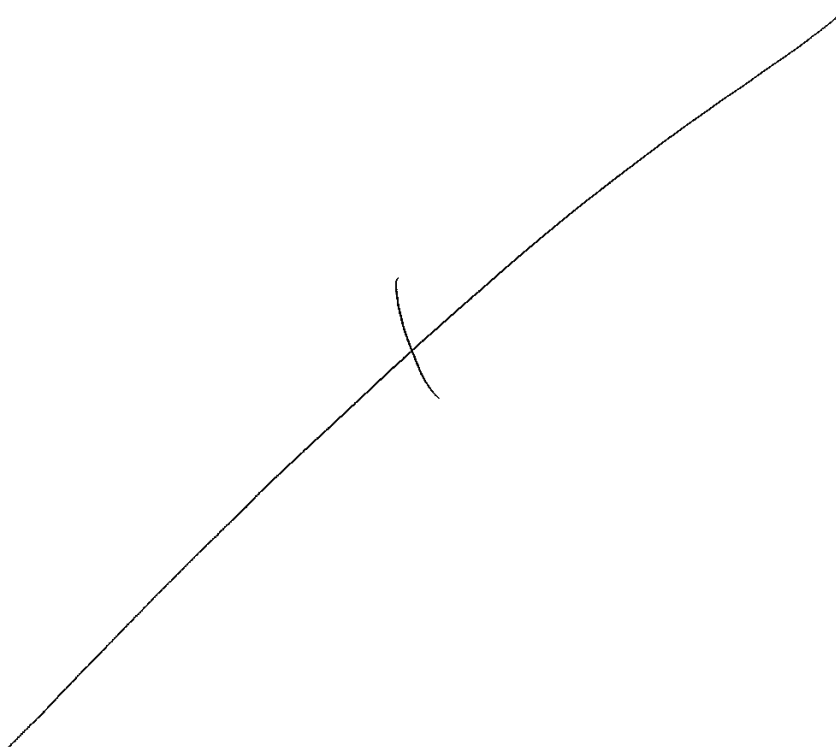
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Report No. T/20160617/2004

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: J / Cpl IBRAHIM BIN ROSLI	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2016 00:31
Officer In Charge Of Case: TP / GIT /	Classification Of Case: SN 126
Contact No.:	
Authentication Stamp NP168	Signature : <i>[Signature]</i> Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20160617/2004

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20160617/2004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JAIRAMAN S/O NARAYANAN	ID No.	S1147626J
Related Vehicle	SHB9719X (Car)	Contact No.	96314485
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	VESTIN TAI	ID No.	NIL
Related Vehicle	SJM9726T (Car)	Contact No.	96266593
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/06/2016 at about 2200hrs, I was driving my vehicle, SHB9719X, along PIE towards Tuas on the fifth lane of 6 lanes. While I was driving the front vehicle, SHD9279M, did not indicate anything however when I approached it, I observed the vehicle to be stop due to accident with its front vehicle. I immediately apply my e-brake however unable to stop in time and hit onto the rear of vehicle, SHD9279M. My vehicle sustained damages on the front part of the vehicle. Vehicle, SHD9279M, have damages on the front and rear of the vehicle however the driver was sent to Hospital by the Ambulance. Another vehicle, SJM9726T, which was also involved sustain damages on the rear of the vehicle, the driver did not sustain any injuries. I only managed to exchange particular with vehicle SJM9726T driver as the other driver was conveyed by ambulance. My vehicle do not have in-car video camera. Police was also at scene. In-charge case, TP IO Jerry tel:65476213.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

