

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: 13/09/2016 11:20
 Date Of Accident: 11/09/2016 10:45
 Exact Location Of Accident: Paya Lebar Road X Geylang Road
 Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SHB9921C

Insured/Policyholder
 Name Of Registered Owner: TRANS-CAB SERVICES PTE LTD
 Co Reg No: 200303878K
 Email Address: claims@transcab.com.sg
 Mobile Phone No: Office-62876666
 Alternative Phone No:

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: AXA Insurance Singapore Pte Ltd
 Type Of Coverage: Third Party
 Fleet Policy: Yes
 Policy Number: VPX/P1680520
 Cover Note Number:

Driver
 Name of Driver: ONG KAH LOCK
 NRIC No: S0206459F
 Date Of Birth: 23/10/1953
 Occupation: Outdoor
 Date Of Driving Pass: 12/04/1976
 Driving Experience: 40 Years And 4 Months
 Gender: Male
 Mobile Number: (Local) +65-98361669
 Fax Number:
 Contact Number:
 Email Address: NOEMAIL

Address BLK 713 TAMPINES ST 71
 #14-190
 520713

Postcode

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 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) 2

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

On 11.09.2016 at about 1046hrs, I was traveling at the extreme left lane along Paya Lebar Road when vehicle in front of me stop to pick up a passenger so I followed suit. Moment later while stationary, I felt an impact from the rear. Vehicle B (SHC1424T) collided onto my taxi's rear portion. Upon alighted, I checked and realized that I was involved in a chain collision involving vehicle B, Vehicle C (SKR8317J) and Vehicle D (SJZ1265R).

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1424T

Vehicle Make/Model/Colour COMFORT 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 SKR8317J

Vehicle Make/Model/Colour VOLVO S60

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 3

Vehicle Registration Number	SJZ1265R
Vehicle Make/Model/Colour	MERCEDES BENZ E250
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 Pg.1

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SEYLANG ROAD



A SHB 9921C

B SHL 1424T

C SKR 8317J

D SJZ 1205R

Describe Circumstances of the Accident

PLS REFER TO GVA 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