

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	14/10/2016 11:12
Date Of Accident	13/10/2016 17:40
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9543A
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	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	SUN YEANG WEN
NRIC No	S0092685Z
Date Of Birth	09/01/1950
Occupation	Outdoor
Date Of Driving Pass	05/12/1969
Driving Experience	46 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-96342830
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 307B ANCHORVALE ROAD #10-56
Postcode	542307
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?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
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	Tampines East Neighbourhood Police Post
Police Station Address	ROAD: Blk 263 Tampines Street 21 #01-128 , POSTCODE: 520263 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT ; T/20161013/2210

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

Vehicle Registration Number	SKK5879K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM MEI YANG
NRIC/Passport Number	
Contact Number	93630777
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 SJB7057L
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver SHAWN
NRIC/Passport Number
Contact Number 90499800
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 SJT2603Z
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver HARISH
NRIC/Passport Number
Contact Number 91869246
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 4

Vehicle Registration Number SKA4923A
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver TOH WEI LING
NRIC/Passport Number
Contact Number 91849205
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 5

Vehicle Registration Number SKN3372C
Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 97853865

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 6

Vehicle Registration Number SKS38L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number 98577778

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 SUN YEANG WEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9543A

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? No

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9543A

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

Sketch Plan Pg.1

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 yers/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 yers/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 yers/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

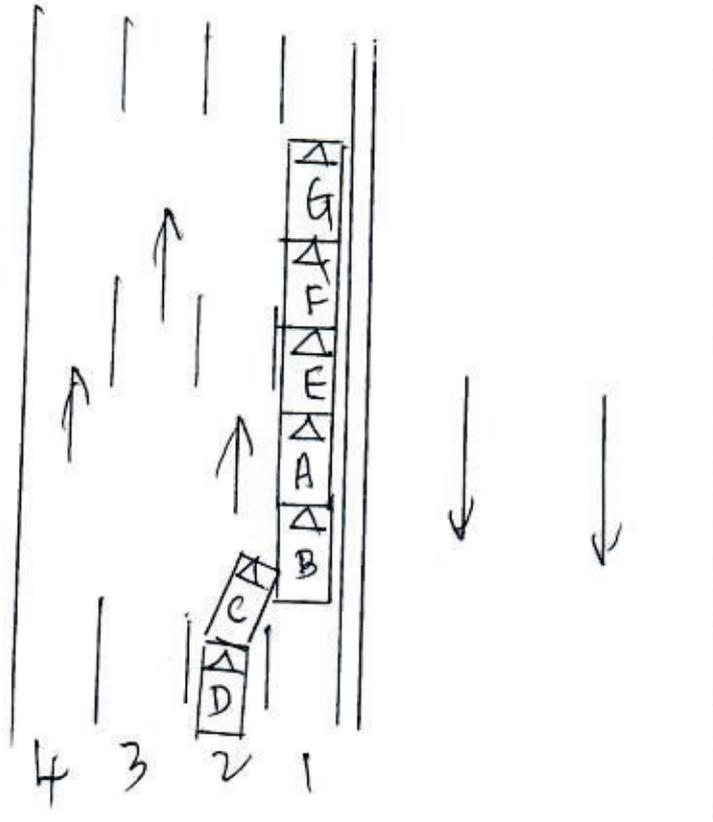
Sketch Plan

ps see attach police Report sketch

ECP AIRPORT.

13/10/16

17.40 pm.



- 1-G- SKS-38-L
- 2-F- SKN-3372-C
- 3-E- SJB-7057-L
- 4-A- SHD-9543-A
- 5-B- SKK-5879-K
- 6-C- ~~SJJ-2603-Z~~ SIT 2603 Z
- 7-D- SKA-4923-A



**SINGAPORE
POLICE FORCE**



T/20161013/2210

1 of 3

Report No. T/20161013/2210

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2016 21:47		Vide Report No.: G/20161013/0170	Station Diary No.: 54
Name of Informant: SUN YEANG WEN		Address: APT BLK 307B ANCHORVALE ROAD #10-56 SINGAPORE 542307	
ID Type / ID No.: NRIC NO / S0092685Z		Contact No.: Home/Office:	Mobile: 96342830
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 09/01/1950	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2016 17:40	Type of Location: Expressway
Location: Along Road 1 EAST COAST EXPRESSWAY Along ECP towards Changi Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain-collision			Anyone conveyed by ambulance: No	

Plate No.	Vehicle Type	Make/Model	Color	Damage Status	Count
SHD9543A	Taxi	CHEVROLET	Red	Seriously Damaged	1
SJB7057L	Car				0
SJT2603Z	Car				0
SKA4923A	Car				0
SKK5879K	Car				0



**SINGAPORE
POLICE FORCE**



T/20161013/2210

2 of 3

Report No. T/20161013/2210

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

SKN3372C	Car					0
SKS38L	Car					0

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SUN YEANG WEN	ID No.	S0092685Z
Related Vehicle	SHD9543A (Taxi)	Contact No.	96342830
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/10/2016	Date Discharge	13/10/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 13/10/2016 at 1740hrs, my taxi (Transcab - SHD9543A) involve in accident(Chain-collision) with another 6 vehicle. My taxi is the fourth vehicle. I then went down and took some photo and take all the vehicle number. My taxi was then towed. At that point of time there is a female passenger and she was conveyed to hospital.

On the same day I went to clinic and was given 5 days of MC. I feel pain neck and back.

There is also Traffic Police, Ambulance at scene of accident. In-charge IO Desmond, Tel: 65476099.
G/20161013/0170.



**SINGAPORE
POLICE FORCE**



T/20161013/2210

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

3 of 3

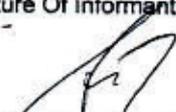
Report No. T/20161013/2210

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: G / Staff Sgt MUHAMMAD ZAMRIN BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2016 21:47
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt KHOO CHEONG YEOW, WAYZIK Contact No.: 65476187	Classification Of Case: SN 102

Authentication Stamp
NP168



Singapore Police Force



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD9543A

Vehicle to be Exported: Yes

Intended De-registration Date: 14 Oct 2016

Vehicle Make: CHEVROLET

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

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1450887K

Chassis No.: KL1LA69R.JBB089142

Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$14,395.00

Original Registration Date: 15 Jun 2012

First Registration Date: 15 Jun 2012

Transfer Count: 0

Actual ARF Paid: \$14,395.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 14 Jun 2020

PARF Rebate Amount: \$10,796.00

Intended COE Rebate Details

COE Expiry Date: 14 Jun 2020

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

COE Period(Years): 8

QP Paid: \$46,401.00

COE Rebate Amount: \$21,267.00

Total Rebate Amount: \$32,063.00

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 14 Oct 2016

OK