

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	25/09/2017 13:52
Date Of Accident	24/09/2017 02:00
Exact Location Of Accident	PIE (CHANGI) NEAR THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7671L
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 PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	IDI BIN MD KIAH
NRIC No	S1720559E
Date Of Birth	12/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1992
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98608308
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 316C PUNGGOL WAY #01-695
Postcode	823316
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 - HEAD TO REAR
Weather Conditions	RAINING
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20170925/2033

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF5881S
Vehicle Make/Model/Colour	
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 INJURED PERSON 1

Name IDI BIN MD KIAH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB7671L

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGERS

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB7671L

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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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

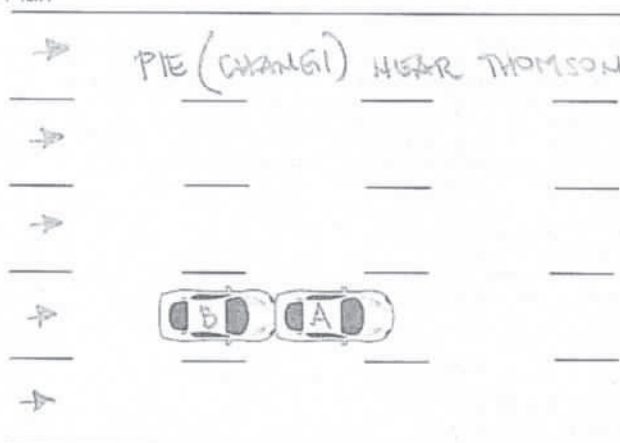
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

PLS REFER TO GIA 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/20170925/2033

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20170925/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2017 11:28		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: IDI BIN MD KIAH			Address: APT BLK 316C PUNGGOL WAY #01-695 SINGAPORE 823316		
ID Type / ID No.: NRIC NO / S1720559E			Contact No.: Home/Office: Mobile: 98608308		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 12/06/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/09/2017 02:00	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
PIE Towards Changi.				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
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 Passenger
SHB7671L	TRANSCAB				Seriously Damaged	2
SJD3897U	Car				Seriously Damaged	0
SLF5881S	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20170925/2033

2 of 3

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20170925/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IDI BIN MD KIAH	ID No.	S1720559E
Related Vehicle	SHB7671L (TRANSCAB)	Contact No.	98608308
Hospital/Clinic	tan tock seng hospital	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/09/2017	Date Discharge	24/09/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 24/9/2017 at about 2am, I was travelling at 2nd lane along Pie Towards Changi near to old police Academy. While I was approaching I saw an accident involved earlier bearing vehicle number SJD3897U.

I wish to state that all the times I was at the 2nd lane. I slow down and subsequently one vehicle bearing vehicle number SLF5881S from behind hit into my vehicle.

Due to the impact, my bumper and the boot is totally damaged. I sustained back and neck injuries. I was conveyed to TTSH together with my both passengers.



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POLICE FORCE**

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20170925/2033

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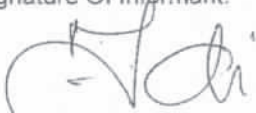

Report No. T/20170925/2033

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: F / Sgt 2 NUR KAIYISAH BINTE MOHAMD 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2017 11:28
Officer In Charge Of Case: TP / GIT / Insp NORHIDAWATI BINTE AHMAD Contact No.: 65476310	Classification Of Case: 
Authentication Stamp NP168	

Text size + -

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

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB7671L

Vehicle to be Exported: Yes

Intended De-registration
Date: 25 Sep 2017

Vehicle Make: CHEVROLET

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

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1451814K

Chassis No.: KL1LA69RJBB077878

Maximum Power
Output: 110.0 kW (147 bhp)

Open Market Value: \$14,395.00

Original Registration
Date: 29 Jun 2012

First Registration Date: 29 Jun 2012

Transfer Count: 0

Actual ARF Paid: \$14,395.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 28 Jun 2020

PARF Rebate Amount: \$10,076.00

Intended COE Rebate Details

COE Expiry Date: 28 Jun 2020

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

COE Period(Years): 8

PQP Paid: \$47,515.00

COE Rebate Amount: \$16,382.00

Total Rebate Amount: \$26,458.00**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 25 Sep 2017

OK



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