#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.		
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ACCIDENT STATEMENT	
Date Of Report	15/11/2017 16:07	
Date Of Accident	14/11/2017 16:10	
Exact Location Of Accident	GRANGE ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHF577B	
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-62866666	
Vehicle Particulars		
Manufacturer	RENAULT	
Model	LATITUDE-2.0 L (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	TAN AI BOON	
NRIC No	S1287842G	
Date Of Birth	15/07/1958	
Occupation	OUTDOOR	
Date Of Driving Pass	09/10/1979	
Driving Experience	38 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-91599261	
Fax Number		
Contact Number		

NOEMAIL

Address

APT BLK 37 TANGLIN HALT ROAD

#07-143

Postcode

140037

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

SIDE SWIPE

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

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

ALEXANDRA NPP

Police Station Address

ROAD: BLK 46 TANGLIN HAIT RD #01-328, POSTCODE: 140462,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20171114/2176

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

SBL8078L

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

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm, V3

# Sketch Plan #2 Pg. 1

SKETCH PLAN			
Grans	e Rood	16/A	A= SH= SAB B= SBL 85A8L
		4 9	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
	· a gual	polic	RSDout
Ps	see and	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 6 1
DECLARATION			
I/We declare the foregoing particula	ars are true in every respect.		Civily
Policyhoider's Signature Date & Time:	Driver's Signature (If driver is not the policyholder Date & Time:		ng Centre Personnel's Signature

STARTAC SketchPlanForm V3

#### POLICE REPORT Pg. 1





Report No. T/20171114/2176

Police Station Of Origin:

Alexandra NPP

46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

Vide Report No .: Station Diary No.:

Date/Time Report Made: 14/11/2017 20:00 45 Informant's Particulars Name of Informant: Address: TAN AI BOON APT BLK 37 TANGLIN HALT ROAD #07-143 SINGAPORE 140037 ID Type / ID No.: Contact No.: NRIC NO / S1287842G Home/Office: Mobile: 91599261 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 59 15/07/1958 Driver Institution / School Name: Race: Language: Chinese Occupation: Driving Licence Information: Taxi driver Class: 2B,3,4,5 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/11/2017 16:10	Type of Location: Straight Road	
GRANGE RO	Traveling Toward RepAD AD AD A AD A AD A AD A AD A AD A AD	-0 · 48493au		Road Speed Limit:	
		Dry			
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			on	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SBL8078L	Car ·				Slightly Damaged	0
SHF577B	Cař				Slightly Damaged	2

Details of Person Involved	<b>计算被重换的 医电影性 医电影 医电影 医电影 医电影 医</b>
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

### POLICE REPORT Pg. 1





2 of 3

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Report No. T/20171114/2176

Tel No: 1800-4739999

Name	Unknown Driver		ID No.		NIL	
Related Vehicle	SBL8078L (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc			
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Driver, Inches						
Name	TAN AI BOON			ID No.		S1287842G
Related Vehicle	SHF577B (Car)			Conta	ct No.	91599261
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL Date Dis			scharge MtL		
	ted Medical Leave	TOWARD WING BY	Degree of	1 1 - 1 - 1	A III	

CONTINUATION OF REPORT

Brief Details.

Brief Details.
On 14/11/2017 at about 1611hrs, I was driving along Tanglin Road towards Grange Road with 2 passenger, the road was under construction and one lane was closed. I was driving at the first lane on the right and the vehicle SBL8078L was driving on my left side of the lane. While driving suddenly the vehicle on my left side tried to overtake me as in front of his lane have a heavy vehicle parked there. During overtaking he brush onto the front left of my vehicle. However he did not stop and left. I tried honking him however he still did not stop and left. No one was injured and No police attended. The front left of my vehicle suffered from minor scratches.

Singapore 569784

## POLICE REPORT Pg. 1

CONTINUATION OF REPORT





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE Tel No: 1800-4739999

3 of 3 Report No. T/20171114/2176

# 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: D / Sgt 1 KELVIN LAUW JIA MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2017 20:00
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt LIM WOON TIONG Contact No.: 65476418	Classification Of Case:
Authentication Stamp  STGNATURE	