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 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.	ACCIDENT STATEMENT
Date Of Report	20/11/2017 15:46
Date Of Accident	18/11/2017 15:15
Exact Location Of Accident	FARRER ROAD TOWARDS HOLLAND ROAD
	SINGAPORE
Country/State of Loss	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC5312G
Insured/Policyholder	0.1000120
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	CLAINIS@TANGCAB.COM.SG
Alternative Phone No	OFFICE-62876666
Vehicle Particulars	011102-02070000
Manufacturer	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	KUO KONG HAWK
NRIC No	S1182493E
Date Of Birth	18/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1976
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97820451
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 139 YISHUN RING ROAD

#07-106

Postcode

760139

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

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

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

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20171119/2023

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

SJZ1028J

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

DETAILS OF INJURED PERSON 1

Name

KUO KONG HAWK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5312G

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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

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

Policyholder's Signature

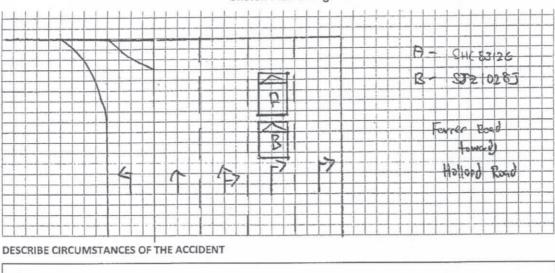
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

Jianeller

NRIC/FIN No .:

Sketch Plan #2 Pg. 1



-Plank refer to police report-	
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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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIAC SketchPlanForm, V3

POLICE REPORT Pg. 1





Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 3 Report No. T/20171119/2023

	A TRAFFIC				
Date/Time Report Made: 19/11/2017 11:08		ade:	Vide Report No.:	Station Diary No.: 21	
Informan	t's Particu	lars			
	nformant: NG HAWK		Address: APT BLK 139 YISHUN RING 760139	ROAD #07-106 SINGAPORE	
ID Type / NRIC NO	ID No.: / S118249)3E	Contact No.: Home/Office:	Mobile: 97820451	
Nationality SINGAPO	y: DRE CITIZI	EN	Email:		
Sex: Age: Date of Birth: Male 62 18/10/1955			Type of Informant: Driver		
Race: Chinese		•	Language:	Institution / School Name:	
Occupation Taxi drive			Driving Licence Information: Class: 3.4.5	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2017 15	5:15	Type of Location: X-Junction	
Location: Junction of R FARRER RO HOLLAND R under Holland	OAD					
		Road Surface: Dry	d Surface:		Road Speed Limit:	
1, 2, 1		Traffic Control: Traffic Light - W	c Control: c Light - Working		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head T	n Pear			one conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5312G	TAXI	RENAULT		Red	Slightly Damaged	2
SJZ1028J	Car	MERCEDES BENZ		Grey	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



T/20171119/2023

2 of 3

Report No. T/20171119/2023

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver						
Name	KUO KONG HAWK		ID No		S1182493E	
Related Vehicle	SHC5312G (TAXI)			Conta	ct No.	97820451
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD		Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	19/11/2017 Date Disc			harge	19/11	/2017
No. of Days gran	ted Medical Leave 03 Degree of			Injury	Sligh	t

Brief Details.

On the 18/11/2017 at about 1515hrs, I was driving my Taxi(SHC5312G) with 02 passenger heading towards Holland village.

While I was driving along lane 2 of Farrer Road, the traffic light turned red and I stop my vehicle. My vehicle was the third vehicle at the traffic light. About 1 minute later, I felt an impact from the rear while waiting for the light to turn green. I made a check and realized that a vehicle(SJZ1028J) had collided onto the rear of my taxi. Both vehicle then shifted to the side of the road to discuss about the matter.

I made a check and I realised that my vehicle bumper was dented and the Mercedes had no damage. The driver then informed me to make a report and refuse to provide his particulars and contact details.

On the 19/11/2017 I felt pain on my arm and soreness on my neck and back and went to consult a doctor. I was given 3 days of MC.

dr. 11

I wish to state that I have an in car camera however it is facing the front.

My passenger contact detail as follows: Trin H, H/p: 94556382

POLICE REPORT Pg. 1





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 3 Report No. T/20171119/2023

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:	Signature Of Informant/
G/	
Sgt 2 WANG JUNJIE	
40	
Signature Of Interpreter://	Date/Time:
Not applicable	19/11/2017 11:08
<i>P</i>	
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	SN 159
Sr Staff Sgt LEE SQONLYE	
Contact No.: 6547	
Authentication Standard Signature	
NP168	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHC5312G
Vehicle to be Exported	Yes
Intended De-registration Date	20 Nov 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2013
Engine No.	M9R8839C000899
Chassis No.	VF1ABL15AUC276815
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	21 Mar 2014
First Registration Date	21 Mar 2014
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	20 Mar 2022
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	20 Mar 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$58,745.00
COE Rebate Amount	\$31,820.00
Total Rebate Amount	\$41,193.00
Message	
Please note that the 8-year COE for this vehicle ca	annot be further renewed. The vehicle must be de-registered statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 20 Nov 2017