

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	11/12/2017 13:38
Date Of Accident	10/12/2017 20:35
Exact Location Of Accident	JURONG WEST AVE 4 TOWARDS JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5432Z
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Insured/Policyholder

Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	

Driver

Name of Driver	TAN BOK HUA
NRIC No	S1538596J
Date Of Birth	19/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

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 - 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? 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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG JURONG WEST AVE 4 TOWARDS JURONG WEST AVE 2 WITH THREE PASSENGERS (MOTHER / 2 CHILDREN) ON BOARD. A VEHICLE INFRONT OF MY TAXI SLOWED DOWN AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A LORRY GBG472K HAD COLLIDED ONTO THE REAR OF MY TAXI.

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 GBG472K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver RAJENDRAN VIJAYKANTH

NRIC/Passport Number G87455389

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

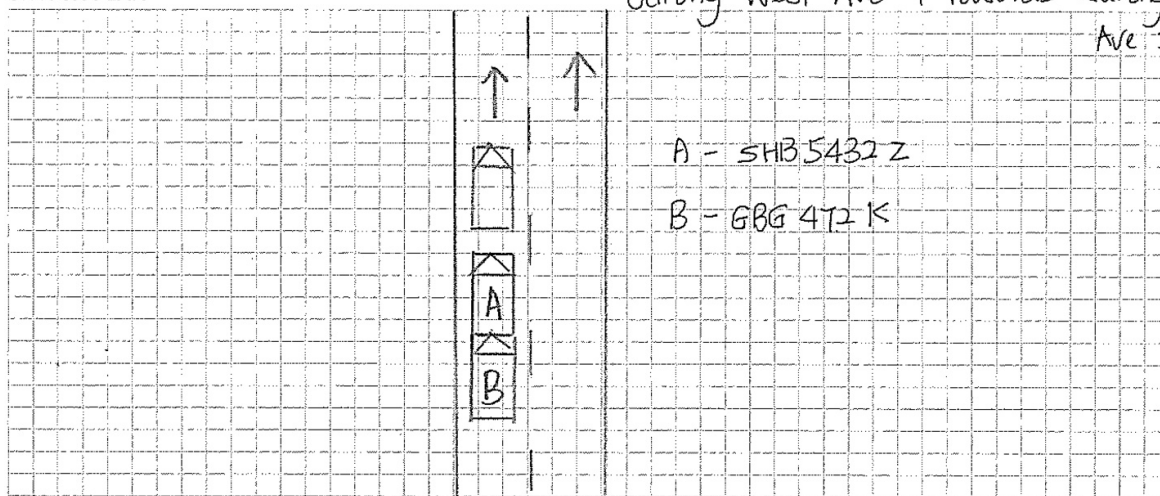
Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

Jurong West Ave 4 towards Jurong West Ave 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.: ,

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

