

## 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 15/06/2012 11:08  
Date Of Accident 15/06/2012 10:15  
Exact Location Of Accident UPPER SERANGOON ROAD X SUNSHINE TERRACE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD124K  
**Insured/Policyholder**  
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD  
Co Reg No 200303878K

### Vehicle Particulars

Manufacturer TOYOTA  
Model WISH-1.8 (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  
Fleet Policy Yes  
Policy Number D-09015310MFSH  
Cover Note Number

### Driver

Name of Driver ZAINI BIN SAHALI  
NRIC No S1498218C  
Date Of Birth 04/12/1961  
Occupation Outdoor  
Date Of Driving Pass 31/01/1989  
Driving Experience 23 Years And 4 Months  
Gender Male  
Mobile Number (Local) +65-98203044  
Fax Number  
Contact Number  
Email Address

Address BLOCK 326 TAH CHING ROAD  
#11-18  
Postcode 610326  
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- Cross Junction  
Weather Conditions Clear  
Road Surface Dry

### Other Information

Was any body injured in the Accident? No  
Was any other material or property damaged? Yes

### 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

ON 15.06.2012 AT ABOUT 1015HRS, I WAS TRAVELING ALONG UPPER SERANGOON ROAD AND WAS INTENDING TO TURN RIGHT TOWARDS SUNSHINE TERRACE. AS THE RIGHT TURN ARROW TURNED GREEN IN MY FAVOUR ALONG UPPER SERANGOON ROAD, I PROCEEDED TO TURN SLOWLY. WHILE IN THE MIDST OF TURNING, VEHICLE B - GM7288M WHICH WAS TRAVELING FROM THE OPPOSITE DIRECTION OF UPPER SERANGOON ROAD, SUDDENLY DASHED OUT AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI. MY PASSENGER WHO WAS SITTING BESIDE ME IS WILLING TO BE MY WITNESS. VEHICLE A - 1 MALE PASSENGER VEHICLE B - 1 FEMALE PASSENGER

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GM7228M  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver TAN KIM SIOK  
NRIC/Passport Number S2081810G  
Contact Number 82086080  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

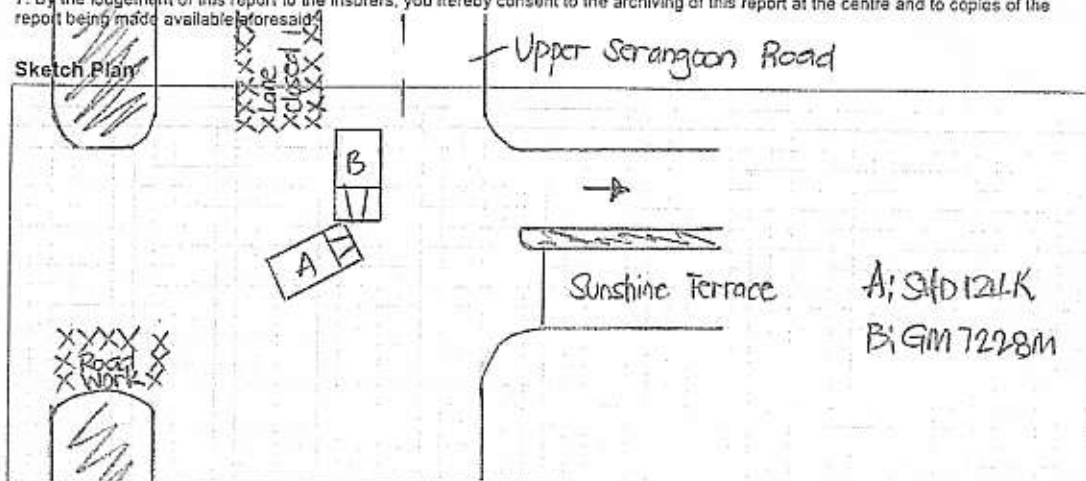
### Details of Witness

Name S.Y. TAN  
Phone Number  
Email Address

**SKETCH PLAN**

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**Describe Circumstances of the Accident**

Refer to GIA.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

15 JUN 2012

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

Andrea

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel