

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	28/12/2017 14:33
Date Of Accident	28/12/2017 13:40
Exact Location Of Accident	GEYLANG ROAD SLIP ROAD TOWARDS SIMS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9992L
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	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	LEOW BENG GUAN
NRIC No	S1523890I
Date Of Birth	26/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1982
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97947269
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 313A SUMANG LINK(PUNGOL) #03-101
Postcode	821313
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

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 the 28.12.2017 at about 1340hours, I was travelling straight along Geylang Road slip road towards Sims way. When I slowed down and made a stop at zebra crossing for on going pedestrians, suddenly I felt an impact from the rear. I alighted to check and realised that Vehicle B(SHD9992L) front portion had hit onto my taxi's rear portion.

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	SHD6551X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WOON CHOON SEONG
NRIC/Passport Number	S7215856C
Contact Number	
Address	APT BLK 487 SEGAR ROAD #10-546
Postcode	670487
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEOW BENG GUAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9992L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1




SKETCH PLAN

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7. 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)**

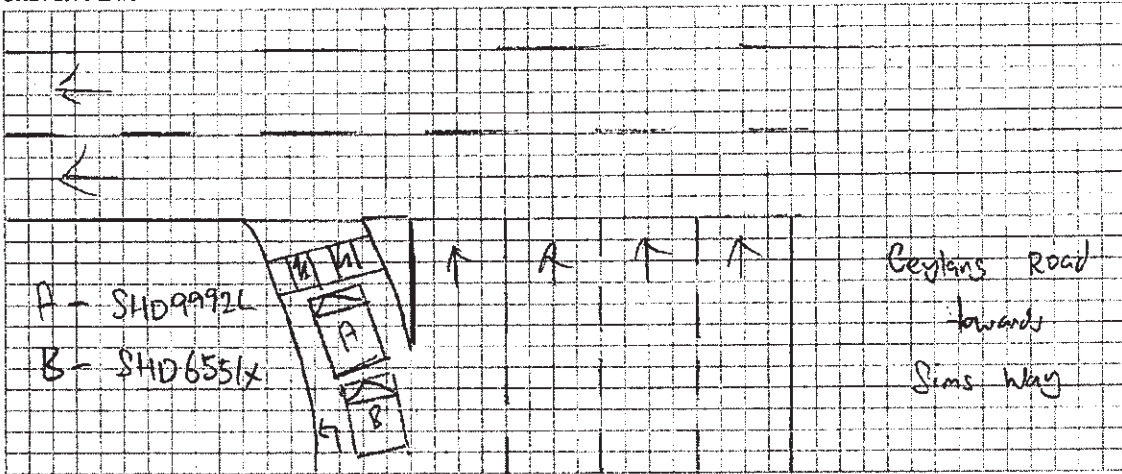
I understand, acknowledge, agree and consent that:

- (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 :
 - (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.
- (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.

 <hr style="border: 0.5px solid black;"/> Policyholder's Signature Date & Time:	 <hr style="border: 0.5px solid black;"/> Driver's Signature (If driver is not the policyholder) Date & Time:	 <hr style="border: 0.5px solid black;"/> Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Place refer to GMA 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20171229/2020

CONTINUATION OF REPORT

Name	WOON CHOON SEONG		ID No.	S7215856C
Related Vehicle	SHD6551X (TAXI)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	LEOW BENG GUAN		ID No.	S1523890I
Related Vehicle	SHD9992L (TAXI)		Contact No.	97947269
Hospital/Clinic	EDGEDALE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/12/2017		Date Discharge	29/12/2017
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On the 28/12/2017 at about 1340hrs, I was travelling on a straight road along Geylang Road slip road, towards Sims Way, when I slowed down, and made a stop for a pedestrian to cross the zebra crossing, suddenly I felt an impact from the rear, and realized that SHD6551X, a blue COMFORT taxi had collided into the rear of my taxi. The rear of my TRANSCAB taxi was dented and had scratches. The front of the Comfort taxi had a dent. Both taxi had no passengers at the time of accident. On the 29/12/2017 I felt pain at the back of my neck and both hands as such I saw a doctor. I received 3 days mc.





Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

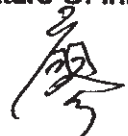
CONTINUATION OF REPORT

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 / Sr Staff Sgt JASINTHA D/O SUDHAGAR 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE  Contact No.: 65476414

Signature Of Informant: 
Date/Time: 29/12/2017 11:05
Classification Of Case: Traffic Accident.

Authentication Stamp
NP168

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD9992L
Vehicle to be Exported: Yes
Intended De-registration Date: 28 Dec 2017
Vehicle Make: RENAULT
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour: Red
Manufacturing Year: 2014
Engine No.: M9R8839C001494
Chassis No.: VF1ABL15AUC278145
Maximum Power Output: 127.0 kW (170 bhp)
Open Market Value: \$19,998.00
Original Registration Date: 13 Jun 2014
First Registration Date: 13 Jun 2014
Transfer Count: 0
Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Jun 2022
PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	12 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$31,952.00
Total Rebate Amount:	\$41,325.00

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 28 Dec 2017

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