

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	11/06/2012 09:11
Date Of Accident	10/06/2012 14:30
Exact Location Of Accident	BLK 735 Carpark of Tampines Street 72

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5978E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878k

Vehicle Particulars

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

Driver

Name of Driver	CHIA BOON HUA
NRIC No	S1465168C
Date Of Birth	02/11/1960
Occupation	Outdoor
Date Of Driving Pass	16/01/1979
Driving Experience	33 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-85025168
Fax Number	
Contact Number	
E-Mail Address	
Address	BLK 114 bedok North Street 2 #06-234
Postcode	460114
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 Unknown - TP reversed and hit insured
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 10.06.2012 at about 1430hrs, I was traveling straight at BLK 735 Carpark of Tampines Street 72 with a passenger onboard, followed behind vehicle B (SJH4803M). Vehicle B stopped and I followed suit. Suddenly vehicle B reversed. I sounded my horn many times to warn him but he ignored. Thus, vehicle B's rear right portion collided into my taxi's front portion. My passenger is willing to be my witness. SHD5978E : 1 male passenger onboard. SJH4803M : child onboard.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH4803M
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver MR TAY
NRIC/Passport Number
Contact Number 9088 4282
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name GOMAR
Phone Number
Email Address

SKETCH PLAN

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Sketch Plan

	A: SHD5978E	
<p>Reverse</p>	B: SJH4803M	
BLK735	Car park Tampines St. 72	
Describe Circumstances of the Accident		
		Dust Bin
Refer to GIA report		

Declaration

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

		11/06/2012
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel