

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	01/09/2012 12:38
Date Of Accident	31/08/2012 19:50
Exact Location Of Accident	Orchard Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9882G
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Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	TOYOTA
Model	CROWN-3.0 (M)
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	LEE KUM THONG
NRIC No	S6942256Z
Date Of Birth	05/12/1969
Occupation	Outdoor
Date Of Driving Pass	15/01/1997
Driving Experience	15 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-91305056
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 221 TAMPINES STREET 24 #09-66
Postcode	521221
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- Change/cross lane
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 31.08.2012 at about 1950hrs, I was traveling straight at the 3rd lane along Orchard Road towards Bras Basah. While traveling, Vehicle B (SKG3532U) which was at my right suddenly swerved and squeezed into my lane without checking for oncoming traffic. Thus, resulted Vehicle B's left side portion collided onto my taxi's right side portion. Vehicle A: with passenger
Vehicle B: with passenger /rc

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG3532U
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	GOPAL
Phone Number	
Email Address	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

