

## 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	11/01/2018 09:28
Date Of Accident	10/01/2018 16:55
Exact Location Of Accident	AYE SLIP ROAD TOWARDS SOUTH BUONA VISTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5272M
<b>Insured/Policyholder</b>	
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-62866666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	TAY KOK POW
NRIC No	S1312691G
Date Of Birth	15/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1976
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97657880
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 225 SIMEI STREET 4 #04-72
Postcode	520225
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
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)	4
Passenger 1	NAME: : ALEYSE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180110/2169

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR3914E
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	ASOGAN S/O MUTHUNKRISHNAN
NRIC/Passport Number	S1508230E
Contact Number	97975415
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	TAY KOK POW
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5272M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

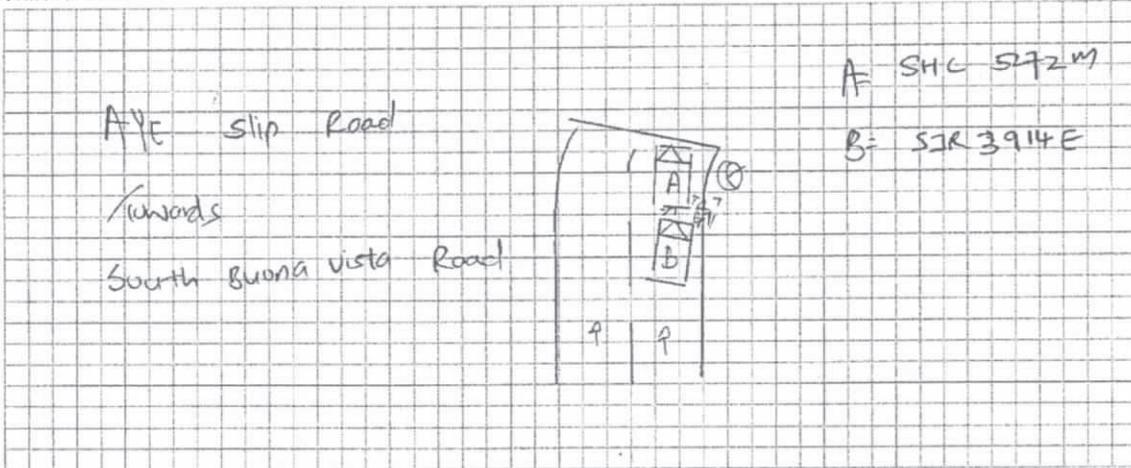
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police 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 REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180110/2169

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Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20180110/2169

CONTINUATION OF REPORT

Passenger			
Name	ALEYSE	ID No.	S7771989Z
Related Vehicle	SHC5272M (Car)	Contact No.	97717618
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
Driver			
Name	TAY KOK POW	ID No.	S1312691G
Related Vehicle	SHC5272M (Car)	Contact No.	97657880
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/01/2018	Date Discharge	10/01/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ASOGAN S/O MUTHUNKRISHNAN	ID No.	S1508230E
Related Vehicle	SJR3914E (Car)	Contact No.	97975415
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

**Brief Details.**

On 10/01/2018 at about 1655hrs, I was driving my taxi (SHC5272M) along South Buona Vista Road. I had just picked up three passengers from National University Hospital (NUH) and was making my way to Ayer Rajah Expressway (AYE) towards the City. At that point of time, it was raining and the roads were wet.

I had stopped in front of the stop line, of the slip road of Buona Vista Flyover, as the traffic light ahead was 'Red'. About 30 seconds later, I felt a collision of the rear of my taxi which caused it to jerk forward. I made a check with my passengers and they informed that they were alright. I then alighted from my taxi and made a check and discovered that another car (SJR3914E) had collided with the rear of my taxi. I spoke with the driver (SJR3914E) and he claimed that he had skidded due to the wet weather causing him to collide to my taxi and his car went up the curb on the right side. I then tried to exchange particulars with the driver however he informed me that he has lost his wallet and he provided me with his



**SINGAPORE  
POLICE FORCE**



T/20180110/2169

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20180110/2169

particulars from a printed letter. After exchanging particulars, we both continued with our own journeys. My passengers remained in my taxi as they informed me that they were fine. No ambulance or Traffic Police was called up for the accident

On the same day at about 1845hrs, I visited Mount Alvernia Hospital as I was feeling neck pains and giddiness and I was given 5 days of medical leave. I am lodging this report to facilitate my insurance claims and Traffic Police investigations.

journeys,  
Traffic

sl

801 N2	 SINGAPORE POLICE FORCE
SIGNATURE	

journeys,  
Traffic



**SINGAPORE  
POLICE FORCE**



T/20180110/2169

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Report No. T/20180110/2169

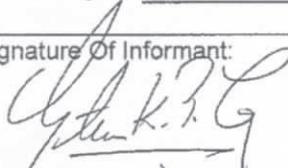
Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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: E / Sgt 2 MUHAMMAD ASH SHAHIDI BIN MOHAMED PADILLAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/01/2018 20:20
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA DINTE BOHARI Contact No.: 654	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; display: inline-block;">  <b>SINGAPORE POLICE FORCE</b> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 10px;"> <b>SN 168</b> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> <b>SIGNATURE</b> </div>

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5272M
Vehicle to be Exported:	Yes
Intended De-registration Date:	11 Jan 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000783
Chassis No.:	VF1ABL15AUC276718
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	07 Mar 2014
First Registration Date:	07 Mar 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Mar 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	06 Mar 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$58,745.00
COE Rebate Amount:	\$30,474.00
<b>Total Rebate Amount:</b>	<b>\$39,847.00</b>
<b>Message</b>	
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 11 Jan 2018

OK