

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	12/12/2012 11:18
Date Of Accident	11/12/2012 19:00
Exact Location Of Accident	Buangkok Green

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5324S
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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
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If No, Please state action to be taken	Third Party
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Vehicle Category	Taxi
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Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH
Cover Note Number	

Driver

Name of Driver	ALLAN TAN BAK YEOW
NRIC No	S0063627D
Date Of Birth	15/09/1953
Occupation	Outdoor
Date Of Driving Pass	30/06/1981
Driving Experience	31 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-98336448
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 486 JURONG WEST AVENUE 1 #09-127
Postcode	640486
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	

Vehicle Registration Number of Driver's Own Vehicle -
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 Insurance Company of Driver's Own Vehicle -
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General Information of the Accident

Type Of Accident Collision- Change/cross lane
 Weather Conditions Raining
 Road Surface Wet

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 11.12.2012 at about 1900hrs, I was at a stationary position at the extreme left lane along Buangkok Green to pick up a passenger. While stationary for a few seconds, I felt an impact from the rear. Vehicle B (SGJ1241D) collided onto my taxi's rear portion. Vehicle A: no passenger Vehicle B: 2 passengers /rc
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGJ1241D
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver J NESHIETHTHAA THEVY
 NRIC/Passport Number S6844841G
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

