

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	23/05/2013 13:23
Date Of Accident	22/05/2013 14:20
Exact Location Of Accident	Farrer Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7504L
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Insured/Policyholder

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

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-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-12047359MFSH
Cover Note Number	

Driver

Name of Driver	LIM TOW MENG
NRIC No	S1534061D
Date Of Birth	17/04/1962
Occupation	Outdoor
Date Of Driving Pass	16/05/1984
Driving Experience	29 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-91470488
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	Ang Mo Kio Central Post Office P.O.Box No 695
Postcode	915607
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 foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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 22.05.2013 at about 1420hrs, I was driving along Queensway towards Farrer Road along Lane 2. After exiting Queensway tunnel and still traveling along Lane 2, another vehicle (SKF6211G) that was traveling on the lane 1 overtook me on my right and then suddenly swerved and on veered into my path and as a result hit the front right hand side of my taxi. Damaged to my taxi was the right hand side portion. I have a witness named Madam Chua Siok Hoon who was the passenger in my taxi at the time of the accident.

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

Vehicle Registration Number	SKF6211G
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	MDM CHUA SIOK HOON
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	LIM TOW MENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7504L
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

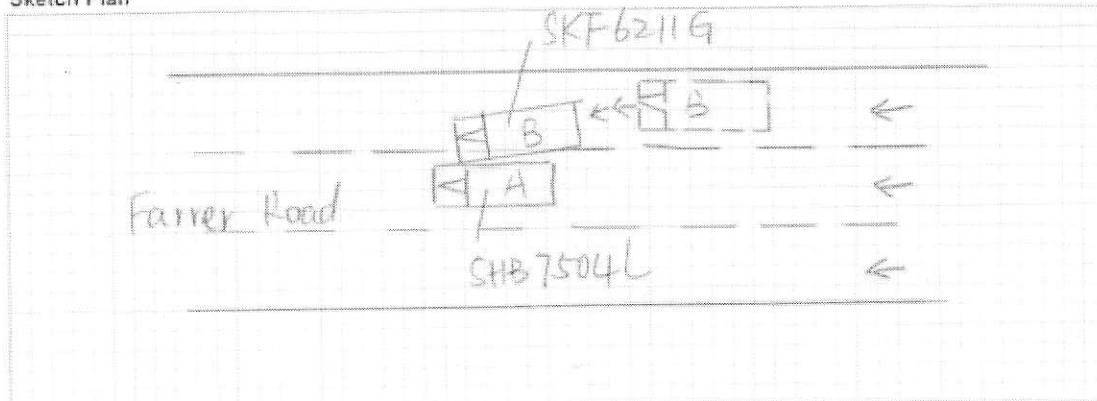
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

Refer to GIA report

Declaration

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

Witnessed by Reporting Centre Personnel