MTCS17170000 / Trans-Cab Services Pte Ltd - HQ ENT RY DATE & TIME: 27/12/2017 16:58 SUBMITTED BY: ROEL O.CRUZ

#### 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 witholding of material facts may allow insurance companies to rep addate policy ability.
- A, 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 fodgement 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 explicitly

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THE REPORT OF THE STATE OF THE	ACCIDENT STATEMENT	
Date Of Report	27/12/2017 16:58	* : 4:
Date Of Accident	27/12/2017 08:50	**************************************
Exact Location Of Accident	BISHAN MRT STATION TAXI STAND	
Co untry/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	المستخرجة والمستحربة
Ve hicle Registration Number	SHB7549H 01 5kN66729	ALLEGED COLLIDE!
Insured/Policyholder		
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD H 8 754	a H
Co Rog No	200303878K	
Email Address	CLAIMS@TRANSCAB.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-62876666	
Velhicie Particulars		
Manufacturer	CHEVROLET	

Model EPICA-2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (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 WANG HUI-LIH NRIC No S2220654J Date Of Birth 08/01/1962 Occupation OUTDOOR Date Of Driving Pass 22/12/1999

Driving Experience 18 YEARS AND 0 MONTHS

Gander

MALE

Mobile Number

(LOCAL) +65-90089658

Fax Number

Contact Number

EMail Address

NOEMAIL

28-12-17;11:37 ; 10/

**BLK 809 WOODLANDS STREET 81** Ad dress

#04-165

730809 Po stoode

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured OTHER - HIRER

Ve hicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Grant Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

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? NO Was any injured conveyed to hospital by NO am bulance? YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Dotails 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 the 27.12.2017 at about 0849hours, I was travelling straight on the 3rd lane along Bishan/Road with the intention to inched into the taxi stand after checking for oncoming vehicles and signalled left but before entering taxi stand I felt an impact from my rear, I alighted to check and realised that Vehicle B(SKN6672S) front portion had hit onto my taxi's rear portion.

#### Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKN6672S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver MAK YA TING \$8575232D NRIC/Passport Number 98629141 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Skotch Plan Pg. 1

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  Interested parties.
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

l 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 ;
  - 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 invoive 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.
- (a) the information so collected under (d) above may be shared / disclosed;
  - 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) ,

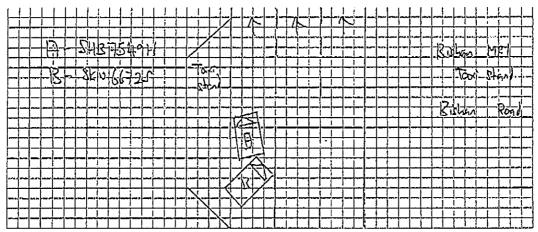
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Skotch Plan #2 Pg. 1



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1	Pleax	refor	Ho.	GIA	report	-	
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DECLARATION

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

Policyholder's Signature Date & Time: Wamp Hun LTh Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

5

Nome: NRIC/FIN No.:

GIARIMC SketchPlanform\_V3

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

3878K

Vehicle Details

Vehicle No.:

SHB7549H

Vehicle to be Exported:

Yes

Intended De-registration Date:

28 Dec 2017

Vehicle Make:

CHEVROLET

Vehicle Model:

EPICA 2.0DSL AT ABS D/AB 2WD 4DR

TURBO

Primary Colour;

Red

Manufacturing Year:

2011

Engine No.:

Z20S1454440K

Chassis No.:

KL1LA69RJBB091670

Maximum Power Output:

110.0 kW (147 bhp)

Open Market Value:

\$14,361.00

Original Registration Date:

30 Mar 2012

First Registration Date:

30 Mar 2012

Transfer Count:

0

Actual ARF Paid:

\$14,361.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Mar 2020

PARF Rebate Amount:

\$10,052.00

Intended COE Rebate Details

28-12-17;11:37 ; # 15/ 16

PARF/COE Rebate Enquiry

Page 2 of 2

COE Expiry Date: 29 Mar 2020

COE Category: A - Car (1600cc & below)

COE Period(Years); 8

PQP Paid: \$40,962.00

COE Rebate Amount: \$11,534.00

Total Rebate Amount: \$21,586.00

Message

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 28 Dec 2017

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