

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 | 29/05/2013 13:10 |
| Date Of Accident | 28/05/2013 19:25 |
| Exact Location Of Accident | Robinson Road |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHD5634Y |
|-----------------------------|----------|

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 |
| 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 | NEO KOK HUI(LIANG GUOHUI) |
| NRIC No | S7442611E |
| Date Of Birth | 20/12/1974 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/03/1996 |
| Driving Experience | 17 Years And 1 Month |
| Gender | Male |
| Mobile Number | (Local) +65-91913818 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |
| Address | BLK 253 Jurong East Street 24 #03-245 |
| Postcode | 600253 |
| 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 28.05.2013 at about 1928hrs, after picked up my passenger at Robinson Centre Taxi Stand, my taxi was traveling straight at the extreme right lane along Robinson Road. Suddenly vehicle B (SGX774R) cut into my lane from left without checking for oncoming traffic. Thus, vehicle B's right front portion collided into my taxi's left front portion. My passenger is willing to be my witness. SHD5634Y : 1 passenger onboard. SGX774R : not sure.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX774R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver CHOO KIAN BOON, ALVIN
NRIC/Passport Number S7015897C
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name MISS LIU
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name NEO KOK HUI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD5634Y
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

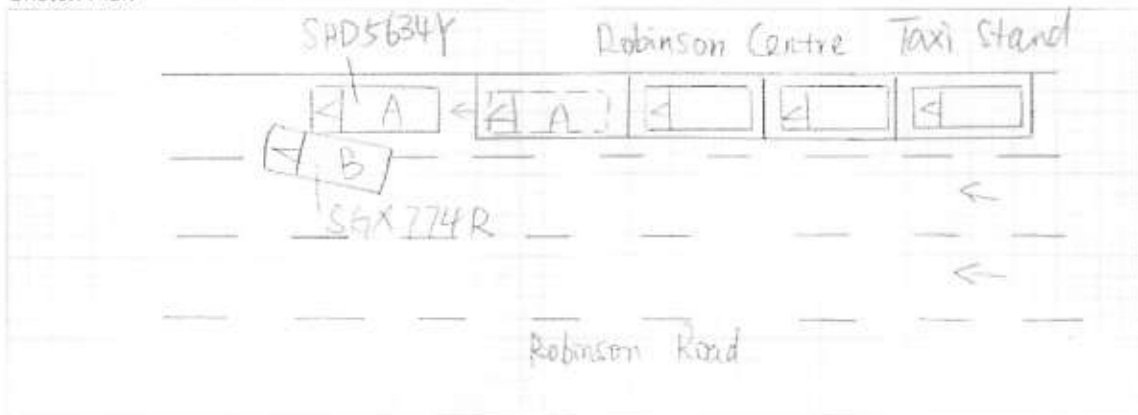
Sketch Plan

SKETCH PLAN

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Sketch Plan


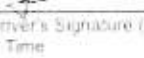


Describe Circumstances of the Accident

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| Refer to GIA report |
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Declaration

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

| | | |
|---|--|--|
|  Policyholder's Signature / Date & Time | 29 MAY 2013  Driver's Signature (If driver is not the policyholder) / Date & Time |  Witnessed by Reporting Centre Personnel |
|---|--|--|