# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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,

Was driver an employee of the Insured's Company No

- 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	10/03/2014 10:27
Date Of Accident	09/03/2014 19:20
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	Singapore
- 0	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD5795R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-2.0 BI-FUEL (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/2958
Cover Note Number	.27
Driver	
Name of Driver	TAY SWEE HUAT
NRIC No	S1120973D
Date Of Birth	19/02/1955
Occupation	Outdoor
Date Of Driving Pass	04/08/1977
Driving Experience	36 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-90932062
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 946 HOUGANG STREET 92 #06-163
Postcode	530946
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If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Other - HIRER

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

Collision- Head to Rear (TP Hit Insured)

Weather Conditions

Clear

Road Surface

Dry

No

Yes

#### Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

Was any other material or property damaged?

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 09.03.2014 AT ABOUT 1920HRS. I WAS AT THE RIGHT LANE TRAVELLING ALONG DEPOT ROAD AND WAS INTENDING TO TURN RIGHT TO DEPOT HEIGHTS. RIGHT SIGNAL LIGHT WERE ALSO LIT AT THAT TIME AND AS I APPROACHED THE TURNING SLOT, I SLOWLY MANEUVERED TO TURN. SUDDENLY I FELT AN IMPACT AND REALIZED THAT VEHICLE B - SGH6506T COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI. VEHICLE A - 1 PASSENGER VEHICLE B - 2 PASSENGERS

Are accident photos available for attachment?

Yes

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

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

TOH CHIN WEI

SGH6506T

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number

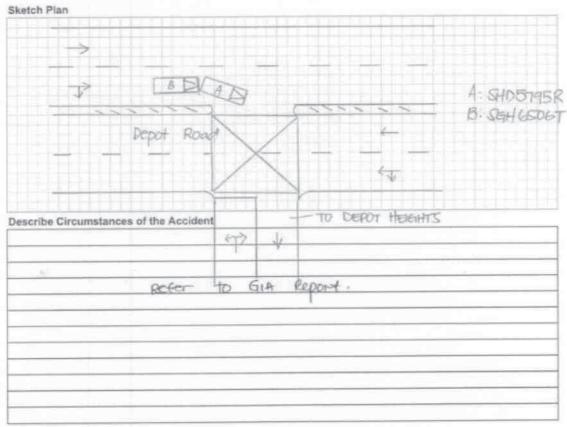
Email Address

#### Sketch Plan

## SKETCH PLAN

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Declaration

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

Policyholder's Signature / Date &

nature (If driver is not the policyholder) / Date

1 D MAR 2014

Andrea Witnessed by Reporting Centre

Text size + -

## Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

200303878K

Vehicle Details

Vehicle No.:

SHD5795R

Vehicle to be Exported: Yes

Intended De-registration 10 Mar 2014

Date:

Vehicle Make:

TOYOTA

Vehicle Model:

WISH 2.0 BI-FUEL AUTO

Primary Colour:

Red

Manufacturing Year:

2010

Engine No.:

3ZRA509446

Chassis No.:

JTDGJ20W005002958

Maximum Power Output: 104.0 kW (139 bhp)

Open Market Value:

\$25,053.00

Original Registration Date:

30 Nov 2010

First Registration Date:

30 Nov 2010

Transfer Count:

Actual ARF Paid:

\$15,032.00

## Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

29 Nov 2018

PARF Rebate Amount: \$11,274.00

## Intended COE Rebate Details

COE Expiry Date:

29 Nov 2018

COE Category:

A - Car (1600cc & below)

COE Period(Years):

QP Paid:

\$24,001.00

COE Rebate Amount:

\$14,158.00

Total Rebate Amount: \$25,432.00

#### 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 10 Mar 2014

OK

Land Transport Authority

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