

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	10/03/2014 10:27
Date Of Accident	09/03/2014 19:20
Exact Location Of Accident	DEPOT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5795R
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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 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	

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	
EEmail Address	NOEMAIL
Address	BLK 946 HOUGANG STREET 92 #06-163
Postcode	530946
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
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 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
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGH6506T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TOH CHIN WEI
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	

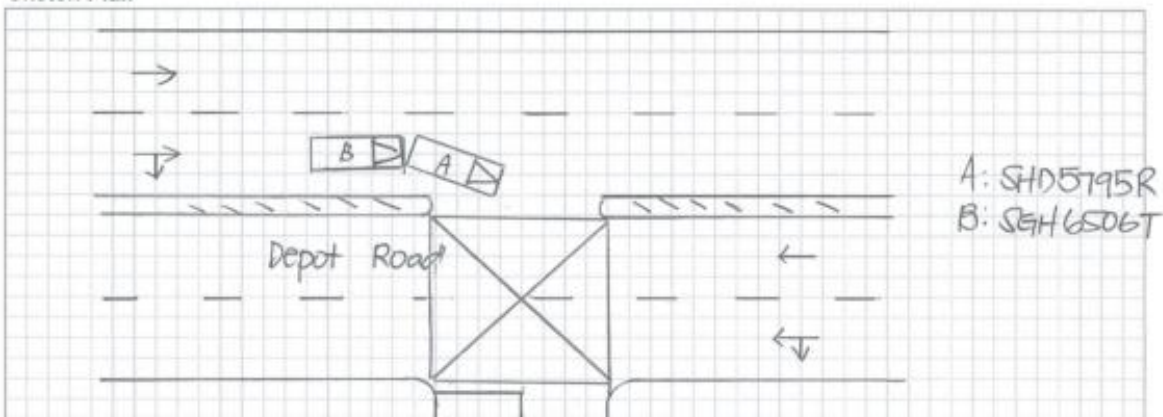
Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

	↔	↓	TO DEPOT HEIGHTS

Refer to GIA Report.

Declaration

I/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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

