

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 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	21/02/2018 10:34
Date Of Accident	20/02/2018 19:50
Exact Location Of Accident	HILL STREET TOWARDS VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5320H
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	NORDAN BIN WARSO
NRIC No	S1820908Z
Date Of Birth	23/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2007
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84201241
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 406 FAJAR ROAD #04-307
Postcode	670406
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	SIDE SWIPE
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 ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : TOURIST GENDER: : MALE
Passenger 2	NAME: : TOURIST GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20180221/2006

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM8700A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ASMAH BINTE SALLEH
NRIC/Passport Number	S1694423H

Contact Number

81420747

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

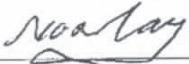
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I 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:
 - (i) 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 involve 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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.

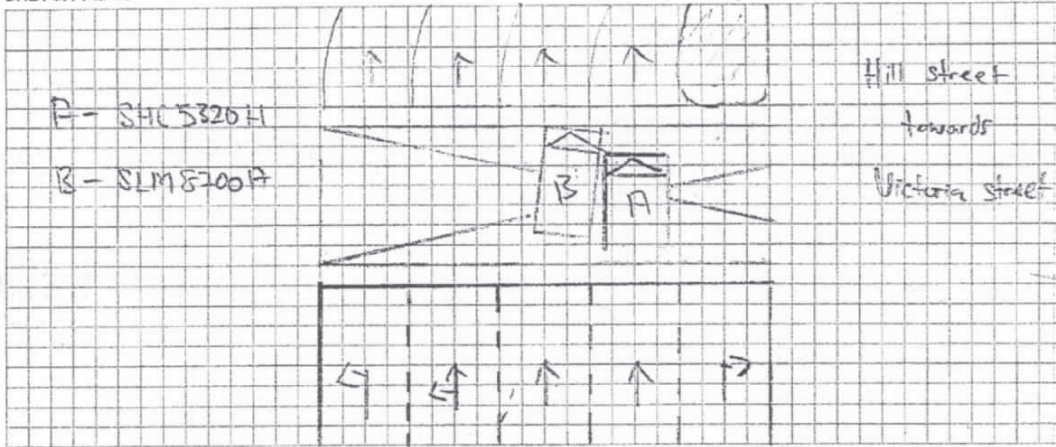
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to police 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180221/2006

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180221/2006

CONTINUATION OF REPORT

Driver:			
Name	NORDAN BIN WARSO	ID No.	S1820908Z
Related Vehicle	SHC5320H (Car)	Contact No.	84201241
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver:			
Name	Asmah Binte Salleh	ID No.	S1694423H
Related Vehicle	SLM8700A (Car)	Contact No.	81420747
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/02/2018 at about 1950hrs I was driving V1) SHC5320H along the 2nd lane of Hill street towards Victoria Street. V2) SLM8700A was on the 3rd lane when both vehicle approached the junction. Both vehicle stopped for the red light. The road ahead (Victoria Street) is slightly bend as the traffic turn green and both vehicles moved off. V2 which was on the 3rd lane did not keep to her lane and was seen sliding across to the 2nd lane in which I was driving.

I immediately started to horn but V2 did not realize and eventually grazed across V1 and continued ahead of me. I then signaled the highbeam and horned at V2 to notify her of the collision. V2 then came to a stop at Grand Pacific Hotel. Both parties exchanged particulars and took photos of the incident. V2's Driver initially informed she heard a mild collision noise however was not sure of the collision. She informed she is rushing to send off her passenger and she would liase with me after that.

Subsequently went we met up she denied the collision or knowing anything about the collision. There is scratches and slight dent on the front left side of the V1. She refused to private settle the matter as such I am lodging this accident report for necessary actions.



**SINGAPORE
POLICE FORCE**



T/20180221/2006

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180221/2006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/
Sgt 2 M GANESH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/02/2018 00:58

Officer In Charge Of Case:

TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

SN 117

Authentication Stamp
NP168

Singapore Police Force

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20180221/2006

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180221/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 00:58	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: NORDAN BIN WARSO		Address: APT BLK 406 FAJAR ROAD #04-307 SINGAPORE 670406	
ID Type / ID No.: NRIC NO / S1820908Z		Contact No.: Home/Office: Mobile: 84201241	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 23/09/1967	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 19:50	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 HILL STREET VICTORIA STREET Traffic junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5320H	Car				Slightly Damaged	2
SLM8700A	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA