

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	07/01/2014 15:09
Date Of Accident	06/01/2014 03:30
Exact Location Of Accident	TPE TO SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7609T
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Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (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/02
Cover Note Number	

Driver

Name of Driver	NEO YEE HWANG (LIANG YOUHUA)
NRIC No	S7521413H
Date Of Birth	24/07/1975
Occupation	Outdoor
Date Of Driving Pass	27/10/1997
Driving Experience	16 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96722444
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 233 BUKIT BATOK EAST AVE 5 #11-59
Postcode	650233

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 Raining
Road Surface Wet

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? Yes
If Yes, Please state which Police Station.
Police Station Name Bukit Batok Neighbourhood Police Centre
Police Station Address ROAD: 21 Bukit Batok East Ave 4 , POSTCODE: 659840 , COUNTRY: Singapore
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20140106/4008
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB3787Z
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
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

DETAILS OF INJURED PERSON 1

Name NEO YEE HWANG (LIANG YOUHUA)
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB7609T
Were seat belts worn?
Was injured conveyed to hospital by ambulance? Yes

Address
Postcode

Sketch Plan

SKETCH PLAN

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Sketch Plan

As Attached.

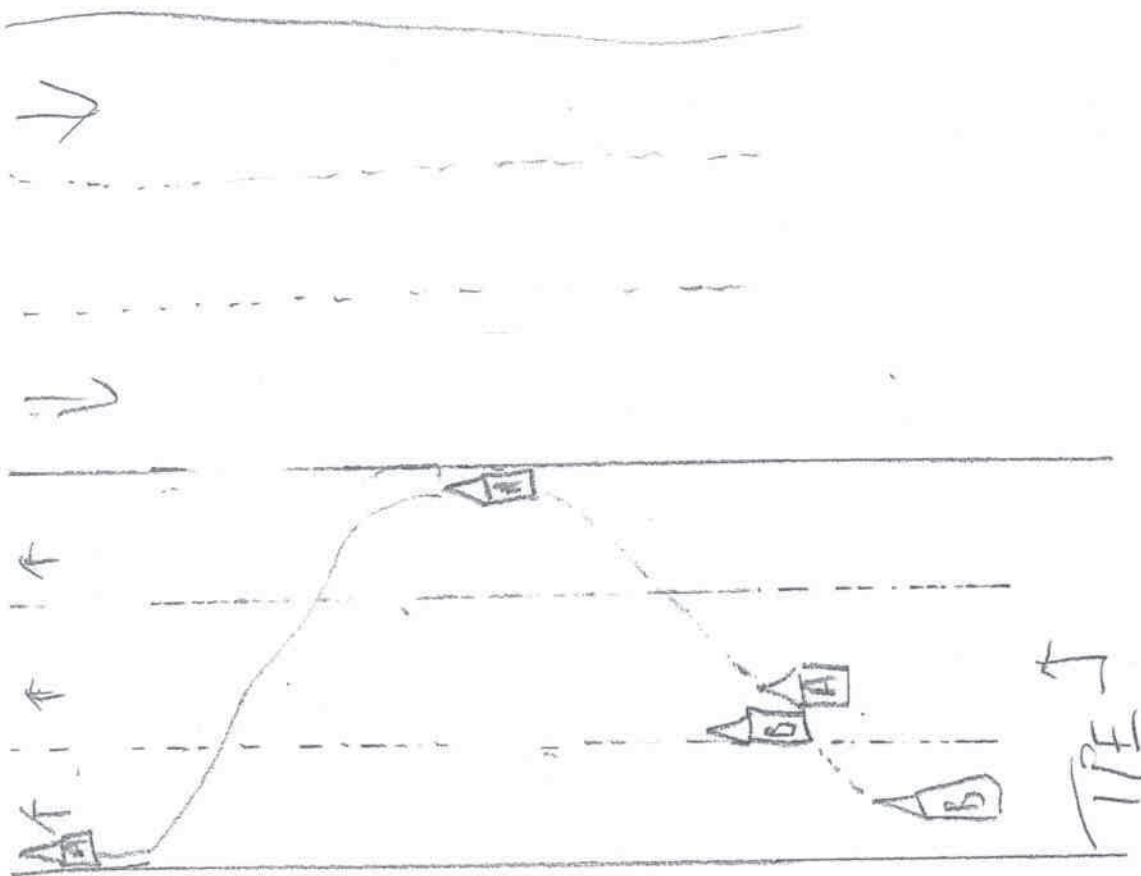
Describe Circumstances of the Accident

Refer to Police Report.

Declaration

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

 _____ Policyholder's Signature / Date & Time	07 JAN 2014 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
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A → 7609
B → XB3787Z

T/E → SLS
from airport to Yshua

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20140106/4008

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Report No. T/20140106/4008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2014 07:25			Vide Report No.:		Station Diary No.: 5
Informant's Particulars					
Name of Informant: NEO YEE HWANG			Address: APT BLK 233 BUKIT BATOK EAST AVENUE 5 #11-59 SINGAPORE 650233		
ID Type / ID No.: NRIC NO / S7521413H			Contact No.: Home/Office: Mobile: 96722444		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 24/07/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/01/2014 03:30	Type of Location: Straight Road
Location: Along Road 1 TPE SLE TPE towards SLE after Jalan Kayu Exit				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved									
Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SHB7609 T	taxi			Seriously Damaged	1				

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

Police Station Of Origin:
 Bukit Batok N.P.C
 21 Bukit Batok East Avenue 4 SINGAPORE
 659840
 Tel No: 1800-6659999



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Report No. T/20140106/4008

CONTINUATION OF REPORT

Driver			
Name	NEO YEE HWANG		ID No. S7521413H
Related Vehicle	SHB7609T (taxi)		Contact No. 96722404
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/01/2014	Date Discharge	06/01/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	CLOYD ALEJANDRO		ID No. G5414118T
Related Vehicle	SHB7609T (taxi)		Contact No. 83552337
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 06/01/2014 at about 0330hrs, It was raining heavily and I was driving along TPE towards SLE on the second lane. After the Jalan Kayu exit, suddenly a trailer drove into my lane from the third lane without signalling and do not have any brake light switched on. Thus I was unable to stop in time and my taxi collided to the rear of the trailer. The impact then caused my taxi to serve and hit onto the centre divider and then I managed to stop at the side. I then called for police assistance and the ambulance came shortly after. I was then conveyed to the hospital by ambulance. I had bruises on my right hand finger and felt pain on my head, back and left leg. I was then given 3 days of medical leave.

Sketch Plan #5

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20140106/4008

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Report No. T/20140106/4008

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: N 113 J / MUHD RIDHWAN BIN BORHAN Signature :	Signature Of Informant:
Signature Of Interpreter: Police Force Not applicable	Date/Time: 06/01/2014 07:25
Officer In Charge Of Case: TP / AEIT / GO AH KIM Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	

Text size + -

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

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHB7509Z
Vehicle to be Exported: Yes
Intended De-registration Date: 09 Jan 2014
Vehicle Make: CHEVROLET
Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour: Red
Manufacturing Year: 2011
Engine No.: Z20S1442363K
Chassis No.: KL1LA69RJBB055298
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$14,143.00
Original Registration Date: 13 Mar 2012
First Registration Date: 13 Mar 2012
Transfer Count: 0
Actual ARF Paid: \$14,143.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 12 Mar 2020
PARF Rebate Amount: \$10,607.00

Intended COE Rebate Details

COE Expiry Date: 12 Mar 2020
COE Category: A - Car (1600cc & below)
COE Period(Years): 8
PQP Paid: \$40,962.00
COE Rebate Amount: \$31,616.00

Total Rebate Amount: \$42,223.00**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 09 Jan 2014

OK



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