

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	06/03/2018 13:24
Date Of Accident	05/03/2018 23:20
Exact Location Of Accident	CLAYMORE ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD247P
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	THIEN YIT FATT
NRIC No	S0097330J
Date Of Birth	11/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/02/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97541266
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 187 BOON LAY AVE #06-56
Postcode	640187
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT : T/20180306/2008

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7789G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHONG CHEE CHUEN
NRIC/Passport Number	S1525532C
Contact Number	9790 3783
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	THIEN YIT FATT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

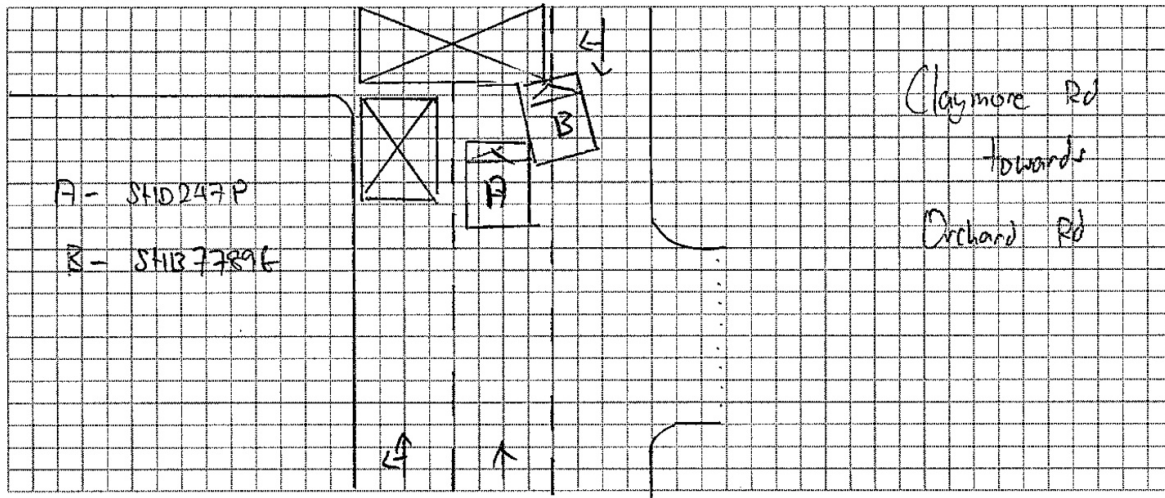


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



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.:

POLICE REPORT Pg. 1



POLICE FORCE

CONTINUATION PAGE OF THE REPORT NUMBER 20180306/2008
T/20180306/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180306/2008

CONTINUATION OF REPORT

Driver			
Name	THIEN YIT FATT		ID No. S0097330J
Related Vehicle	SHD247P (Car)		Contact No. 97541266
Hospital/Clinic	FARRER PARK HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	06/03/2018		Date Discharge 06/03/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

On 05/03/2018 at about 2320hrs, I was driving vehicle SHD247P along Claymore Road, heading towards Orchard Road. Vehicle SHB7789G wanted to overtake my vehicle by driving on the right. Thus, he went onto the oncoming traffic lane, driving against the direction and as he was maneuvering back to the correct lane, he hit onto the front right side of my vehicle. To avoid the collision, I made an emergency brake and my forehead and nose hit onto the steering wheel, and I felt pain on my left shoulder and neck after that.



**SINGAPORE
POLICE FORCE**



T/20180306/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180306/2008

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:

D /

Sgt 2 HO YUAN REN, JUSTIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/03/2018 02:47

Officer In Charge Of Case:

TP / AEIT /

SI DZUL-HAIRIE BIN RAMLI

Contact No: 65476220

SN 46

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



T/20180306/2008

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180306/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 02:47	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: THIEN YIT FATT		Address: APT BLK 187 BOON LAY AVENUE #06-56 SINGAPORE 640187	
ID Type / ID No.: NRIC NO / S0097330J		Contact No.: Home/Office: Mobile: 97541266	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 11/06/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2018 23:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLAYMORE ROAD ORCHARD ROAD Claymore Rd towards Orchard Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHB7789G	Car	RENAULT		Red		1
SHD247P	Car	CHEVROLET		Red	Slightly Damaged	0

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

