SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.

- 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

Date Of Report 07/05/2018 09:47 Date Of Accident 05/05/2018 13:40 ALEXANDRA ROAD SLIP RD TOWARDS WEST COAST HIGHWAY SINGAPORE DETAILS OF OWN VEHICLE	atoresaid.	ACCIDENT STATEMENT
Date Of Accident 05/05/2018 13:40 ALEXANDRA ROAD SLIP RD TOWARDS WEST COAST HIGHWAY SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SHC5988G Insured/Policyholder Vame Of Registered Owner TRANS-CAB SERVICES PTE LTD CO Reg No 200303878K CELAIMS@TRANSCAB.COM.SG Vehicle Particulars Vehicle Category TAXI Insurance Company Vame of Insurance Com	Data Of Danast	
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Vehicle Registration Number SHC5988G Insured/Policyholder Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Co Reg No 200303878K Chaill Address CLAIMS@TRANSCAB.COM.SG Mobile Phone No Neternative Phone No OFFICE-62866666 Wehicle Particulars Manufacturer RENAULT Moddel LATITUDE-2.0 L (A) Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Tehcile Category TAXI Name of Insurance Company Name of Insurance Company Name of Insurance Company VPS Of Coverage THIRD PARTY Filed Policy YES Policy Number VPX/P1680520 Cover Note Number TAN CHONG HUAT SISSESSO7J John Of Birth 02/08/1963 Occupation OUTDOOR John Of Driving Pass 20/09/1991 John Of Driving Pass 20/09/1991 John Of Driving Pass And T MONTHS John On The Service And Third Party John Of Driving Pass And T MONTHS John Of Driving Pass And T MONTHS John Of Driving Pass And T MONTHS John On The Service And Third Party John Of Driving Pass And T MONTHS John On The Service And Third Party John Of Driving Pass And T MONTHS John On The Service And Third Party John Of Driving Pass And T MONTHS John On The Service And Third Party John On The Service And The Service And The Service And Third Party John On The Service And The Service An		
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Fax Number	Mobile Number	
	Fax Number	, , , , , , , , , , , , , , , , , , , ,
	Contact Number	

NOEMAIL

BLK 118 MARSILING RISE Address

#08-144

730118 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

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)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20180506/7006

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 SH8340Z

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Vehicle Category TAXI Name of Driver TAN

NRIC/Passport Number

Contact Number 91723693

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN CHONG HUAT Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SHC5988G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode NO

Sketch Plan Pg. 1

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
 - 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:
 - 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 Alexandra Road Road towards Coast West DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Regart pis ottach police 500 DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180506/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2018 17:26		fade:	Vide Report No.:	Station Diary No.:	
Informati	its Partici	ılars 💮			
	Informant: ONG HUAT		Address: APT BLK 118 MARSILING R 730118	ISE #08-144 SINGAPORE	
ID Type / ID No.: NRIC NO / S1598507J		07J	Contact No.: Home/Office:	Mobile: 91866380	
Nationalit SINGAP	ty: ORE CITIZ	EN	Email: chonghuattan@ymail.com		
Sex: Male	Age: 54	Date of Birth: 02/08/1963	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acc	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2018 13:40	Type of Location: Bend
Location: ALEXANDRA slip road from		ar 991E alexandra road)	toward to westcoast	highway
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SH8340Z						0
SHC5988G						0

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

POLICE REPORT Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180506/7006

CONTINUATION OF REPORT

Name	TAN CHONG HUAT		ID No		S1598507J	
Related Vehicle	SHC5988G		Conta	ct No.	91866380	
Hospital/Clinic	RAFFLESMEDICAL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	06/05/2018 Date D		Date Disc	harge	06/05	/2018
No. of Days granted Medical Leave 03			Degree of	Injury	Slight	

Brief Details.

My taxi(SHC5988G) was travelling along Alexandra road, when approaching the slip road toward westcoast highway, i slow down and stop at the junction of slip road to check if the traffic is clear and safe to enter into westcoast highway. Sundenly, i heard a bang from the rear. The comfort taxi(SH8340Z) hit my back bumper.

POLICE REPORT Pg. 1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180506/7006

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/05/2018 17:26
Officer In Charge Of Case: TP / TPIB / DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case: