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 <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.	
The second of th	ACCIDENT STATEMENT
Date Of Report	14/05/2018 10:31
Date Of Accident	12/05/2018 20:20
Exact Location Of Accident	PASIR RIS CENTRAL TOWARDS PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB9802M
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-62866666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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
f 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	WU WENQING
NRIC No	S2640799J
Date Of Birth	04/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/01/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90681802
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 911 TAMPINES STREET 91

#07-91

Postcode 520911

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

OTHER - RELIEF

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

Weather Conditions DRIZZLING
Road Surface WET

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

BISHAN NEIGHBOURHOOD POLICE CENTRE

YES

NO

SINGAPORE

Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20180513/2051

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 SLV6735R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KANG XIAN BIN

NRIC/Passport Number S8512674A

Contact Number

97996936

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

No. Of Passenger (Including Driver)

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.
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- 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.
- 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.
- 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:
 - 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 Toward Pasir DESCRIBE CIRCUMSTANCES OF THE ACCIDENT police oHach Report DIS Elle DECLARATION 1/We declare the foregoing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: Name:

Date & Time:

GIARMC SketchPlanForm_V3

NRIC/FIN No .:

POLICE REPORT Pg. 1





Police Station Of Origin:

Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

T/20180513/2051

1 of 3 Report No. T/20180513/2051

Date/Time Report Made: 13/05/2018 13:57		lade:	Vide Report No.:	Station Diary No. 35	
Informan	t's Partici	ulars	周上18年4年月18日末期		
Name of WU WEN	Informant: IQING		Address: APT BLK 911 TAMPINES ST 520911	REET 91 #07-91 SINGAPORE	
ID Type / ID No.: NRIC NO / S2640799J			Contact No.: Home/Office:	Mobile: 90681802	
Nationalit SINGAPO	y: DRE CITIZ	EN	Email:		
Sex: Male	Age: 53	Date of Birth: 04/05/1965	Type of Informant: Driver		
Race: Chinese		* 4	Language: Chinese	Institution / School Name:	
Occupation Taxi drive			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2018 20:20	Type of Location T-Junction	
PASIR RIS C PASIR RIS D		Pasir Ris Dr 3 Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	4 1 1	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ring Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHB9802M	taxi	RENAULT		Red		0
SLV6735R	Car					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: Bishan N.P.C

Report No. T/20180513/2051

2 of 3

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Name	WU WENQING		ID No.		S2640799J	
Related Vehicle	SHB9802M (taxi)			Conta	act No.	90681802
Hospital/Clinic	INTEMEDICAL 24 HR	CLINIC		Class Drivin Licen	ng	Class: 3 Date of Expiry: NIL
Date Treatment			Date Disc			5/2018
	ted Medical Leave	04	Degree of	finiury	NIL	72010
Driver	从们其他的 国际企业的政策。	Mariana				的但用区域被找费和 的可以为1000000000000000000000000000000000000
Name	KANG XIAN BIN		and the second second second	ID No		S8512674A
Related Vehicle	SLV6735R (Car)			Conta	ct No.	97996936
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
Vo. of Days grant	ed Medical Leave	IIL III	Degree of		NIL	

Brief Details.

On 12/05/2018 at about 2020hrs, I was driving my taxi (SHB9802M) along Pasir Ris Central. When I was at the T-junction of Pasir Ris Central and Pasir Ris Dr 3, I turned left from Pasir Ris Central into Pasir Ris Dr 3. While turning halfway, I felt an impact from the rear of me taxi as such I stopped and got out to check. I notice that another vehicle (SLV6735R) had collided inot the rear of my taxi. We took photos of the damages, exchange particulars and drove off. At that point of time, I did not felt any pain but on 13/05/2018 morning, I felt pain coming from the back of my neck and also my back as such I went to seek treatment and was given 4 days of medical certificate.

POLICE REPORT Pg. 1







Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 Report No. T/20180513/2051

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 E / Staff Sgt LIM BENG LEE	The Report:	Signature O	f Informant:	
Signature Of Interpreter: Not applicable	7/	Date/Time: 13/05/2018	13:57	
Officer In Charge Of Case:		Classificatio	n Of Case:	
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SINGAPORE POLICE FORCE	11	SN 061	
Authentication Stamp NP168		nature		

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	3878K
Vehicle No.:	SHB9802M
Vehicle to be Exported:	Yes
Intended De-registration Date:	14 May 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000341
Chassis No.:	VF1ABL15AUC273335
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	31 Jul 2013
First Registration Date:	31 Jul 2013
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Jul 2021
PARF Rebate Amount: Intended COE Rebate Details	\$9,373.00
COE Expiry Date:	30 Jul 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$51,810.00
COE Rebate Amount:	\$20,786.00
Total Rebate Amount: Message	\$30,159.00
Please note that the 8-year COE for this vehicle cannot by vehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the thever is earlier.

The information contained herein is correct as at 14 May 2018

OK