

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 | 01/06/2018 16:50 |
| Date Of Accident | 31/05/2018 17:30 |
| Exact Location Of Accident | BLK 206 PETIR ROAD CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD9912T |
| 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 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 |
| 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 | HO KOK HWA |
| NRIC No | S1455973F |
| Date Of Birth | 28/06/1960 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/12/1978 |
| Driving Experience | 39 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96309745 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 745 WOODLANDS CIRCLE #10-744 |
| Postcode | 730745 |
| 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 | |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : FEMALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TAMPINES NORTH NPP |
| Police Station Address | ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

Please refer to police report

Attachment(s)

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

Details of Witness 1

| | |
|---------------|-------------|
| Name | ALICIA PHUA |
| Phone Number | 81891988 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | GBB7027T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOODS VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|------------|
| Name | HO KOK HWA |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SHD9912T |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

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)**

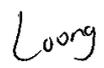
I understand, acknowledge, agree and consent that:

- (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:

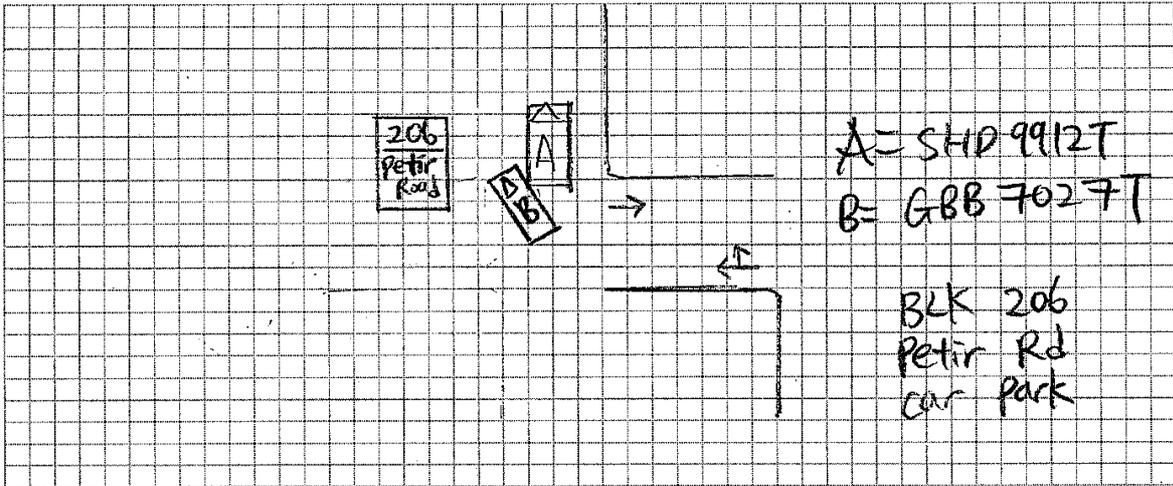


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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.:



**SINGAPORE
POLICE FORCE**



T/20180601/2114

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180601/2114

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 01/06/2018 15:07 | Vide Report No.: | Station Diary No.: 14 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|------------|--|------------------------------|
| Name of Informant: HO KOK HWA | | Address: APT BLK 745 WOODLANDS CIRCLE #10-744 SINGAPORE 730745 | |
| ID Type / ID No.: NRIC NO / S1455973F | | Contact No.: Home/Office: Mobile: 96309745 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 28/06/1960 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Taxi Driver | | Driving Licence Information: Class: 3,4A,4 Date of Expiry: | |

General Information of the Accident

| | | | |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Others | Drink Drive: No | Date/Time of Accident: 31/05/2018 17:30 | Type of Location: Carpark |
| Location: PETIR ROAD Blk 206 Petir Road open carpark | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: | |
| 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 |
|-------------|------|---------|---|--------|-----------|-----------------|
| GBB7027T | Van | NISSAN | URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD | Silver | | 0 |
| SHD9912T | Car | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red | | 2 |



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T/20180601/2114

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180601/2114

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------------|--|--------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | HO KOK HWA | ID No. | S1455973F |
| Related Vehicle | SHD9912T (Car) | Contact No. | 96309745 |
| Hospital/Clinic | MEDICARE ASSOCIATES CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4A,4 Date of Expiry: NIL |
| Date Treatment | 01/06/2018 | Date Discharge | 01/06/2018 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 31/05/2018 at about 1731hrs, I was driving my taxi (SHD9912T) with two female passengers on board at open carpark of Blk 206 Petir Road.

I was driving straight ahead. At the T-junction of the carpark suddenly, I felt impact coming from the left side. There was a van (GBB7027T) collided at the rear left side of my taxi resulting to damage.

No one was injured at that point of time. My passenger namely, Alicia Phua, Hp: 81891988 witnessed the accident. My taxi-in-car CCTV captured the accident footage.

I alighted and asked the van driver "So how?" which he replied "Go make police report". I did not exchange particulars with him.

After the accident, I felt unwell thus seek medical treatment at a private clinic. I was given 3 days of MC from 01/06/2018 to 03/06/2018.



SINGAPORE
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T/20180601/2114

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461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20180601/2114

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: G / Sgt 2 MUHAMMAD ISA BIN MD RASHID  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 01/06/2018 15:07 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 |   SIGNATURE |

Accident Photo



Accident Photo



Accident Photo

