

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 | 10/11/2017 17:05 |
| Date Of Accident | 10/11/2017 13:45 |
| Exact Location Of Accident | HOLLAND ROAD TOWARDS QUEENSWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC5843R |
| 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 |
| 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 | FOO AH ENG |
| NRIC No | S0728213C |
| Date Of Birth | 20/12/1945 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/01/1964 |
| Driving Experience | 53 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85547554 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 508 JELAPANG ROAD #06-88 |
| Postcode | 670508 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | 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 | RAINING |
| Road Surface | WET |

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? | 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. | 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 | ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4849999 - FAX NO: 62181399 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171110/2115

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 | SKE9048Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

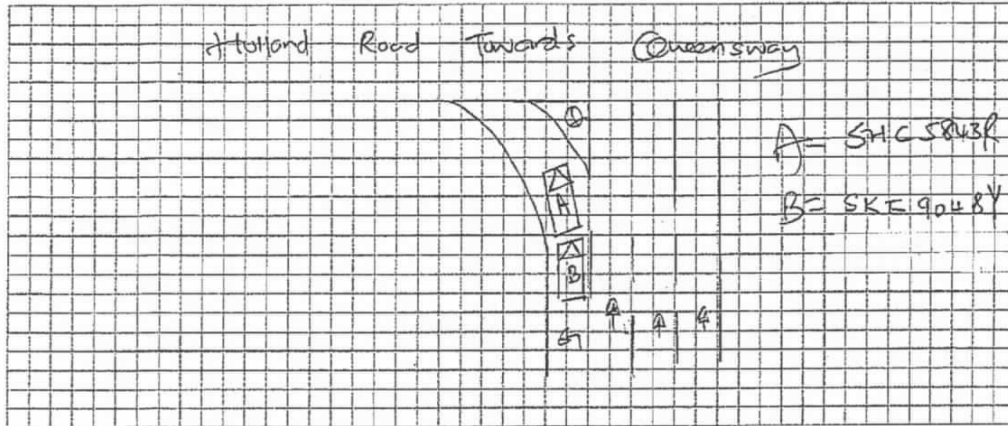
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20171110/2115

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20171110/2115

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 10/11/2017 16:07 | | Vide Report No.: | | Station Diary No.: 74 | |
| Informant's Particulars | | | | | |
| Name of Informant: FOO AH ENG | | | Address: APT BLK 508 JELAPANG ROAD #06-88 SINGAPORE 670508 | | |
| ID Type / ID No.: NRIC NO / S0728213C | | | Contact No.: Home/Office: 68927408 Mobile: 85547554 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 71 | Date of Birth: 20/12/1945 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|--|
| General Information of the Accident | | | | | |
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 10/11/2017 13:45 | Type of Location: Bend | |
| Location: Along Road 1 Traveling Toward Road 2 HOLLAND ROAD QUEENSWAY | | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|---------|-------|-------|------------------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| SHC5843R | Car | RENAULT | | Red | Slightly Damaged | 0 |



**SINGAPORE
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T/20171110/2115

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569784
Tel No: 1800-4849999

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Report No. T/20171110/2115

CONTINUATION OF REPORT

Brief Details.

On 10/11/2017, at about 1345hrs, I was on duty as a TransCab taxi driver driving my vehicle along Holland road towards Queensway. There was no passenger at that point of time.

Upon arriving at the filter lane on the left towards Queensway, I slow down my vehicle and proceed with caution as it was raining heavily. I stop my vehicle in front of the double broken white line at the zebra crossing to allow traffic coming from Farrer Road to proceed. Suddenly, a vehicle from the rear collided with my vehicle. As it was raining heavily, the driver instructed me to proceed further down for the meet up.

Subsequently, I proceed to the nearest bus stop in front but the said vehicle did not stop his car and drove off. I did not manage to take any photo of the said vehicle as it was raining heavily. I only manage to recall it is a Hyundai car with reg. plate number SKE9048, I did not manage to take down the last alphabet of the car plate. Due to the collision, there were scratches and dents found on the rear right of my vehicle. No police or ambulance attended to this incident.

I wish to state that I do not have a in-build CCTV in my vehicle. I also wish to state that I will be seeing a doctor after this as I felt pain on my neck and shoulder back after the accident.

I am lodging this report for insurance claim and company record.



**SINGAPORE
POLICE FORCE**



T/20171110/2115

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20171110/2115

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: F / Sgt 2 KERK LI PING | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/11/2017 16:07 |
| Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079 | Classification Of Case: |
| Authentication Stamp NP168 | |