MTCS18086459 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 05/07/2018 09:11 SUBMITTED BY: Er Wei Chang Calvin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate 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.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	05/07/2018 09:11	
Date Of Accident	05/07/2018 07:10	
Exact Location Of Accident	JURONG WEST STREET 41 TOWARDS JURONG WEST AVENUE 1	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD138X	
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	SEAH CHEE HONG	
NRIC No	S2191981J	
Date Of Birth	03/08/1966	
Occupation	OUTDOOR	
Date Of Driving Pass	14/09/1989	
Driving Experience	28 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91131002	

NOEMAIL

BLK 155 YUNG LOH ROAD Address

#03-04

561155 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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? NO

Was any injured conveyed to hospital by NO

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)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

On 5.7.2018 at about 0710 hours,I was travelling straight along Jurong West Street 41 towards Jurong West Avenue 1.Suddenly i felt an impact. Vehicle B (SKT9173P) which came from opposite lane made a right turn without checking for oncoming vehicles and hit onto my taxi front portion.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT9173P

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 Pg. 1

SKETCH PLAN

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 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:
 - (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:
 - 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:

Loon

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN		
RETCH PLAN		
	+1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
		A+ 3110130V
	1 1	A= SHD 138X B= SKT9173P
	(Fice)	10- CV+0173P
	I IA	13-3-14-3
		- west steet 41
		Jurang west street 41 towards Jurang west Avenue
	A \$>	towards July Wits Account
		1
		1 5 4
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	glease refer to GIA	RP Dart
	glease reter to arr	Teb-1
Ta .		
ACCI ADATION		
DECLARATION	visulare are true in every remost - /	
We declare the foregoing part	ticulars are true in every respect	
	16186	looney
	//	· /
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

05 Jul 2018	
RENAULT	
LATITUDE 2.0L DCI AUTO D/AB 4DR	
Red	
003165	
AUC283258	
170 bhp)	
1600cc & 97kW (130bhp)	
0	

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 05 Jul 2018