

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	23/07/2018 14:06
Date Of Accident	21/07/2018 03:00
Exact Location Of Accident	CLAYMORE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5095H
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	DAVID DEVARAJAN @ MOHD SHARIF BIN ABDULLAH
NRIC No	S0103263A
Date Of Birth	31/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90500881
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 771 PASIR RIS STREET 71 #02-354
Postcode	510771
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	CHAIN COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1412C
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC4482E
Vehicle Make/Model/Colour	
Details Of Properties	SMRT TAXI
Vehicle Category	TAXI
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	DAVID DEVARAJAN @ MOHD SHARIF BIN ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5095H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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

SKETCH PLAN

A= SHC 5095H
 B= SHC 1412E
 C= SHC 4482E
 Claymore Road

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180722/2020

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180722/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2018 10:37	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: DAVID DEVARAJAN	Address: APT BLK 771 PASIR RIS STREET 71 #02-354 SINGAPORE 510771		
ID Type / ID No.: NRIC NO / S0103263A	Contact No.: Home/Office: Mobile: 90500881		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 65	Date of Birth: 31/05/1953	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2018 03:00	Type of Location: Straight Road
Location: Along Road 1 CLAYMORE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHC1412C	Car	HYUNDAI		Blue	Seriously Damaged	0
SHC4482E	Car	TOYOTA		Maroon	Seriously Damaged	0
SHC5095H	Car	RENAULT		Red	Seriously Damaged	0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180722/2020

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20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180722/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAVID DEVARAJAN	ID No.	S0103263A
Related Vehicle	SHC5095H (Car)	Contact No.	90500881
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 21/07/2018 at about 0303hrs, I was driving my tax, (TransCab), SHC5095H on Claymore Rd heading towards Orchard Rd. While I was driving, I saw another taxi (Comfort), SHC1412C driving out on Claymore Dr which subsequently came into contact with another taxi (SMRT), SHC4482E on the driver's side.

After that, the driver of SHC1412C suddenly swerved onto my driver's side which resulted into damages on my driver's side. There were scratches and dent marks on my driver's side of the door. I would also like to state that the driver's door was jammed up and was unable to open it up.

The driver of SHC4482E and I was unable to get out of the vehicles as the driver's door is blocked by SHC1412C. Subsequently, a passer-by snapped a photo of the collision and forwarded the picture to my wife's phone.

I reversed my vehicle and made a right turn to Claymore Dr and UTURN into Claymore Rd and met up with other two drivers. We exchanged each other vehicle plate number. The other drivers could have also taken photos of the damages too.

Both SHC5095H and SHC4482E was towed away by own respective companies and the SHC1412C drove off.

On 22/07/2018 at about 0930hrs, I went to see a doctor at C&K Family Clinic and was entitled of 3 days MC from 22/07/2018 to 24/07/2018.

I am lodging this report for insurance claims.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180722/2020

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180722/2020

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 MARYANI BINTE SANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/07/2018 10:37

Officer In Charge Of Case:

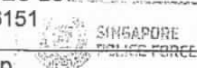
TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE