

## 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             | 21/08/2018 15:36 |
| Date Of Accident           | 20/08/2018 01:05 |
| Exact Location Of Accident | SERANGOON ROAD   |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC5151D                   |
| <b>Insured/Policyholder</b> |                            |
| 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 D DCI (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       | HARDIAL SINGH S/O CHARAN SINGH |
| NRIC No              | S6936573F                      |
| Date Of Birth        | 16/10/1969                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 19/03/2011                     |
| Driving Experience   | 7 YEARS AND 5 MONTHS           |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-82076154           |
| Fax Number           |                                |
| Contact Number       |                                |
| EMail Address        | NOEMAIL                        |

|   |  |
|---|--|
| Address   | BLK 630 WOODLANDS RING ROAD<br>#02-220 |
| Postcode  | 730630                                 |
| 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   | 2                                 |
| Was any body injured in the Accident?   | NO                                |
| 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)   | 2                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ                                    |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

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 | SKF7317D    |
| 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


#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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.

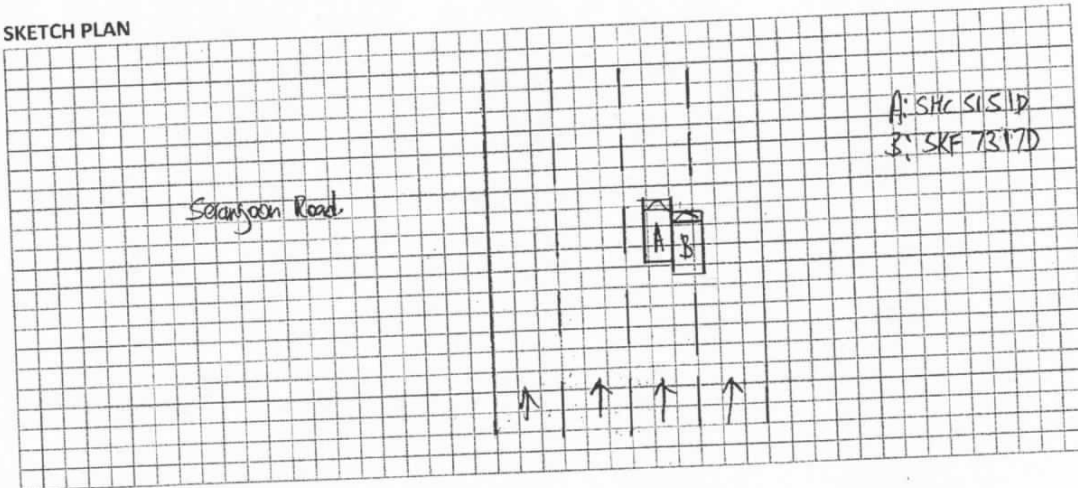
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180820/7023

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>20/08/2018 23:01 | Vide Report No.:<br>A/20180820/0016 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>HARDIAL SINGH S/O CHARAN SINGH |            |                              | Address:<br>APT BLK 630 WOODLANDS RING ROAD #02-220<br>SINGAPORE 730630 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S6936573F             |            |                              | Contact No.:<br>Home/Office: Mobile: 82076154                           |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                    |            |                              | Email:<br>amritakaur1603@gmail.com                                      |  |                            |
| Sex:<br>Male   | Age:<br>48 | Date of Birth:<br>14/10/1969 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Sikh  |            |                              | Language:<br>English  |  | Institution / School Name: |
| Occupation:<br>Taxi driver                           |            |                              | Driving Licence Information:<br>Class:                                  |  | Date of Expiry:            |

**General Information of the Accident**

|   |                             |                                    |  |                                     |
|---|-----------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Drink & Drive | Drink Drive:<br>Yes                | Date/Time of Accident:<br>20/08/2018 01:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>SERANGOON ROAD   |                             |                                    |  |                                     |
| Weather:<br>Clear   |                             | Road Surface:<br>Dry               |  | Road Speed Limit:<br>60 Km/h        |
| Traffic Flow:<br>One Way  |                             | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                             |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SHC5151D    | Car  |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |  |                                |
|---------------------------------|--|--------------------------------|
| Any Pedestrian Involved: No     |  | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL |  |                                |



**SINGAPORE  
POLICE FORCE**



T/20180820/7023



**SINGAPORE  
POLICE FORCE**



T/20180820/7023

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180820/7023

**CONTINUATION OF REPORT**

|                                   |                                |  |                                   |
|-----------------------------------|--------------------------------|--|-----------------------------------|
| Driver                            |                                |  |                                   |
| Name                              | HARDIAL SINGH S/O CHARAN SINGH | ID No.                                 | S6936573F                         |
| Related Vehicle                   | SHC5151D (Car)                 | Contact No.                            | 82076154                          |
| Hospital/Clinic                   | NIL                            | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                            | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                            | Degree of Injury                       | NIL                               |

Brief Details.

With reference to report number A/20180820/0016  
Officer Name : IO Affendy ( 6547 6209 )

I was driving my Taxi (SHC5151D) with a passenger on board along Serangoon road towards upper Serangoon at around 1 AM on the 20th August 2018 when a Black BMW (SKF7317D) driving on the right lane driving at a higher speed and came into my lane and hit my taxi on the right which caused a dent on the right side mirror, scratched the back bumper and slight chipped of the paint on the front bumper and he continued driving without acknowledging my horns and he was finally forced to stop when he was at the extreme right lane at the junction of Serangoon and Kitchener road as he was blocked by a rubbish truck. The moment the rubbish truck got out of way I quickly overtook the SKF7317D and stepped out to question him but he was in denial and then I showed him the damages caused by him and my passenger came out of my taxi and told the driver too that he was driving recklessly that was when the driver was slightly sacred and asked me to settle privately by paying me \$30 but i disagreed because \$30 was not enough to cover my damages and loss of income (as my taxi was my sole source of income which will be off to the workshop for a couple of days) but from his actions he seemed to be drunken (I asked if did he drink and he disagreed to it) and I was about to call the police as he trying to get in his car to drive away but then right than, a police vehicle which was patrolling in that area came to stop by us and the rest please refer to the report number as stated above.



**SINGAPORE  
POLICE FORCE**



T/20180820/7023

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180820/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NOR AFFENDY BIN JAFFAR  
Contact No.: 65476209

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
20/08/2018 23:01

Classification Of Case: