

## 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	10/09/2018 17:32
Date Of Accident	09/09/2018 17:10
Exact Location Of Accident	RAFFLES QUAY TOWARDS UPPER CROSS STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5134D
<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-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	RAMLI BIN HASHIM
NRIC No	S0058729Z
Date Of Birth	31/07/1951
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1974
Driving Experience	44 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93737665
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 25 CHAI CHEE ROAD #03-489
Postcode	460025
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?	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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	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 SEE ATTACH POLICE REPORT : T/20180910/2076

#### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMA934X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN HENG
NRIC/Passport Number	S7402122J
Contact Number	97436289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	RAMLI BIN HASHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5134D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**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:

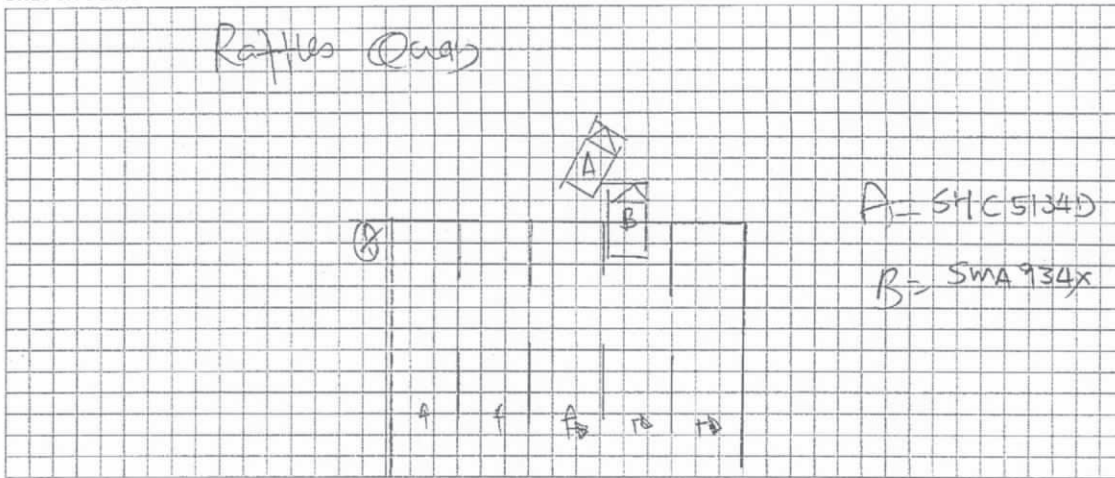
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

plc see attach 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/20180910/2076

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

1 of 3

Report No. T/20180910/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/09/2018 14:30		Vide Report No.:		Station Diary No.: 17	
<b>Informant's Particulars</b>					
Name of Informant: RAMLI BIN HASHIM			Address: APT BLK 25 CHAI CHEE ROAD #03-489 SINGAPORE 460025		
ID Type / ID No.: NRIC NO / S0058729Z			Contact No.: Home/Office: Mobile: 93737665		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 31/07/1951	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2018 17:10	Type of Location: T-Junction
Location: Along Road 1 RAFFLES QUAY .				
TURNING RIGHT TOWARDS UPPER CROSS STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5134D	Car				Seriously Damaged	4
SMA934X	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



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

Report No. T/20180910/2076

## CONTINUATION OF REPORT

Driver			
Name	RAMLI BIN HASHIM	ID No.	S0058729Z
Related Vehicle	SHC5134D (Car)	Contact No.	93737665
Hospital/Clinic	HEALTHLINE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/09/2018	Date Discharge	10/09/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

On the 09/09/2018 at about 1710hrs, I was driving taxi bearing the vehicle number SHC5134D along Raffles Quay turning right towards Upper cross street (Lau Pa Sat). I have 4 passengers on board and I was driving along the third lane at that point of time which allow vehicle to either go straight or turn right.

Approaching the junction, I proceeded to turn right when I discovered another vehicle bearing the plate number SMA934X who was on the 2nd lane (Turn right only) proceeded straight and then collided with the right side of my car causing a huge dent.

No one was injured at that point of time. We exchanged particulars with each other before resuming our respective journeys. I then seek medical attention the next day and were given 7 days MC.



**SINGAPORE  
POLICE FORCE**



T/20180910/2076

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/20180910/2076

## 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 3 MOHAMAD IZWAN BIN MOHAMAD  
ISHAK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2018 14:30

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

[➤ Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5134D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	10 Sep 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000877
Chassis No.:	VF1ABL15AUC276697
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	27 Dec 2013
First Registration Date:	27 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2021
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	26 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$25,825.00
<b>Total Rebate Amount:</b>	<b>\$35,198.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 10 Sep 2018

OK