SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

	ACCIDENT STATEMENT
Date Of Report	01/10/2018 14:02
Date Of Accident	29/09/2018 15:00
Exact Location Of Accident	UNITY STREET TOWARDS CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD9946X
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	MEHTA ULRIC CHARLES
NRIC No	S0003093G
Date Of Birth	05/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1980
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96816161
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 60 MARINE DRIVE Address

#03-58

440060 Postcode

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

NO

YES

1

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

TEL NO: 1800-4890999 - FAX NO: 63128989

NO

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20180930/2025

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKK8044H

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIM HUIFANG JOANNE

NRIC/Passport Number S8220016I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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 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)

gretis

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

KETCH PLAN				
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ECLARATION				
We declare the foregoing part	culars are true in ever	y respect.		
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olicyholder's Signature ate & Time:	Driver's \$ gnat			ng Centre Personnel's Signature

Date & Time:

GIARMC SketchPlanForm_V3

NRIC/FIN No.:

POLICE REPORT Pg. 1

Vide Report No.:



REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Informant's Particulars

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

30/09/2018 09:52



T/20180930/2025

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20180930/2025

Station Diary No.:

Name of Informant: MEHTA ULRIC CHARLES			Address: APT BLK 60 MARINE DRIVE #03-58 SINGAPORE 44()060					
ID Type / ID No.: NRIC NO / S0003093G			Contact No.: Home/Office: Mobile: 96816161					
Nationality: SINGAPORE CITIZEN		Emai	Email:					
Sex: Male	Age: 65	Date of Birt 05/03/1953	21	Type of Informant: Driver				
Race: Eurasian		Lang	Language: Institu			ution / School Name:		
Occupation Taxi driver	Occupation:			Driving Licence Information: Class: 3,4,5 Date of			of Expiry:	
	SHADE PROPERTY			ONNE TOUVAGO PORTA			4.5	
Type of Accident:	In	of the Accid njury others	ent	Drink Drive: No	Date/Tin Accident	ne of		Type of Location: Straight Road
Location: Along Road UNITY STR	REET	au Ave						
Along Road	REET	au Ave	Road	d Surface:			Road	Speed Limit:
Along Road UNITY STR Towards C Weather: Clear Traffic Flow	REET lemences	au Ave	Dry Traff	d Surface: ic Control: Controlled				Volume:
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Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



T/20180930/2025

100930/2025

Report No. T/20180930/2025

2 of 3

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						
Name	MEHTA ULRIC CHARLES		ID No.		S0003093G	
Related Vehicle	SHD9946X (Car)		Contact No.		96816161	
Hospital/Clinic	HOUGANG CLINIC		Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	30/09/2018 Date D		Date Disc	Discharge 30/09/2018		9/2018
No. of Days gran	anted Medical Leave 04			ee of Injury Slight		
Driver						
Name	LIM HUIFANG JOANNE		ID No		S8220016I	
Related Vehicle	SKK8044H (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL	-		Class Drivin Licend	g ce &	Class: NIL Date of Expiry: NIL

Brief Details.

Date Treatment | NIL

No. of Days granted Medical Leave

On 29/09/2018 at about 1500hrs, I was driving at the incident location, when the driver of a white Range Rover bearing plate numer SKK8044H suddenly turned out from one of the lots on my left side. As it was so sudden, I was not able to avoid the collision where the front right side of the Range Rover knocked onto the front left side of my taxi. No one was injured at the time of accident and we exchanged our particulars at scene. Both of us left the scene subsequently.

NIL

Date Discharge

Degree of Injury

On 29/09/2018 at about 2300hrs, I began to feel pains on my back, right shoulder and left knee. As such I proceeded to Hougang Clinic on 30/09/2018 where I was issued with 4 days of MC from 30/09/2018 to 03/10/2018. The collision caused my front left tyre to puncture and my front left passenger door to jam.

I am therefore lodging this report for insurance claim purposes.

POLICE REPORT Pg. 1





3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20180930/2025

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 3 ANNA ANTHONY	Signature of informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2018 09:52
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	SN 085
Authentication Stamp NP168 Signature	
Singapore Police Force	·

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD9946X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	01 Oct 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001240
Chassis No.:	VF1ABL15AUC277910
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	05 Jun 2014
First Registration Date:	05 Jun 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$26,339.00
Total Rebate Amount: Message	\$35,712.00
Please note that the 8-year COE for this vehicle cannot b vehicle reaches its statutory lifespan (if applicable), which	be further renewed. The vehicle must be de-registered upon COE expiry or when the hever is earlier.

The information contained herein is correct as at 01 Oct 2018