MTCS18143147 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 05/11/2018 14:27 SUBMITTED BY: Kek ZheWei

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

foresaid.	able upon application by interested parties.  Into the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
date of Report	05/11/2018 14:27
Date Of Accident	03/11/2018 19:25
ZAGOL EGGGLIOTI GT / TGT-	CROSS JUNCTION OF PIONEER RD NORTH & BOON LAY WAY
Jounity/State of Loss	SINGAPORE
DI DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB9602Z
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	CHEVROLET
Model	EPICA-2.0 (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	NG HIN WOO
NRIC No	S1125028I
Date Of Birth	08/01/1955
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91847118
Fax Number	

NOEMAIL

BLK 111 BISHAN STREET 12

#03-156

570111 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

NO

YES

NO

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General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident NO Was any body injured in the Accident?

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)

Passenger 1

NAME:

GENDER: : MALE

: UNKNOWN

Passenger 2 : UNKNOWN NAME:

> : FEMALE GENDER:

Passenger 3 : UNKNOWN NAME:

> GENDER: : MALE

Passenger 4 : UNKNOWN NAME:

GENDER: : FEMALE

Passenger 5 NAME: : BABY : FEMALE GENDER:

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 03/11/2018 AT ABOUT 1925HRS, I WAS TRAVELING STRAIGHT ALONG THE THIRD LANE OF THE JUNCTION OF PIONEER ROAD NORTH AND BOON LAY WAY. THE TRAFFIC LIGHT WAS GREEN AND I PROCEED ON, VEHICLE B(CB8866U) TURNED RIGHT FROM THE OPPOSITE LANE AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Remarks/ Reasons:

YES YES

FILE SIZE TOO LARGE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

CB8866U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

## 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.
- 3. 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>.
- 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.
- 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.
- 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:
  - 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: Oriver's Signature (If driver is not the policyholder)

(If driver is not the policyholi Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## Sketch Plan #2 Pg. 1

SKETCH PLAN		
	+++++++++++++++++++++++++++++++++++++++	
	Refer to Attreled Strich Plan.	
	<del></del>	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	with the resolution of the res	
	Refer to GIA Report.	
		8 1 - 3 - 1 - 1 - 1 - 1 - 1
DECLARATION		
/We declare the foregoing partic	ulars are true in eyegy respect.	
	129 44 1000 -	7/ .
N. B. J. J. J. S.		Zhuei
Policyholder's Signature Date & Time:	Driver's signature	Reporting Centre Personnel's Signature
vace of time:	(If driver is not the policyholder)	Name:

GIARMC SketchPianForm\_V3

Date & Time:

NRIC/FIN No.:

3/11/18 1925 Hrs A. CB 8866 U B, SHB 9602Z Proneer Rd North Pioneer Rd North Towards Jurong Point Boon Lay Way Towards Jurong West ANR A

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	3878K	
Vehicle No.:	SHB9602Z	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	05 Nov 2018	
Vehicle Make:	CHEVROLET	
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO	
Primary Colour:	Red	
Manufacturing Year:	2011	
Engine No.:	Z20S1461201K	
Chassis No.:	KL1LA69RJBB122741	
Maximum Power Output:	110.0 kW (147 bhp)	
Open Market Value:	\$14,290.00	
Original Registration Date:	02 Apr 2013	
First Registration Date:	02 Apr 2013	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$14,290.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	01 Apr 2021	
PARF Rebate Amount: Intended COE Rebate Details	\$10,003.00	
COE Expiry Date:	01 Apr 2021	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	8	
PQP Paid:	\$64,990.00	
COE Rebate Amount:	\$19,545.00	
Total Rebate Amount: Message	\$29,548.00	
	be further renewed. The vehicle must be de-registered upon COE expiry or when the	

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 05 Nov 2018

OK

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