

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 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 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 | 07/11/2018 09:54 |
| Date Of Accident | 06/11/2018 21:00 |
| Exact Location Of Accident | STADIUM ROUNDABOUT TOWARDS STADIUM DRIVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHC5749E |
|-----------------------------|----------|

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 | PRIVATE CAR |

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 | SOH CHIANG KHIM |
| NRIC No | S17220481 |
| Date Of Birth | 14/08/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 29/05/1986 |
| Driving Experience | 32 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97574668 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 101C PUNGGOL FIELD #10-466 |
| Postcode | 823101 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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? | 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) | 5 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |
| 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 | ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4849999 - FAX NO: 62181399 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181106/2116

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 | SME286L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SEOW ZICHAO, SIGMUND |
| NRIC/Passport Number | S8625546D |
| Contact Number | 90125062 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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)**

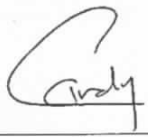
I understand, acknowledge, agree and consent that:

- (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:



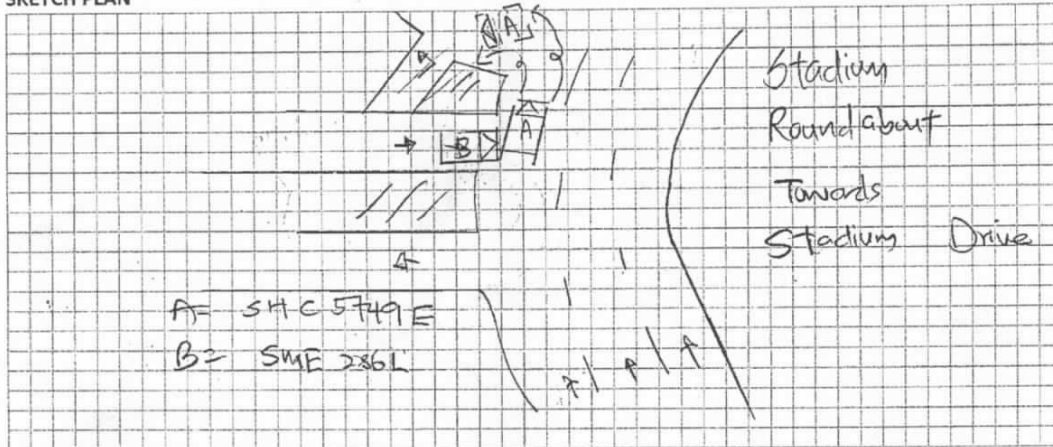
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls 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/20181106/2116

1 of 3

Report No. T/20181106/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 06/11/2018 23:59 | Vide Report No.: G/20181106/0271 | Station Diary No.: 76 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: SOH CHIANG KHIM | | | Address: APT BLK 101C PUNGGOL FIELD #10-466 SINGAPORE 823101 | |
| ID Type / ID No.: NRIC NO / S1722048I | | | Contact No.: Home/Office: Mobile: 97574668 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 53 | Date of Birth: 14/08/1965 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|----------------------------------|----------------------|--|---------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/11/2018 21:00 | Type of Location: Roundabout |
| Location: Along Road 1 STADIUM ROAD | | | | |
| ROUNDABOUT OF STADIUM ROAD | | | | |
| Weather: Clear | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: | Traffic Volume: No Traffic | |
| Type of Collision: Moving Vehicle Against - Lamp Post | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
|-------------|------|---|-------|-------|------------------|------------------|
| SHC5749E | Car | RENAULT | | Red | Slightly Damaged | 1 |
| 9MB286L | Car | Punggol NPC 21A Tebing Lane S(828837) | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181106/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20181106/2116

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------|------------------|---|
| Driver | | | |
| Name | SOH CHIANG KHIM | | ID No. S1722048I |
| Related Vehicle | NIL | | Contact No. 97574668 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 06/11/2018, at about 2100hrs. I was driving my taxi: SHC5749E along the roundabout of Stadium Road, I was about to exit stadium road. Out of sudden, a car knocked the left side of my vehicle and I lost control of my vehicle and knocked into a Lamp post. Traffic police was at scene, I was advised to lodge a traffic accident report. I am not injured.

The other car vehicle number is SME 236 L

Ang Mo Kio North NPC
51 Ang Mo Kio Ave 9
Singapore 569784
Tel: 484 9999

[Signature]



**SINGAPORE
POLICE FORCE**



T/20181106/2116

3 of 3

Report No. T/20181106/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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:

F /

Staff Sgt MUHAMMAD FAHMY BIN RAZALI

Sgt Nicholas Lee

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355

Signature Of Informant:

Date/Time:

06/11/2018 23:59

Classification Of Case:

Authentication Stamp

NP168