MTCS18156376 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 03/12/2018 16:48 SUBMITTED BY: Kek ZheWei

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

- 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 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 archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/12/2018 16:48
Date Of Accident	30/11/2018 16:10
Exact Location Of Accident	TAMPINES AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB9636B
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 ime of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	TAXI
nsurance 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	NGO ENG HOCK
IRIC No	S1107521E
Date Of Birth	12/06/1955
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
A-bit- Novebee	(LOCAL) + 05 06300344

(LOCAL) +65-96308244

NOEMAIL

BLK 518 PASIR RIS STREET 52

#10-39

Postcode 510518

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

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 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

3

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MAE

GENDER:

: FEMALE

Passenger 2

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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Address

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

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 NO Was there any audio recorded?

Details of Witness 1

MAE Name Phone Number 9657 1141

Vehicle Registration Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1 SKE499M

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)

PRIVATE CAR

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - (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

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN lampines Arene 1 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.:





Poli Pas

1 P

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

ce Station Of Origin:	Y of 3
ir Ris N.P.C	Report No. T/20181130/2181
asir Ris Drive 4 #01-01 SINGAPORE	

1121 0111 01		07100102111				
Date/Time Report Made: 30/11/2018 20:56		Made:	Vide Report No.:	Station Diary No.: 148		
Informan	t's Partic	ulars				
Name of Informant: NGO ENG HOCK			Address: APT BLK 518 PASIR RIS STREET 52 #10-39 SINGAPORE 510518			
ID Type / ID No.: NRIC NO / S1107521E			Contact No.: Home/Office:	Mobile: 96308244		
Nationality: SINGAPORE CITIZEN		ΈN	Email:			
Sex: Male	Age: 63	Date of Birth: 12/06/1955	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Taxi driver		6	Driving Licence Information: Class: 3,4,5	Date of Expiry:		

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2018 16:10	Type of Location: Straight Road	
Location: Along Road 1 TAMPINES A	VENUE 1				
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume; Moderate	
Type of Collis Between Mov		wipe - Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB9636B	TAXI				Slightly Damaged	2
SKE499M	Car				Slightly Damaged	1

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





2 of 3

Report No. T/20181130/2181

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver						
Name	NGO ENG HOCK		ID No.		S1107521E	
Related Vehicle	SHB9636B (TAXI)		Conta	ct No.	96308244	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge NIL		
No. of Days gran	granted Medical Leave NIL Degree			of Injury NIL		
Driver						
Name	LEE HYOSIL		ID No.		G5842077N	
Related Vehicle	SKE499M (Car)		Contact No.		91702761	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Di		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 30/11/2018 at about 1610hrs I was travelling in my TransCab Taxi bearing the plate number SHB9636B along Tampines Ave 1 in the 2nd lane when a vehicle bearing the plate number SKE499M on the 3rd lane side swipe the left side of my vehicle. My vehicle suffered minor scratches on the left rear fender and the other vehicle suffered minor scratches on the right front bumper. No one was injured during the collision and no TP or Ambulance was at scene. I have a in car camera and it was switch on during the collision. I am lodging this report for record purposes.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

3 of 3 Report No. T/20181130/2181

Tel No: 1800-5852999

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 /	Signature Of Informant:
Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI	
Signature Of Interpreter: Not applicable	Date/Time: 30/11/2018 20:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp P168 P168	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID;	3878K
Vehicle Details	
Vehicle No.:	SHB9636B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	03 Dec 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD.4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2012
Engine No.:	Z20S1458413K
Chassis No.:	KL1LA69RJBB121888
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,195.00
Original Registration Date:	02 May 2013
First Registration Date:	02 May 2013
Transfer Count:	0
Actual ARF Paid:	\$14,195.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 May 2021
PARF Rebate Amount: Intended COE Rebate Details	\$9,936.00
COE Expiry Date:	01 May 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$57,045.00
COE Rebate Amount:	\$17,192.00
Total Rebate Amount: Message	\$27,128.00
Please note that the 8-year COE for this vehicle cannot ly vehicle reaches its statutory lifespan (if applicable), whic	be further renewed. The vehicle must be de-registered upon COE expiry or when the
, production of the second states	

The information contained herein is correct as at 03 Dec 2018

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