

## 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             | 17/12/2018 13:46 |
| Date Of Accident           | 15/12/2018 21:30 |
| Exact Location Of Accident | TUAS ROAD        |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC5746M                   |
| <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-62876666            |

### 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       | MOHAMED VEER@MOHAMED BEER |
| NRIC No              | S0450044Z                 |
| Date Of Birth        | 02/05/1948                |
| Occupation           | OUTDOOR                   |
| Date Of Driving Pass | 30/04/1981                |
| Driving Experience   | 37 YEARS AND 7 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-91309595      |
| Fax Number           |                           |
| Contact Number       |                           |
| Email Address        | NOEMAIL                   |

|   |                                    |
|---|------------------------------------|
| Address   | BLK 413 CLEMENTI AVE 1<br>#08-3023 |
| Postcode  | 120413                             |
| Was driver an employee of the Insured's Company     | NO                                 |
| If No, Relationship of the Driver with the Insured  | OTHER - RELIEF                     |
| 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 | RAINING    |
| Road Surface       | WET        |

#### 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)   | 3                                 |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : MALE |
| Passenger 2   | NAME: : UNKNOWN<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,<br><b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

Please see the attach Police Report T/20181216/2040.

#### 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 | YM7554H       |
| Vehicle Make/Model/Colour   |               |
| Details Of Properties       |               |
| Vehicle Category            | GOODS VEHICLE |
| Name of Driver              |               |

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

MOHAMED VEER@MOHAMED BEER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5746M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN


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6. 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.

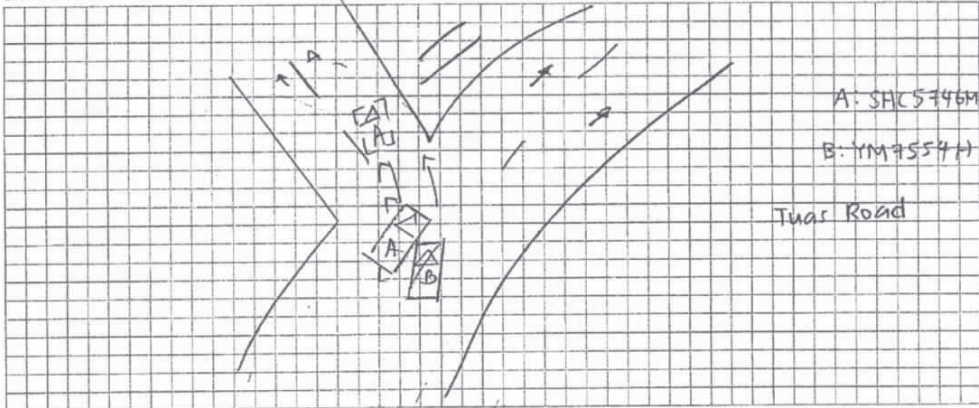
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

## SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

please see the 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:

Amanda

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



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181216/2040

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20181216/2040

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                              |                          |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made:<br>16/12/2018 11:45 |            | Vide Report No.:  |                              | Station Diary No.:<br>32 |
| <b>Informant's Particulars</b>             |            |   |                              |                          |
| Name of Informant:<br>MOHAMED VEER         |            | Address:<br>APT BLK 413 COMMONWEALTH AVENUE WEST #08-3023<br>SINGAPORE 120413 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S0450044Z   |            | Contact No.:<br>Home/Office: Mobile: 91309595                                 |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                              |                          |
| Sex:<br>Male                               | Age:<br>70 | Date of Birth:<br>02/05/1948  | Type of Informant:<br>Driver |                          |
| Race:<br>Indian                            |            | Language:<br>English  | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 3 Date of Expiry:                      |                              |                          |

|  |                          |                                    |   |                                 |
|--|--------------------------|------------------------------------|---|---------------------------------|
| <b>General Information of the Accident</b>                   |                          |                                    |   |                                 |
| Type of Accident:  | Injury<br>Police Vehicle | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>15/12/2018 21:30 | Type of Location:<br>Roundabout |
| Location:<br>Along Road 1<br>TUAS ROAD<br>UPPER JURONG ROAD  |                          |                                    |   |                                 |
| Weather:<br>Raining  |                          | Road Surface:<br>Wet               | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>One Way                                     |                          | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic                 |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                          |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                 |

| <b>Details of Vehicle Involved</b> |       |         |  |       |                     |                  |
|------------------------------------|-------|---------|--|-------|---------------------|------------------|
| Vehicle No.                        | Type  | Make    | Model                                    | Color | Condition           | No. of Passenger |
| SHC5746M                           | Car   | RENAULT | LATITUDE<br>2.0L DCI<br>AUTO D/AB<br>4DR | Red   | Slightly<br>Damaged | 2                |
| YM7554H                            | Lorry | ISUZU   | NPR85LU4Y                                | White | No<br>Damage        | 2                |



**SINGAPORE  
POLICE FORCE**



T/20181216/2040

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Report No. T/20181216/2040

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

| Details of Person Involved        |                         |  |                                 |
|-----------------------------------|-------------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                         |  |                                 |
| Name                              | MOHAMED VEER            | ID No.                                 | S0450044Z                       |
| Related Vehicle                   | SHC5746M (Car)          | Contact No.                            | 91309595                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 16/12/2018              | Date Discharge                         | 16/12/2018                      |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                          |

**Brief Details.**

On 15/12/2018 at around 2130hrs, I was driving my taxi (registration number: SHC5746M) along upper jurong road and entering the round about. Out of a sudden, the other vehicle (registration number: YM7554H) travelling on the round about came crashing into my car and collided into the driver's side front car area causing my front bumper to fall off. Due to the collision, both my taxi headlights were damaged and the front right hood of the car is being badly damaged. I managed to alight from the vehicle and exchanged particulars with the other driver. Due to the accident, I suffered injuries such as back pain and was given 5 days medical leave. Subsequently, the Traffic Police and Police arrived at scene. I have in-vehicle camera installed in my vehicle however I am unsure if it had recorded the incident. I am unsure if there are any CCTVs near the area of the accident.

I am lodging this report for record and insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20181216/2040

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20181216/2040

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:  
E /  
Sgt 2 ESTHER CLARE KOH MEI CHIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/12/2018 11:45

Officer In Charge Of Case:  
TP / DDGVT /  
Sr Staff Sgt MU WEI JUN  
Contact No.: 65476225

Classification Of Case:

Authentication Stamp  
NP168



SN 168

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.:  | SHC5746M                             |
| Vehicle to be Exported:   | Yes                                  |
| Intended Deregistration Date:   | 17 Dec 2018                          |
| Vehicle Make:   | RENAULT                              |
| Vehicle Model:  | LATITUDE 2.0L DCI AUTO D/AB 4DR      |
| Primary Colour:   | Red                                  |
| Manufacturing Year:   | 2015                                 |
| Engine No.:   | M9R8839C002520                       |
| Chassis No.:  | VF1ABL15AUC281549                    |
| Maximum Power Output:   | 127.0 kW (170 bhp)                   |
| Open Market Value:  | \$19,998.00                          |
| Original Registration Date:   | 03 Jul 2015                          |
| First Registration Date:  | 03 Jul 2015                          |
| Transfer Count:   | 0                                    |
| Actual ARF Paid:  | \$19,998.00                          |
| <b>Intended PARF Rebate Details</b>   |                                      |
| PARF Eligibility:   | Yes                                  |
| PARF Eligibility Expiry Date:   | 02 Jul 2023                          |
| PARF Rebate Amount:   | \$14,998.00                          |
| <b>Intended COE Rebate Details</b>  |                                      |
| COE Expiry Date:  | 02 Jul 2023                          |
| COE Category:   | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):  | 8                                    |
| PQP Paid:   | \$53,004.00                          |
| COE Rebate Amount:  | \$30,089.00                          |
| <b>Total Rebate Amount:</b>   | <b>\$45,087.00</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 17 Dec 2018

OK