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 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.

Was driver an employee of the Insured's Company No

- 6. This report will be forwarded by the insurers of 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	20/03/2014 11:20	
Date Of Accident	20/03/2014 09:30	
Exact Location Of Accident	Simei Avenue	
Country/State of Loss	Singapore	
C	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB9925S	
Insured/Policyholder		
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD	
Co Reg No	200303878K	
Vehicle Particulars		
Manufacturer	RENAULT	
Model	LATITUDE-2.0 CVT ABS (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	First Capital Insurance Ltd	
Type Of Coverage	Third Party	
Fleet Policy	Yes	
Policy Number	D-12047359MFSH/924	
Cover Note Number		
Driver		
Name of Driver	HO WENG KWAI	
NRIC No	S0019110H	
Date Of Birth	30/12/1953	
Occupation	Outdoor	
Date Of Driving Pass	29/06/1973	
Driving Experience	40 Years And 8 Months	
Gender	Male	
Mobile Number	(Local) +65-82983018	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	
Address	BLK 730 TAMPINES STREET 71 #10-49	
Postcode	520730	

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Other - Relief

-

-

General Information of the Accident

Type Of Accident

Collision- Head to Rear (TP Hit Insured)

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

rias any cosy management

Was any other material or property damaged?

Was there any video captured by Car Camera?

No Yes No

No

Details of Police Action

Was the accident reported to the police?

No

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

No

If Yes, against whom?

Circumstances of Accident

On 20.03.2014 at about 0927hrs, I was traveling at the 3rd lane along Simei Avenue towards Xilin Avenue when vehicle in front of me stop due to red traffic light so I followed suit. Moment later while I was at a stationary position, I felt an impact. Vehicle B (PC274X) collided onto my taxi's right side portion. Vehicle A: 1 passenger Vehicle B: with passengers /rc

Are accident photos available for attachment?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC274X

Vehicle Make/Model/Colour

GOLDEN DRAGON XML6103J98

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

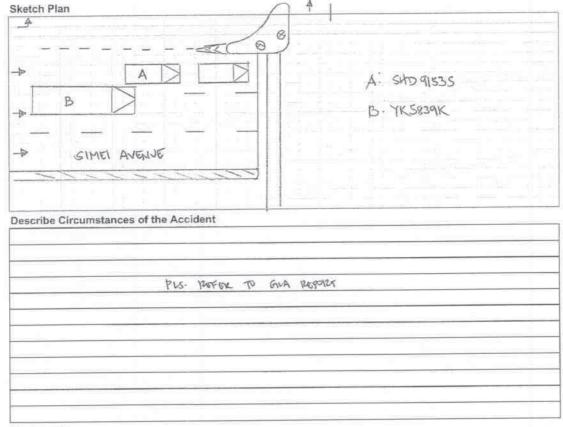
Phone Number

Email Address

SKETCH PLAN

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Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Dale &

Driver's Signature (If driver is not the policyholder) / Date

ROEL Witnessed by Reporting Centre Personnel