

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 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.
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
DETAILS 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	
EEmail Address	NOEMAIL
Address	BLK 730 TAMPINES STREET 71 #10-49
Postcode	520730
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	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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
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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	

