

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	08/05/2013 14:03
Date Of Accident	07/05/2013 22:00
Exact Location Of Accident	Serangoon Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7685Y
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878k

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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
Cover Note Number	

Driver

Name of Driver	MOHAMAD HAROON BIN AHMAD
NRIC No	S0064757H
Date Of Birth	23/10/1954
Occupation	Outdoor
Date Of Driving Pass	26/03/1980
Driving Experience	33 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-90025045
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 465 Pasir Ris Street 41 #02-36
Postcode	510465
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- Change/cross lane
Weather Conditions	After rain
Road Surface	Wet

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 07.05.2013 at about 2200hrs, I was traveling straight at the 2nd lane along Serangoon Road. When I was reaching the bend, suddenly I felt an impact from my taxi's left portion and realized that vehicle B (SJK3091R) cut into my lane without checking for oncoming traffic. Thus, vehicle B's right front portion collided into my taxi's left rear door. SHB7685Y : 1 passenger onboard. SJK3091R : 1 passenger onboard.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK3091R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHEE HON KIONG
NRIC/Passport Number	S7333454C
Contact Number	
Address	536A PUNGGOL ROAD #17-639
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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Sketch Plan



Describe Circumstances of the Accident

Refer to GIA 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

Witnessed by Reporting Centre Personnel