

## 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	20/05/2016 17:03
Date Of Accident	20/05/2016 13:20
Exact Location Of Accident	61 JALAN LIMAU KASTURI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9996B
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### Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

### 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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	MOHAMED HUSIN BIN YAHAYA
NRIC No	S0575208F
Date Of Birth	18/09/1949
Occupation	Outdoor
Date Of Driving Pass	04/05/2010
Driving Experience	6 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-97251443
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 527 HOUGANG AVE 6 #04-211
Postcode	530527
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	Unknown - TP - REVERSING
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
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Tampines N.p.c
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20160520/2080

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

Vehicle Registration Number	SKR7686A
Vehicle Make/Model/Colour	MERCEDES BENZ S280 AUTO
Details Of Properties	
Name of Driver	SHEHNAZ ANASWALA
NRIC/Passport Number	S1799402F
Contact Number	96629025
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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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

61 Jalan Liman Kasturi

A = SH09996B

B = 5KR 7686A

Diagram showing two vehicles, A and B, positioned on a road. Vehicle A is a car and Vehicle B is a van. They are positioned on a road that is 61 Jalan Liman Kasturi. The vehicles are positioned on a road that is 61 Jalan Liman Kasturi.

### Describe Circumstances of the Accident

ps see attach police Report

## Declaration

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

## POLICE REPORT Pg.1



**SINGAPORE  
POLICE FORCE**



T/20160520/2080

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20160520/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/05/2016 14:39		Vide Report No.:		Station Diary No.: 97
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED HUSIN BIN YAHAYA		Address: APT BLK 527 HOUGANG AVENUE 6 #04-211 SINGAPORE 530527		
ID Type / ID No.: NRIC NO / S0575208F		Contact No.: Home/Office: Mobile: 97251443		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 18/09/1949	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Taxi Driver(Transcab)		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/05/2016 13:20	Type of Location: Straight Road
Location: Along Road 1 JALAN LIMAU KASTURI 61 Jalan Limau Kasturi				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD9996B	Car	RENAULT		Red	Slightly Damaged	0
SKR7686A	Car	MERCEDES BENZ	S280	Grey		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT Pg.1



**SINGAPORE  
POLICE FORCE**



T/20160520/2080

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20160520/2080

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	MOHAMED HUSIN BIN YAHAYA	ID No.	S0575208F
Related Vehicle	SHD9996B (Car)	Contact No.	97251443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	SHEHNAZ ANASWALA	ID No.	S1799402F
Related Vehicle	SKR7686A (Car)	Contact No.	96629025
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On above-mentioned date and time, I was driving along Jalan Limau Kasturi. While I was going straight, A2 reversed her vehicle(V2)out of her house at 61 Jalan Limau Kasturi and collided into the left of my vehicle. I stopped and checked whether she was injured to which she informed me that she was not injured. As such, I did not call for the Police or Ambulance.

The damage to my vehicle is a long scratch from the front passenger to the rear bumper. I wish to state that I have CCTV on board my vehicle.

A2: Shehnaz Anaswala  
S1799402F, Female  
Hp: 96629025  
V2: SKR7686A



**SINGAPORE  
POLICE FORCE**



T/20160520/2080

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20160520/2080

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 /

Staff Sgt NURFAIZ BIN NOORDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/05/2016 14:39

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

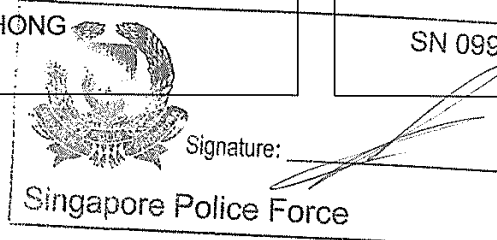
Contact No.: 65476368

Classification Of Case:

SN 099

Authentication Stamp

NP168



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

