SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number EMail Address

- 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 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.

	ACCIDENT STATEMENT
Date Of Depart	
Date Of Report	25/02/2019 08:58
Date Of Accident	24/02/2019 22:50
Exact Location Of Accident	CAVENAGH ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SHD5408J
nsured/Policyholder	
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	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at ime of accident	t HIRE AND REWARD
Are you claiming under your own insurance policy or repair to your vehicle?	NO .
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	TAXI
nsurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
ype Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	CHIN KUM HOONG MICHAEL
IRIC No	S1787714C
Date Of Birth	06/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/12/1984
Driving Experience	34 YEARS AND 2 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97700268

BLK 779 WOODLANDS CRESCENT

Address #12-82

730779

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

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)

Passenger 1

NAME:

: ZHOU BING CHENG

GENDER:

: MALE

Passenger 2

NAME:

: WEN FANG

GENDER:

: FEMALE

Passenger 3

NAME:

: LI ZHENG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2959999 - FAX NO: 63918499

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 24/02/2019 AT ABOUT 2250HRS, I WAS TRAVELLING STRAIGHT ALONG CAVENAGH ROAD TOWARDS BUKIT TIMAH ROAD. THE VEHICLE IN FRONT OF ME BRAKED AND I FOLLOW SUIT. I FELT AN IMPACT FROM THE REAR SHORTLY AFTER, VEHICLE B(FBN9710C) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FBN9710C

MOTORCYCLE

Sketch Plan Pg. 1

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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

		A: SHD\$4085
Common Rd towards Built Timb Rd.		A: SHD\$40%5 8: FBN 9710C
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	HA H	
	A	
COURS CIRCULARITANCES OF THE ACCIDENT		- Name of the Control
CRIBE CIRCUMSTANCES OF THE ACCIDENT		
0.1 0 0.10	0 //	
Refer to GIA Re	yort.	
(F)		
TARATION.		
CLARATION e declare the foregoing particulars are true in every respect		
CLARATION e declare the foregoing particulars are true in every respect	t.	

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.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	3878K
Vehicle No.:	SHD5408J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	25 Feb 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B98460
Chassis No.:	JTDKB3FU003079151
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	25 Jan 2019
First Registration Date:	25 Jan 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$14,247.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Jan 2027
PARF Rebate Amount: Intended COE Rebate Details	\$10,685.00
COE Expiry Date:	24 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$16,670.00
Total Rebate Amount: Message	\$27,355.00
Please note that the 8-year COE for this vehicle cannot be to vehicle reaches its statutory lifespan (if applicable), whicher	further renewed. The vehicle must be de-registered upon COE expiry or when the ver is earlier.
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The information contained herein is correct as at 25 Feb 2019

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