

## 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	31/10/2013 10:30
Date Of Accident	30/10/2013 20:30
Exact Location Of Accident	Outram Road

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9863L
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#### Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

#### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (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	CHING AH CHU
NRIC No	S1093480Z
Date Of Birth	14/03/1947
Occupation	Outdoor
Date Of Driving Pass	04/01/1975
Driving Experience	38 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-96535022
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 45 CHAI CHEE STREET #03-144
Postcode	460045
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	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 30.10.2013 at about 2030hrs, I was traveling straight at the extreme left lane along Outram Road towards SGH when Vehicle B (SGC8128P) which was on my right suddenly swerved into my lane without checking for oncoming traffic. I quickly swerved my taxi to inner left to avoid the collision but to no avail, vehicle B's left rear portion still collided onto my taxi's right front portion. Vehicle A: no passenger Vehicle B: with passenger /rc

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

Vehicle Registration Number	SGC8128P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PHANG YEW HUAT
NRIC/Passport Number	S1410494A
Contact Number	90290032
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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**Sketch Plan**

	<p>A: SHB9863L</p> <p>B: SGC 8128P</p>
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**Describe Circumstances of the Accident**

PLS. 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

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

