MTCS19058403 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 06/05/2019 16:45 SUBMITTED BY: Kek ZheWei

## 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 witholding of material facts may allow insurance companies to
- 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.

7. By the lodgement of this report to the insurers, you hereby co aforesaid.	vailable upon application by interested parties.  nsent to the archiving of this report at the centre and to copies of the report being made available
College Colleg	ACCIDENT STATEMENT
Date Of Report	06/05/2019 16:45
Date Of Accident	03/05/2019 21:30
Exact Location Of Accident	JALAN ANAK BUKIT
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE PARTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD254T
Insured/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	RENAULT
Model	LATITUDE-2.0 D DCI (A)
Exact Purpose for which vehicle was being used at time of accident	
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 PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	LEE AH BOON
NRIC No	S1721637F
Date Of Birth	17/07/1965

Occupation OUTDOOR Date Of Driving Pass 07/05/1985

Driving Experience 33 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91261142

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 116 SIMEI STREET 1

#10-594

Postcode 520116

Was driver an employee of the Insured's Company NO

The same of the sa

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

-

## General Information of the Accident

Type Of Accident SIDE SWIPE
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

2

Was any body injured in the Accident?

YES

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)

1

#### **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 03/05/2019 AT ABOUT 2130HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF JALAN ANAK BUKIT. SUDDENLY, VEHICLE B(GBJ1971P) SWERVED INTO MY LANE AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBJ1971P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# No. Of Passenger (Including Driver)

Charles and the second	DETAILS OF INJURED PERSON 1	
Name	LEE AH BOON	
Approximate Age		
Injuries Sustain		
Injured person in which vehicle?	SHD254T	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

## Sketch Plan Pg. 1

#### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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.
- 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.
- 7. 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:

2 newes

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

			A: SHD2SHT
			A: SHD 2547 B: GBJ 1971
Jalan /	Anok Bukit		5.630111
++++++	++++++++++	AB	
		A B	
+++++			
		111	
FCCDIDE CODE			
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
	Refer to GIA Report.		
	1		
			,
CLARATION			
	iculars are true in every respect		
	iculars are true in every respect.		
	iculars are true in every respect.		
	L		Zhevei
	iculars are true in every respect.  Driver's Signature (If driver is not the policyholde)	Reporting r) Name:	Zhwi Centre Personnel's Signature

GIARMC SketchPlanForm\_V3

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	3878K	
Vehicle No.:	SHD254T	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	06 May 2019	
Vehicle Make:	RENAULT	
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR	
Primary Colour:	Red	
Manufacturing Year:	2015	
Engine No.:	M9R8839C002927	
Chassis No.:	VF1ABL15AUC282287	
Maximum Power Output:	127.0 kW (170 bhp)	
Open Market Value:	\$19.998.00	
Original Registration Date:	20 Nov 2015	
First Registration Date:	20 Nov 2015	
Transfer Count:	0	
Actual ARF Paid: ntended PARF Rebate Details	\$19,998.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	19 Nov 2023	
PARF Rebate Amount: ntended COE Rebate Details	\$14,998.00	
COE Expiry Date:	19 Nov 2023	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
QP Paid:	\$45,267.00	
COE Rebate Amount:	\$25.667.00	
otal Rebate Amount: Message	\$40,665.00	
lease note that the 8-year COE for this vehicle cannot be ehicle reaches its statutory lifespan (if applicable), whiche	further renewed. The vehicle must be de-registered upon COE expiry or when the	

The information contained herein is correct as at 06 May 2019

OK