

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	26/11/2013 14:27
Date Of Accident	26/11/2013 01:40
Exact Location Of Accident	TPE (Airport)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7957M
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Insured/Policyholder

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

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (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/2
Cover Note Number	

Driver

Name of Driver	MOHAMAD JUSRI BIN MARSOOK
NRIC No	S2151033E
Date Of Birth	14/03/1955
Occupation	Outdoor
Date Of Driving Pass	14/04/1983
Driving Experience	30 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-91661648
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 427 BEDOK NORTH ROAD #06-651
Postcode	460427
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	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?	Yes
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?	Yes
If Yes, Please state which Police Station	
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20131126/4054	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG743J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN KOON HUI
NRIC/Passport Number	S8439594C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MOHAMAD JUSRI BIN MARSOOK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7957M
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	

SKETCH PLAN

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Sketch Plan

<p>- PLS. REFER TO ATTACHMENT -</p>	
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Describe Circumstances of the Accident

<p>PLS. REFER TO POLICE REPORT</p>	
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Declaration

I/We declare the foregoing particulars are true in every respect.

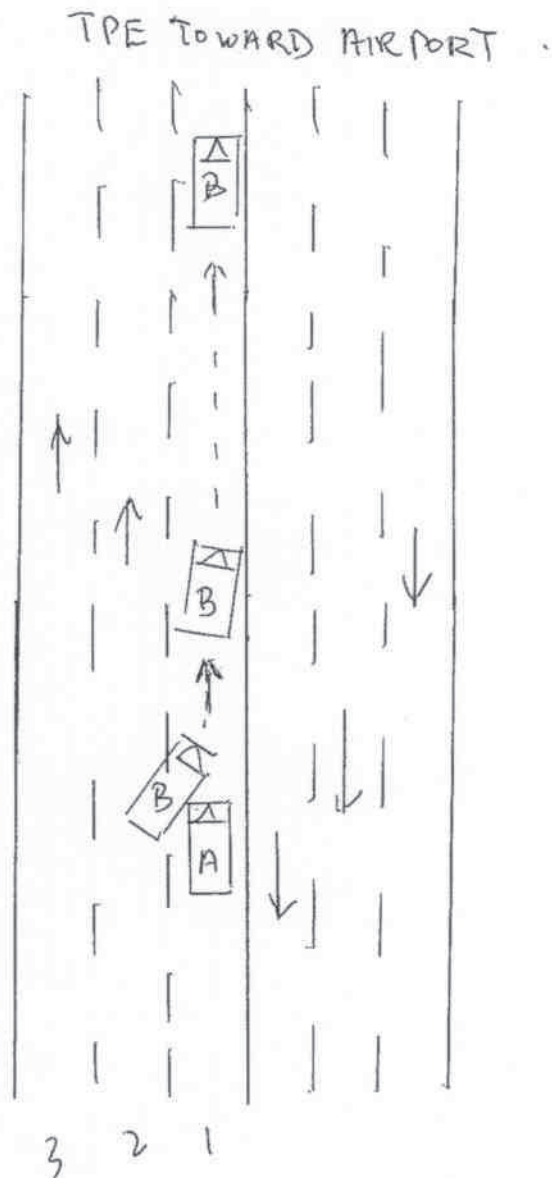
Policyholder's Signature / Date & Time



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



 Witnessed by Reporting Centre Personnel



A-SHB-7957-M

B-SJG-743-J