

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	19/05/2014 11:38
Date Of Accident	17/05/2014 22:00
Exact Location Of Accident	Sims Avenue X Jalan Eunus
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9875S
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/3603
Cover Note Number	

Driver

Name of Driver	WONG LEE KWANG
NRIC No	S1649247G
Date Of Birth	16/12/1964
Occupation	Outdoor
Date Of Driving Pass	30/03/1988
Driving Experience	26 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-91053257
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 134 GEYLANG EAST AVE 1 #02-225
Postcode	380134
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident Side Swipe- Same Direction
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? Yes
If Yes, Please state which Police Station
Police Station Name Geylang Serai Neighbourhood Police Post
Police Station Address ROAD: Blk 111 Aljunied Crescent #01-102 , POSTCODE: 380111 ,
COUNTRY: Singapore
Police Station Contact TEL NO: 1800-7459999 - FAX NO: 67455673
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

Please refer to Police Report - T/20140518/4052
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS6600X
Vehicle Make/Model/Colour HONDA CRV
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name LOH PAU NYUK
Phone Number
Email Address

SKETCH PLAN

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Sketch Plan

A: SHD 98755
B: SG56600X

SIMS AVENUE

Describe Circumstances of the Accident

PLS. REFER TO POLICE 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

Police Report Pg.1

Police Station Of Origin:
 Geylang Serai NPP
 111 Aljunied Crescent #01-102 SINGAPORE
 380111
 Tel No: 1800-7459999



T/20140518/4052

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Report No. T/20140518/4052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2014 15:54		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: WONG LEE KWANG			Address: APT BLK 134 GEYLANG EAST AVENUE 1 #02-225 SINGAPORE 380134		
ID Type / ID No.: NRIC NO / S1649247G			Contact No.: Home/Office:		Mobile: 91053257
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 16/12/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident:	17/05/2014 22:00	Type of Location:	X-Junction
Location: Along Road 1 SIMS AVENUE JALAN EUNOS Junction of Sims Avenue and Jalan Eunus, traffic light junction.							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Side						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS6600X	Car			Black	Slightly Damaged	0
SHD9875S	Car			Red	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		

Police Report Pg.1

Police Station Of Origin:
 Geylang Serai NPP
 111 Aljunied Crescent #01-102 SINGAPORE
 380111
 Tel No: 1800-7459999



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Report No. T/20140518/4052

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SGS6600X (Car)		Contact No. NIL
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	WONG LEE KWANG		ID No. S1649247G
Related Vehicle	SHD9875S (Car)		Contact No. 91053257
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 17/05/2014 at about 2200hrs, I was driving my taxi along Sims Avenue. I had a passenger in my taxi and was sending her to Chai Chee Street. I had stopped my vehicle at the cross junction traffic light of Jalan Eunus and Sims Avenue. I had stopped my car behind another car. When the traffic light turns green, the car in front of me moved off and I accelerated to move my taxi. Suddenly, there is a black Honda car that came from the left and had side swipped my taxi and went into my lane. She was driving very fast and informed me that she was rushing home. Her car had hit onto the left side of my car, near to the front left wheel. She then moved off and did not stop. I then followed behind her car and gave high beamed and honked at her signalling for her to stop her car. She then stopped her car by the side of the road. Both of us then made a check on our vehicle and there was a slight damage on her vehicle as well. She then accused that it was me who had hit onto the car. I told her it is impossible for me to hit her at the front at the damage on my car is on the left and her car had hit onto my car when she was trying to enter my lane. Both of us then decided to make insurance claim for the damages. I am lodging this report for my record purposes and insurance claim only.

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999



T/20140518/4052

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Report No. T/20140518/4052

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 /
ABDUL SARHAN BIN ABDUL RIFFIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GLA /

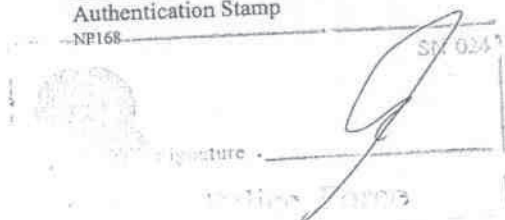
Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/05/2014 15:54

Classification Of Case:



Text size * -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD9875S
Vehicle to be Exported: Yes
Intended De-registration Date: 19 May 2014
Vehicle Make: RENAULT
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour: Red
Manufacturing Year: 2014
Engine No.: M9R8839C001318
Chassis No.: VF1ABL15AUC277524
Maximum Power Output: 127.0 kW (170 bhp)
Open Market Value: \$19,998.00
Original Registration Date: 09 May 2014
First Registration Date: 09 May 2014
Transfer Count: 0
Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 08 May 2022
PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date: 08 May 2022
COE Category: A - Car (up to 1600cc & 97kW (130bhp))
COE Period (Years): 8
PQP Paid: \$60,414.00
COE Rebate Amount: \$48,331.00
Total Rebate Amount: \$57,704.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 May 2014

OK

Land Transport Authority

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