

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	03/09/2013 11:07
Date Of Accident	03/09/2013 03:45
Exact Location Of Accident	Woodlands Crossing X Woodlands Centre Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9235P
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878k

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	LIM SAN NEE
NRIC No	S1176802D
Date Of Birth	04/07/1956
Occupation	Outdoor
Date Of Driving Pass	03/03/2003
Driving Experience	10 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-82540740
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 276 Yishun Street 22 #07-256
Postcode	760276
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- Traffic Light Junction
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? No
If Yes, Please state which Police Station
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

On 03.09.2013 at about 0345hrs, I was traveling straight at the extreme right lane along Woodlands Crossing (from BKE) towards Woodlands Centre Road. When traffic light was green in my favour, I proceeded to go straight. While I was inside the yellow, suddenly vehicle B (SGU408P) dashed out from Woodlands Centre Road and beat red light. Thus, vehicle B's front left portion collided into my taxi's right rear portion. SHD9235P : 1 male passenger onboard. SGU408P : no passenger onboard.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU408P
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver MOHAMAD IZWAN BIN MAHBUD
NRIC/Passport Number S9024518Z
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 LIM SAN NEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD9235P
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

Sketch Plan

SKETCH PLAN

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Sketch Plan

Woodlands Centre Road

Green light

Red light

CHU408P

CHU225P

Woodland Crossing

From BKE

Describe Circumstances of the Accident

Refer to GIA report

Declaration

(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