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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured

- 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

	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

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

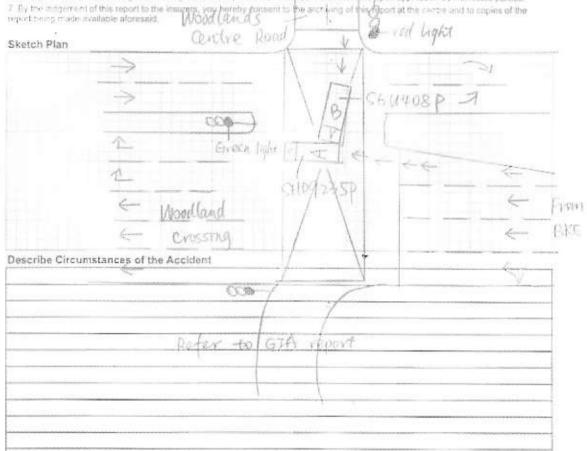
Sketch Plan

SKETCH PLAN

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Declaration

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

03 SEP 2013

Policyholder's Signature / Date A

Driver's Signature (8 driver is not the policytistion) / Date & Time

Witnessed by Reporting Centre Personnel