

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 | 24/01/2014 15:13 |
| Date Of Accident | 24/01/2014 11:30 |
| Exact Location Of Accident | Jurong West Ave 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD5702J |
| Insured/Policyholder | |
| Name Of Registered Owner | TRANS-CAB SERVICES PTE LTD |
| Co Reg No | 200303878K |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | TOYOTA |
| Model | WISH-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/2856 |
| Cover Note Number | |

Driver

| | |
|---|--------------------------------|
| Name of Driver | TAN CHER HOON |
| NRIC No | S0762701G |
| Date Of Birth | 04/12/1943 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/03/1964 |
| Driving Experience | 49 Years And 10 Months |
| Gender | Male |
| Mobile Number | (Local) +65-96267687 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |
| Address | BLK 12 MERPATI ROAD #02-113 |
| Postcode | 370012 |
| 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- Head to Rear (TP Hit Insured) |
| 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 | MacPherson Neighbourhood Police Post |
| Police Station Address | ROAD: Blk 54 Pipit Road #01-82/84 , POSTCODE: 370054 , COUNTRY: Singapore |
| Police Station Contact | TEL NO: 1800-7449999 - FAX NO: 65476366 |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

| | |
|---|-----|
| Please refer to Police Report - T/20140124/4110 | |
| Are accident photos available for attachment? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------------|
| Vehicle Registration Number | SKL1060B |
| Vehicle Make/Model/Colour | PRIVATE AMBULANCE |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

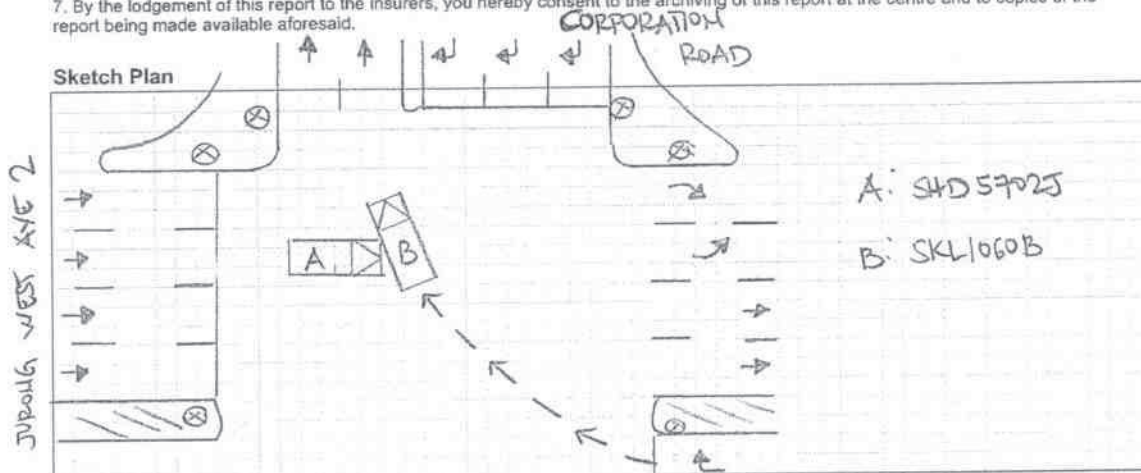
Details of Witness

| | |
|---------------|--------------|
| Name | DEWI VIRIANI |
| Phone Number | |
| Email Address | |

SKETCH PLAN

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 liability.
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. 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 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.



Describe Circumstances of the Accident

| |
|--------------------------|
| |
| |
| |
| PLS. REFER TO GIA 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

25-01-14;09:35 ;Trans Cab Services Pte Ltd

1/ 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE 370054
Tel No: 1800-7449999



T/20140124/4110

1 of 3

Report No. T/20140124/4110

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made: 24/01/2014 17:48 | | Vide Report No.: | | Station Diary No.: 15 |
| Informant's Particulars | | | | |
| Name of Informant: TAN CHER HOON | | Address: APT BLK 12 MERPATI ROAD #02-113 SINGAPORE 370012 | | |
| ID Type / ID No.: NRIC NO / S0762701G | | Contact No.: Home/Office: Mobile: 96267687 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 70 | Date of Birth: 04/12/1943 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: Taxi Driver | | Driving Licence Information: Class: 2B,2A,2,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|---------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 24/01/2014 11:30 | Type of Location: T-Junction |
| Location: Along Road 1 JURONG WEST AVE 2 Towards Jalan Boon Lay | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | 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 | Color | Condition | No of Passenger | Insurance Company | Insurance No. | Effective Date | Expiry Date |
|-------------|------|------|-------|-------------------|-----------------|-------------------|---------------|----------------|-------------|
| SHD5702J | Taxi | | | Seriously Damaged | 1 | | | | |
| SKL1060 B | Van | | | | 0 | | | | |

Details of Person Involved

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

Police Report Pg.1

25-01-14;09:35 ;Trans Cab Services Pte Ltd

2/ 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE 370054
Tel No: 1800-7449999



T/20140124/4110

2 of 3

Report No. T/20140124/4110

CONTINUATION OF REPORT

| Driver | | | |
|--|---------------|--|---|
| Name | TAN CHER HOON | ID No. | S0762701G |
| Related Vehicle | NIL | Contact No. | 96267687 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 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 24/01/2014 at about 1130hrs, I was travelling straight with the green traffic light in my favour at the 3rd lane along Jurong West Avenue 2 towards Jalan Boon Lay. Upon reaching the junction of Corporation, vehicle B(SKL1060B) which was travelling from the opposite lane suddenly made a right turn without checking for oncoming traffic. Due to avail, vehicle B's left portion collided onto my taxi's front portion. I then went to Mount Alvernia Hospital and received 5 days' MC. My vehicle suffered serious damages

Police Report Pg.1

25-01-14;09:35 :Trans Cab Services Pte Ltd

3/ 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE 370054
Tel No: 1800-7449999



T/20140124/4110

3 of 3

Report No. T/20140124/4110

CONTINUATION OF REPORT

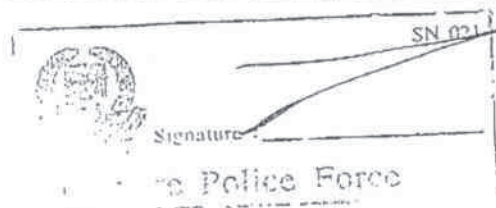
Sketch Plan

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/ Farhan NASRUL BIN SULAIMAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 24/01/2014 17:48 |
| Officer In Charge Of Case: TP / AEIT / ABD MAJEED B YOSUFF Contact No.: 65476255 | Classification Of Case: |

Authentication Stamp
NP168



Text size + -

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID
Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD5702J
Vehicle to be
Exported: Yes
Intended De-
registration
Date: 24 Jan 2014
Vehicle Make: TOYOTA
Vehicle Model: WISH 2.0 BI-FUEL AUTO
Primary
Colour: Red
Manufacturing
Year: 2010
Engine No.: 3ZRA502214
Chassis No.: JTDGJ20W205002783
Maximum
Power Output: 104.0 kW (139 bhp)
Open Market
Value: \$25,053.00
Original
Registration
Date: 30 Sep 2010
First
Registration
Date: 30 Sep 2010
Transfer
Count: 0
Actual ARF
Paid: \$15,032.00

Intended PARF Rebate Details

PARF
Eligibility: Yes
PARF Eligibility
Expiry Date: 29 Sep 2018
PARF Rebate
Amount: \$11,274.00

Intended COE Rebate Details

COE Expiry
Date: 29 Sep 2018
COE Category: A - Car (1600cc & below)
COE Period
(Years): 8
QP Paid: \$23,601.00
COE Rebate
Amount: \$13,808.00
**Total Rebate
Amount: \$25,082.00**

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