

## 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	07/06/2013 10:02
Date Of Accident	06/06/2013 09:30
Exact Location Of Accident	245A Pasir Ris St 21 MSCP

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9578A
<b>Insured/Policyholder</b>	
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	MOHD ISKANDAR BIN ZAINAL
NRIC No	S8129918H
Date Of Birth	28/09/1981
Occupation	Outdoor
Date Of Driving Pass	12/10/2010
Driving Experience	2 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-96157359
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 244 PASIR RIS STREET 21 #10-115
Postcode	510244
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	Unknown - reversing
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?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

On 06.06.2013 at about 0930hrs, I was traveling down from 4th floor to 3rd floor along Block 245A Pasir Ris Steet 21 multi storey car park. While driving, Vehicle B (SFH2638J) which was park on my right side and beside the pillar suddenly moved out from stationary and made a reversed without checking for oncoming traffic. Due to no avail, vehicle B's rear portion collided onto my taxi's right side portion. Vehicle A: no passenger Vehicle B: no passenger /rc

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFH2638J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	IBRAHIM HASSAN
NRIC/Passport Number	S9021410A
Contact Number	98475744
Address	BLK 244 PASIR RIS ST 21 #03-115
Postcode	510244
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLANIMPORTANT NOTICE

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Sketch Plan

A' SHD 9578A  
B' SFH 26385

BUK 245A PASIR RIS ST 21 MSCP

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

*[Signature]* 7.6.13 @ 9.30am.  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel