MTCS19078508 | Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 17/08/2019 14:08 SUBMITTED BY, Amanda Tay Xin Er

# SINGAPORE ACCIDENT STATEMENT

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to

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  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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/06/2019 14:08
Date Of Accident	15/06/2019 13:05
Exact Location Of Accident	TAMPINES AVENUE 5 TOWARDS PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD303K
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	SIAO KIAN HAI
NRIC No	S1682301E
Date Of Birth	01/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	08/06/1984

35 YEARS AND 0 MONTHS

(LOCAL) +65-98378817

NOEMAIL

BLK 706 JURONG WEST STREET 71 Address #02-62

640706 Postcode

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

SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YES

2

NO

NO

YES

NO

2

BISHAN NEIGHBOURHOOD POLICE CENTRE

TEL NO: 1800-5529999 - FAX NO: 65561905

Police Station Address Police Station Contact

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please see the attach Police Report S/D REF: eSD 108

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SHA699J

Vehicle Make/Model/Colour

CITYCAB

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Amende

Reporting Centre Personnel's Signature

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

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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: Amenda
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GLARMC Skets: PlanForm\_V3

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### Police Report Pg. 1

Annex

D

# NOTICE OF REPORTING

This is to confirm that <u>Siao Kian Hai</u> H/P: 98378817, NRIC/FIN: S1682301E has reported to the Police a non-injury traffic accident which occurred along Tampines ave 5 towards PIE, on <u>15/06/2019</u> at <u>1305hrs</u> involving the following vehicles:

- A) SHD303K Complainant's vehicle
- B) SHA699J Other party vehicle

On the 15/06/2019 at 1305hrs, my vehicle (SHD303K) was travelling along Tampines ave 5 towards PIE at the merging lane. The weather was clear and traffic was moderate. As my vehicle was the first vehicle entering the merging lane, I suddenly felt a hit from the right side of my vehicle. I stopped my vehicle and alighted to make a check. One vehicle (SHA699J) had hit my vehicle from the right rear. The damages to my vehicle is the right rear portion. The damages to the involved vehicle is the front left portion. There is an in-car camera installed in my vehicle however, is not working. I managed to take down the vehicle number and both parties left the location. No injuries to any party and no government property damaged. I am lodging report for insurance claim.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT CASSIDY TAN

Date: 15/06/2019 Time: 1756hrs S/D Ref: eSD 108

Police Post/Unit: THOMSON NPP

BISHAN NPC 20 BISHAN STREET 2. SINGAPORE 579757

TEL: 1808-5529999

Original - to be issued to informant Duplicate - to be submitted to Traffic Police