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 witholding 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. 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

NEW YORK STREET, STREE	ACCIDENT STATEMENT
Date Of Report	11/07/2019 10:54
Date Of Accident	10/07/2019 16:25
Exact Location Of Accident	HOUGNAG AVE 10 SLIP RD TOWARDS HOUGANG AVENUE 4
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD638U
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-62866666
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	TING CHONG HAN
NRIC No	S1695384I
Date Of Birth	07/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1985
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81212459
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 938 HOUGANG STREET 92 Address

#02-55

530938 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOGANG N.P.C

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

COUNTRY: SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20190710/2210

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SGV6403H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver **EUNOS**

NRIC/Passport Number

98152341 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name TING CHONG HAN Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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)

Lunderstand, 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:
 - (i) 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 invoive 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:
 - (i) 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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

(11/

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

ETCH PLAN	•	
		Harper Avent 10
		SUP ROLD TOWNERS
		Hugas Avene 4
	4	44747777711111111111111111111111111111
	YA O	SH5 63 84
	HHAN	
	18	3= 56 V 6403H
	 	
ESCRIBE CIRCUMSTANCES		
	pis see ottach Po	like Report
	DIS ZEE STADI 1	
	•	
ECLARATION		
We declare the foregoing part	iculars are true in every respect.	Orsky
talianhaldaris Sinnatura	Delivers Signature	Reporting Centre Personnel's Signature
olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20190710/2210

Date/Time Report Made: 10/07/2019 23:02		Vide	Report No.:			St	ation Diary No.:		
		Track and the state of the stat							
Informant's Name of Info TING CHON	ormant:		Addre APT 5309	BLK 938 HOL	JGANG ST	REET 92 #	‡02-55	SINGAPORE	
ID Type / ID NRIC NO / S		341	Conta	act No.: e/Office:		Mobile:	97853	3079	
Nationality: SINGAPOR	E CITIZ	EN	Emai						
Sex: Male	Age: 54	Date of Birth: 07/01/1965	Type Drive	of Informant:	11.4				
Race: Chinese			Engli			Institutio	Institution / School Name:		
Occupation: Taxi driver			Drivir Class	ng Licence In s: 3,4	formation:	Date of	Expiry	r:	
eneral Info		of the Accident					Charles of the Control	To a file a tie	
Type of Accident:		njury Others		Drink Drive: No	Accident 10/07/2			Type of Location X-Junction	
Location: Junction of HOUGANG HOUGANG	AVENU								
Weather:			Road	d Surface:			Road Speed Limit:		
Traffic Flow Two Way	low: Traffic Co		ic Control: Controlled				Fraffic Volume: Heavy		
Type of Collision:							Anyone conveyed by ambulance:		
Details of \	/ehicle	Involved					er augus		
Vehicle No.	The second second	And the second s		Model	Color	Con	dition	No of Passeng	
SGV6403H		HONDA			Silver		naged		
SHD638U	Car	RENAU	LT	RENAULT	Red	Sligl	ntly naged	0	
Details of I	Person	Involved			A TO BE				
Any Pedest									
		Injured: NIL		Use	of Pedestri	an Crossin	a: NA		

POLICE REPORT Pg. 1





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20190710/2210

CONTINUATION OF REPORT

Driver							
Name	EUNOS		ID No.		NIL		
Related Vehicle	SGV6403H (Car)		Contact No.		98152341		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		
Driver							
Name	TING CHONG HAN			ID No.		S1695384I	
Related Vehicle	SHD638U (Car)			Contact No.		97853079	
Hospital/Clinic	STREET 11 CLINIC	TREET 11 CLINIC		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL	
Date Treatment	10/07/2019 Date		Date Disc	harge 10/07/2019		7/2019	
No. of Days granted Medical Leave 03			Degree of	Injury	Slight		

Brief Details.

On 10/07/2019 at 1625hrs, I was driving Transcab Taxi SHD638D along Hougang Avenue 10 towards Hougang Avenue 4. As my taxi was making a left turn into Hougang Avenue 4, a car SGV6403H hit onto the rear of my taxi. I alighted and exchanged particulars with the male driver. My taxi was damaged on the left bumper and a crack on the right rear brake light. We left the scene as no one was injured.

POLICE REPORT Pg. 1



T/20190710/2210

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Report No. T/20190710/2210

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: F / Staff Sgt TEO HENG HENG, ROBIN	Signature of informant.
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 23:02
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	Signature:

" > Back to OneMotoring

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID:	3878K	
Vehicle Details	811D (2011)	
Vehicle No.:	SHD638U	
Vehicle to be Exported:	Yes	
Intended Deregistration Date:	11 Jul 2019	
Vehicle Make:	RENAULT	
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR	
Primary Colour:	Red	
Manufacturing Year:	2015	
Engine No.:	M9R8839C003299	
Chassis No.:	VF1ABL15AUC283271	
Maximum Power Output:	127.0 kW (170 bhp)	
Open Market Value:	\$19,998.00	
Original Registration Date:	30 Nov 2017	
First Registration Date:	30 Nov 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	29 Nov 2025	
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00	
COE Expiry Date:	29 Nov 2025	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
PQP Paid:	\$33,596.00	
COE Rebate Amount:	\$26,806.00	
Total Rebate Amount: Message	\$41,804.00	

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 is earlier.

The information contained herein is correct as at 11 Jul 2019