MTCS19095164 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 22/07/2019 08:58 SUBMITTED BY: Kek ZheWei

#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**EMail Address** 

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> 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 aforesaid.

foresaid.		
	ACCIDENT STATEMENT	
Date Of Report	22/07/2019 08:58	
Date Of Accident	20/07/2019 12:10	
Exact Location Of Accident	SERANGOON ROAD	
Country/State of Loss	SINGAPORE	
DI	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD898K	
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	TOYOTA	
Model	PRIUS-1.8 HYBRID CVT (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	TAY WOON SIONG	
NRIC No	S1248389I	
Date Of Birth	03/06/1957	
Occupation	OUTDOOR	
Date Of Driving Pass	19/09/1976	
Driving Experience	42 YEARS AND 10 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96693320	
Fax Number		

NOEMAIL

BLK 114 HOUGANG AVENUE 1

#03-1294

Postcode 530114

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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

2

NO

NO

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Address

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?

YES 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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

ON 20/07/2019 AT ABOUT 1210HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF SERANGOON ROAD. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(SHD3174X) HAS SWERVED ONTO MY LANE AND HIT ONTO THE REAR RIGHT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD3174X Vehicle Make/Model/Colour COMFORT

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)

# DETAILS OF INJURED PERSON 1

Name TAY WOON SIONG

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?
Was this injured conveyed to hospi

Was this injured conveyed to hospital by ambulance?

Address Postcode SHD898K

YES

NO

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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)

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:
  - (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 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:
  - (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.

- that

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

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

# Sketch Plan #2 Pg. 1

SKETCH PLAN		·
->Seran	gooh Road	
_>		
<del></del>	A	
	BV	
	A - SHD 88-K. B- SHD 3174-X	100 mm
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	4
	Refer to GIA Regolt.	
DECLARATION  //We declare the foregoing part	ciculars are true in every respect.	
		ZLewij
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

GIARMC SketchPlanForm\_V3

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: /ehicle Details	878K
/ehicle No.:	SHD898K
/ehicle to be Exported:	Yes
ntended Deregistration Date:	22 Jul 2019
/ehicle Make:	TOYOTA
/ehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B97162
Chassis No.:	JTDKB3FU603078991
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	11 Jan 2019
First Registration Date:	11 Jan 2019
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$14,247.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jan 2027
ARF Rebate Amount: ntended COE Rebate Details	\$10,685.00
COE Expiry Date:	10 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$16,670.00
otal Rebate Amount: Message	\$27,355.00

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 22 Jul 2019

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