MTCS19095338 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 22/07/2019 11:07 SUBMITTED BY: Kek ZheWei

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/07/2019 11:07
Date Of Accident	21/07/2019 12:50
Exact Location Of Accident	MCE TOWARDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC5404A
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 D DCI (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	TIAN TIEN CHOON
NRIC No	S0146944D
Date Of Birth	06/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90235202
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 238 JURONG EAST STREET 21

600238 Postcode

Was driver an employee of the Insured's Company NO

OTHER - RELIEF DRIVER 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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident?

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

: CAO HAI BO NAME:

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

NO

YES

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON 21/07/2019 AT ABOUT 1250HRS, I WAS TRAVELLING STRAIGHT ALONG MCE TOWARDS AYE. WHILE I WAS ENTERING THE TUNNEL, I SUDDENLY FELT AN IMPACT ON THE REAR. VEHICLE B(SMK5970E) HAS COLLIDED ONTO THE REAR RIGHT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

FILE SIZE TOO LARGE

Was there any audio recorded?

NO

Details of Witness 1

Remarks/ Reasons:

Name

CAO HAI BO

Phone Number **Email Address**

+18901756636

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK5970E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

GOH HEE KHIM

S6903162E

97922122

Sketch Plan Pg. 1

SKETCH PLAN

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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.
- 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.

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

Date & Time:

Zhewei

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIVIC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

KETCH PLAN		
	1 1 1 1	
	/BA	
	11/1/11/1	17 MCE towards AVE
		THE WAS DIE
		A: SHE 5404A B: SMK 5970E
		p. CMK 5970E
		D. ST. ST.
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	Refer to GIA Report.	
ECLARATION We declare the foregoing part	ticulars are true in every respect.	
	Sont	Zhewez
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	Company
Owner ID Type:	878K
Owner ID: /ehicle Details	
ehicle No.:	SHC5404A
/ehicle to be Exported:	Yes
ntended Deregistration Date:	22 Jul 2019
/ehicle Make:	RENAULT
/ehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002043
Chassis No.:	VF1ABL15AUC279603
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Nov 2014
First Registration Date:	04 Nov 2014
Fransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Nov 2022
PARF Rebate Amount: ntended COE Rebate Details	\$9,373.00
COE Expiry Date:	03 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,337.00
COE Rebate Amount:	\$21,064.00
Total Rebate Amount: Message	\$30,437.00

The information contained herein is correct as at 22 Jul 2019

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