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.	
THE RESIDENCE AND RESIDENCE	ACCIDENT STATEMENT
Date Of Report	22/07/2019 14:17
Date Of Accident	22/07/2019 09:55
Exact Location Of Accident	KALLANG WAY
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD508L
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	SNG KENG CHEOK
NRIC No	S1531628D
Date Of Birth	21/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	09/01/1982
Driving Experience	37 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90254821
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 288D BUKIT BATOK STREET 25 Address

653288 Postcode

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES

3

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

NO

NAME: : UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

YES

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Police Station Name

TAMPINES CHANGKAT NPP

Police Station Address Police Station Contact

ROAD: 109 TAMPINES STREET 11, POSTCODE: 521109, COUNTRY:

SINGAPORE

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-7819999 - FAX NO:

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20910722/2050

Attachment(s)

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

Was there any audio recorded?

YES NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDL1338J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Page 2 of 14

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name SNG KENG CHEOK Approximate Age Injuries Sustain Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

Sketch Plan Pg. 1

SKETCH PLAN

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.
- 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.
- 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 the purpose of the collective of the purpose of the
 - 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.

Sog.

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

Reporting Centre Personnel's Signature

(Iv

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

KETCH PLAN				
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ha	llang Way			1802 046
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			A	SDL 13380
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ESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT			
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ECLARATION				
	ng particulars are true in every re	espect		
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		0		01
		Ing.		Circly
olicyholder's Signature	Driver's Signature			Personne s Signature
ate & Time:	(If driver is not th	e policyholder)	Name:	/
	Date & Time:		NRIC/FIN No.:	

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261

SINGAPORE 521109 Tel No: 1800-7819999

1 of 3 Report No. T/20190722/2050

PEDOE	OF OF	A TR	AFFIC	ACCII	DENT

	ne Report N 19 13:12	/lade:	Vide Report No.:	Station Diary No.: 13
(4)				
	Informant: NG CHEO		Address: APT BLK 288D BUKIT BATOI SINGAPORE 653288	K STREET 25 #09-42
	/ ID No.: D / S15316	28D	Contact No.: Home/Office:	Mobile: 9025 4821
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 57	Date of Birth: 21/01/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat		(e (e	Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2019 09	9:55	Type of Location: Straight Road
Location: Along Road 1 KALLANG WA		d			
Weather: Clear		Road Surface Dry		Road 60 K	d Speed Limit: m/h
Traffic Flow: One Way		Traffic Control Not Controlled		Traff Light	īc Volume: t
Type of Collis	ion:	rehicle			one conveyed by ulance:

(A) (R)		ಾಗಿ ಕಾರ್ಡ್ಗೆ ಸಾಗ್ರಹಿಸಿ		6774	
SDL1338J	Car	BMW	Black	Slightly Damaged	0
SHD508L	TAXI	RENAULT	Red	Slightly Damaged	2

THE PROPERTY OF THE PROPERTY O	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 2 of 3 Report No. T/20190722/2050

CONTINUATION OF REPORT

Diller L						
Name	SNG KENG CHEO	<	*	ID No		S1531628D
Related Vehicle	SHD508L (TAXI)	-	of and	Conta	ct No.	9025 4821
Hospital/Clinic	ANSAR CLINIC			Class Drivin Licend Expin	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/07/2019		Date Di	scharge	NIL	
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Sligh	t

Brief Details.

On 22/07/2019 at about 0955hrs, I was at the traffic junction along Kallang Way going towards Aljunied. My vehicle was stationary on lane one as it was red light at the said junction. Just then, I felt a hard impact from the rear. I alighted from my car to make a check and apparently, the front portion of a black coloured BMW car had collided onto the rear bumper of my taxi. We took pictures of the accident scene and went our separate ways as we did not want to cause a congestion.

Later that morning, I sustained soreness on the lower back of my body and rear neck area. I sought treatment at Ansar Clinic and was issued with 3 days of medical leave from 22/07/2019 to 24/07/2019. Due to the collision, the bumper sustained scratch marks and dents.

POLICE REPORT Pg. 1





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 3 of 3 Report No. T/20190722/2050

CONTINUATION OF REPORT

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 Red G / Staff Sgt MUZAINAH BI		Signature Of Informant:
Signature Of Interpreter Not applicable		Date/Time: 22/07/2019 13:12
Officer In Charge Of Ca TP / AEIT / SI MOHAMAD ZULFAZ Contact No.: 65476204	DLI BIN ABDULLAH	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE SIGNATURE	

> Back to OneMotoring

Owner ID Type:	Company	
wner ID: Yehicle Details	878K	
ehicle No.:	SHD508L	
'ehicle to be Exported:	Yes	
ntended Deregistration Date:	22 Jul 2019	
ehicle Make:	RENAULT	
ehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR	
rimary Colour:	Red	
Manufacturing Year:	2016	
ingine No.:	M9R8839C003409	
Chassis No.:	VF1ABL15AUC283431	
Maximum Power Output:	127.0 kW (170 bhp)	
Open Market Value:	\$19,998.00	
Original Registration Date:	17 Nov 2017	
irst Registration Date:	17 Nov 2017	
ransfer Count:	0	
nctual ARF Paid: Intended PARF Rebate Details	\$19,998.00	
ARF Eligibility:	Yes	
ARF Eligibility Expiry Date:	16 Nov 2025	
ARF Rebate Amount: ntended COE Rebate Details	\$14,998.00	
COE Expiry Date:	16 Nov 2025	
COE Category:	A - Car up to 1600cc & 97kW (130bhp)	
COE Period(Years):	8	
QP Paid:	\$33,596.00	
COE Rebate Amount:	\$26,535.00	
otal Rebate Amount: Message	\$41,533.00	

The information contained herein is correct as at 22 Jul 2019

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.