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 <u>truthful and accurate</u> 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	23/07/2019 13:57		
Date Of Accident	23/07/2019 11:00		
Exact Location Of Accident	CAIRNHILL CIRCLE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SHD9741U		
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

MANO MUTTHAN

NRIC No

S1237236A

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

14/01/1992

Driving Experience

27 YEARS AND 6 MONTHS

Gender

MALE

Gender

Mobile Number (LOCAL) +65-98182215

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 878 WOODLANDS AVENUE 9

#08-296

Postcode 730878

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

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

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 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

On 23.07.2019 at about 1100 hours, I was travelling on the extreme right lane along Cairnhill Circle. When I check that there's no oncoming vehicle, I inched in to the left with left signal on. Suddenly, I felt an impact. Vehicle B (SKM9750K) swerved into my lane from the third lane and hit onto my taxi left side front portion.

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

Vehicle Registration Number SKM9750K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TANG SIAU WEI

NRIC/Passport Number S8269609A Contact Number 92289781 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.

Policyholder's Signature
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Amanda

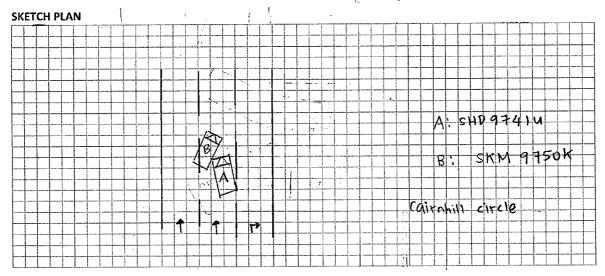
Reporting Centre Personnel's Signature

· Name:

NRIC/FIN No.:

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Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mark 1	The Contract of the Contract o	
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,	Please see the attach GIA report	
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DECLARATION

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:

Amanda

Reporting Centre Personnel's Signature

Name:

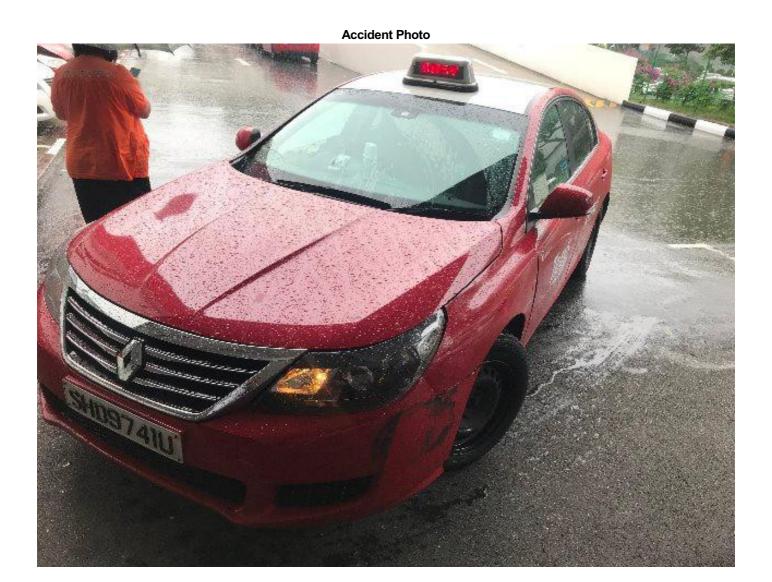
NRIC/FIN No.:

2

Accident Photo













Accident Photo

