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

	ACCIDENT STATEMENT	N. W. T. Y. Street, St.		
ate Of Report	06/08/2019 15:26			
ate Of Accident	03/08/2019 19:30			
xact Location Of Accident	UPPER CROSS STREET			
ountry/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
ehicle Registration Number	SHD5318K			
nsured/Policyholder				
ame Of Registered Owner	TRANS-CAB SERVICES PTE LTD			
to Reg No	200303878K			
mail Address	CLAIMS@TRANSCAB.COM.SG			
Nobile Phone No				
Iternative Phone No	OFFICE-62866666			
/ehicle Particulars				
Manufacturer	TOYOTA			
Model	PRIUS-1.8 HYBRID CVT (A)			
xact Purpose for which vehicle was being used at me of accident	t HIRE AND REWARD			
are you claiming under your own insurance policy or repair to your vehicle?	NO			
No, Please state action to be taken	THIRD PARTY			
/ehicle Category	TAXI			
nsurance Company				
Name of Insurance Company	AXA INSURANCE PTE LTD			
ype Of Coverage	THIRD PARTY			
Fleet Policy	YES			
Policy Number	VFX/P1680520			
Cover Note Number				
Driver				
Name of Driver	FOO SHANG KUAN			
NRIC No	S0034951H			
Date Of Birth	23/01/1951			
Occupation	OUTDOOR			
Date Of Driving Pass	19/11/1971			
Driving Experience	47 YEARS AND 8 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-96556198			
Fax Number				
Contact Number				
EMail Address	NOEMAIL			

BLK 125 SERANGOON NORTH AVENUE 1 Address

#04-117 550125

Postcode

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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

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

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

YES

NO

2

NAME: : UNKNOWN

GENDER:

: MALE

ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629,

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NPP

Police Station Address **COUNTRY: SINGAPORE**

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20190805/2137

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN3578K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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

FOO SHANG KUAN Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

SHD5318K

YES

NO

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>.
- 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.
- 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:
 - 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:
 - 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:

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

	1 /6 2
	A 500 5318K
Unner cross str	90+ B= Yn 3578x
Upper Cross ST	
	9 9 9
	4 4 4
SCRIBE CIRCUMSTANCES OF	
	pu Za attach police papart
ECLARATION	
	lars are true in every respect.
ECLARATION We declare the foregoing particu	lars are true in every respect.
	Ough.

GIARIMC SketchPlanForm_V3

Page 5 of 15

POLICE REPORT Pg. 1





1 of 3

Police Station Of Origin: Eunos NPP

Report No. T/20190805/2137 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
05/00/0040 40:50		35

05/08/20	19 19:52		35		
Informar	nt's Particu	llars:			
Name of Informant: FOO SHANG KUAN		1	Address: APT BLK 125 SERANGOON NORTH AVENUE 1 #04-117 SINGAPORE 550125		
ID Type / ID No.: NRIC NO / S0034951H		51H	Contact No.: Home/Office:	Mobile: 96556198	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age: 68	Date of Birth: 23/01/1951	Type of Informant: Driver		
Race: Chinese Occupation: Taxi driver		n 4	Language: English	Institution / School Name:	
		te:	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 03/08/2019 19:30		Type of Location: Bend
Location: Along Road 1 UPPER CROS		to State Cou	urts			
Weather:	on point ricar		Road Surface: Dry		Road	Speed Limit:
Traffic Flow: One Way			Traffic Control: Not Controlled		Traffi Mode	c Volume: erate
	on:			<u></u>	Anyo	ne conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHD5318K	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	2
YN3578K	Lorry	MITSUBISHI	FE83BEOSR DEA	White	<i>.</i>	8

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





T/20190805/2137

2 of 3

Report No. T/20190805/2137

Police Station Of Origin: **Eunos NPP** 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

		Management (Company)				的基本语言 经基础基础 医传播性
Driver Name	FOO SHANG KUAN		ID No.	*	S0034951H	
Related Vehicle	SHD5318K (Car)			Conta	ct No.	96556198
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2019	Date Disc	5110115		3/2019	
No. of Days granted Medical Leave 05			Degree o	f Injury	Sligh	t

On 3/8/2019 at around 1930hrs, I was driving (SHD 5318K) along Upper Cross Street towards Havelock Road. I was driving on the right most lane. When I was approaching the filter lane of the drop off point nearing State Courts, a lorry bearing registration number: YN3578K, collided into my taxi. The lorry's front left side collided into my taxi's rear right side. It had caused dents to my vehicle's right side. I wish to state the other party refused to exchange particulars with me. I continued driving as I was feeling fine.

On 5/8/2019 at around 1200hrs, I felt discomfort on my neck and right shoulder. I then visited Mount Alvernia Hospital, and was giving 5 day s MC (No.M19000021081)

POLICE REPORT Pg. 1





3 of 3

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 Report No. T/20190805/2137

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 Recording The Report: G / Sgt 3 TAN MENG LIANG	Signature of informatic.
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2019 19:52
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 JUREMAH BINTE AHMAD	
Contact No.: 65476219	
Authentication Stamp NP168	
SACHER	Nat2

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Company Owner ID Type: 878K Owner ID: Vehicle Details SHD5318K Vehicle No.: Yes Vehicle to be Exported: 06 Aug 2019 Intended Deregistration Date: TOYOTA Vehicle Make: PRIUS 5DR HATCHBACK (AUTO) Vehicle Model: Primary Colour: 2018 Manufacturing Year: 2ZR2B92052 Engine No.: JTDKB3FU103078509 Chassis No.: 90.0 kW (120 bhp) Maximum Power Output: \$26,605.00 Open Market Value: 19 Dec 2018 Original Registration Date: 19 Dec 2018 First Registration Date: Transfer Count: \$14,247.00 Actual ARF Paid: Intended PARF Rebate Details Yes PARF Eligibility: 18 Dec 2026 PARF Eligibility Expiry Date: \$10,685.00 PARF Rebate Amount: Intended COE Rebate Details 18 Dec 2026 COE Expiry Date: A - Car up to 1600cc & 97kW (130bhp) COE Category: COE Period(Years): 8 PQP Paid: \$22,057.00 \$17,645.00 COE Rebate Amount: \$28,330.00 **Total Rebate Amount:** Message

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 06 Aug 2019

OK