

### 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 withholding 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.

#### ACCIDENT STATEMENT

|                            |                                     |
|----------------------------|-------------------------------------|
| Date Of Report             | 14/08/2019 09:02                    |
| Date Of Accident           | 09/08/2019 01:55                    |
| Exact Location Of Accident | TOH TUCK LINK T-X OLD TOH TUCK ROAD |
| Country/State of Loss      | SINGAPORE                           |

#### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD248L                    |
| <b>Insured/Policyholder</b> |                            |
| 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             | VFX/P1680520          |
| Cover Note Number         |                       |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | JOSHUA LI GUO ZHEN    |
| NRIC No              | S6960361J             |
| Date Of Birth        | 10/05/1969            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 19/02/2002            |
| Driving Experience   | 17 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | +65-90993504          |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | BLK 302 UBI AVENUE 1<br>#04-65 |
| Postcode  | 400302                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | OTHER - RELIEF DRIVER          |
| 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 |
| 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  |
| Was any body injured in the Accident?   | YES  |
| Was any injured conveyed to hospital by ambulance?  | NO   |
| Was any other material or property damaged?   | YES  |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO   |
| Number of Passengers (Including Driver)   | 4  |
| Passenger 1   | NAME: : MENDOZA MANDY GONZALES<br>GENDER: : MALE |
| Passenger 2   | NAME: : ADRIAN TEMPALDO<br>GENDER: : MALE        |
| Passenger 3   | NAME: : ESTANISLAO ADAP<br>GENDER: : MALE        |

#### Details of Police Action

|   |     |
|---|-----|
| Was the accident reported to the police?  | YES |
| If Yes, Please state which Police Station |     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |     |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190809/2033

#### 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 | SHD363L  |
| Vehicle Make/Model/Colour   | TRANSCAB |
| 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 JOSHUA LI GUO ZHEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD248L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

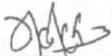
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

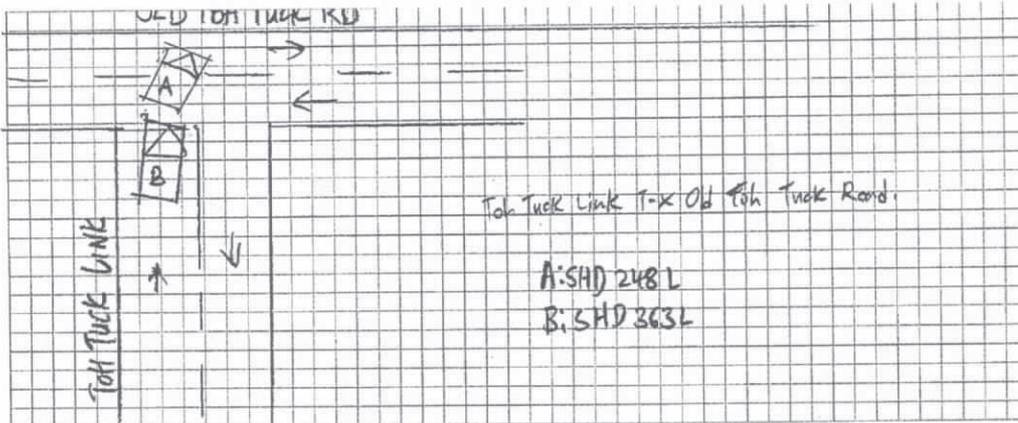
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2011 1809/2033.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*D. S. K.*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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





Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20190809/2033

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| <b>Passenger</b>                  |                         |  |                                   |
| Name                              | Mendoza Mandy Gonzales  | ID No.                                 | G2156399X                         |
| Related Vehicle                   | SHD248L (Car)           | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                         |  |                                   |
| Name                              | Adrian Templado         | ID No.                                 | G6563783P                         |
| Related Vehicle                   | SHD248L (Car)           | Contact No.                            | 86420643                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | JOSHUA LI GUO ZHEN      | ID No.                                 | S6960361J                         |
| Related Vehicle                   | SHD248L (Car)           | Contact No.                            | 90993504                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 09/08/2019              | Date Discharge                         | 09/08/2019                        |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                            |



Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**CONTINUATION OF REPORT**

| Passenger                         |                 |  |   |
|-----------------------------------|-----------------|--|---|
| Name                              | Estanislao Adap |  | ID No. G7030073H  |
| Related Vehicle                   | SHD248L (Car)   |  | Contact No. 97451093  |
| Hospital/Clinic                   | NIL             |  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             |  | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL             |  | Degree of Injury NIL  |
| Driver                            |                 |  |   |
| Name                              | SIM             |  | ID No. NIL  |
| Related Vehicle                   | SHD363L (Car)   |  | Contact No. 86682088  |
| Hospital/Clinic                   | NIL             |  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             |  | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL             |  | Degree of Injury NIL  |

**Brief Details.**

On 09/08/2019 at about 0155hrs, I was driving along Toh Tuck Link towards the T-junction of Old Toh Tuck Road. There were 3 passengers inside my taxi at that time. After making sure there is no incoming vehicles at the T-junction, I started to make a right turn after signaling right. Just then there was an impact from the rear of my vehicle and I realised another vehicle (SHD363L) have collided onto my vehicle. The collision has caused the rear of my vehicle to be dented in and there are also scratches. I made a check with my passengers and they informed they are not injured. No ambulance or police came to scene. After exchanging particulars with the other driver and 2 of the passengers, I continued to drop the passengers to their destination. I went to seek medication attention as I have some pain on my legs, chest and shoulders, and also experiencing some giddiness. I am given 5 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20190809/2033

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Report No. T/20190809/2033

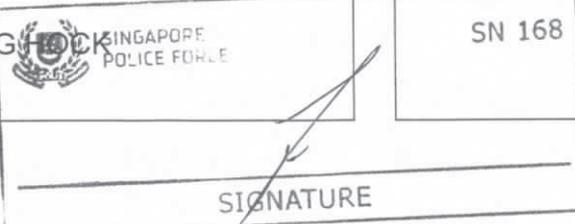
Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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:<br>E /<br>Sgt 2 JASMINE LEAU WEI LIN                  | Signature Of Informant:<br><br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>09/08/2019 10:54  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Sr Staff Sgt ONG YONG HOCK<br>Contact No.: 65476436 | Classification Of Case:<br><br>SN 168   |
| Authentication Stamp<br>NP168  |                                 |

> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars   |                                      |
|---|--------------------------------------|
| Owner ID Type:  | Company                              |
| Owner ID:   | 878K                                 |
| Vehicle Details   |                                      |
| Vehicle No.:  | SHD248L                              |
| Vehicle to be Exported:   | Yes                                  |
| Intended Deregistration Date:   | 14 Aug 2019                          |
| Vehicle Make:   | RENAULT                              |
| Vehicle Model:  | LATITUDE 2.0L DCI AUTO D/AB 4DR      |
| Primary Colour:   | Red                                  |
| Manufacturing Year:   | 2015                                 |
| Engine No.:   | M9R8839C002952                       |
| Chassis No.:  | VF1ABL15AUC282395                    |
| Maximum Power Output:   | 127.0 kW (170 bhp)                   |
| Open Market Value:  | \$19,998.00                          |
| Original Registration Date:   | 03 Nov 2015                          |
| First Registration Date:  | 03 Nov 2015                          |
| Transfer Count:   | 0                                    |
| Actual ARF Paid:  | \$19,998.00                          |
| Intended PARF Rebate Details  |                                      |
| PARF Eligibility:   | Yes                                  |
| PARF Eligibility Expiry Date:   | 02 Nov 2023                          |
| PARF Rebate Amount:   | \$14,998.00                          |
| Intended COE Rebate Details   |                                      |
| COE Expiry Date:  | 02 Nov 2023                          |
| COE Category:   | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):  | 8                                    |
| PQP Paid:   | \$45,267.00                          |
| COE Rebate Amount:  | \$23,866.00                          |
| <b>Total Rebate Amount:</b>   | <b>\$38,864.00</b>                   |
| 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 14 Aug 2019

OK