MTCS19112223 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 26/08/2019 14:23 SUBMITTED BY: Amanda Tay Xin Er

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 approached.

aforesaid.		
And the Parket of March 19 and 19 and	ACCIDENT STATEMENT	
Date Of Report	26/08/2019 14:23	
Date Of Accident	25/08/2019 08:10	
Exact Location Of Accident	MOUNT ELIZABETH LINK TOWARDS BIDEFORD ROAD	
Country/State of Loss	SINGAPORE	
D. C.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD208C	
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	VFX/P1680520	
Cover Note Number		
Driver		
Name of Driver	NG KOK LEONG	
NRIC No	S1739509B	
Date Of Birth	30/04/1966	
Occupation	OUTDOOR	
Date Of Driving Pass	06/06/1986	
Driving Experience	33 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98629216	
Fax Number		
Contact Number		

NOEMAIL

BLK 411A FERNVALE ROAD

#08-78

791411 Postcode

NO Was driver an employee of the Insured's Company

OTHER - HIRER 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

Type Of Accident SIDE SWIPE CLEAR Weather Conditions Road Surface DRY

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

On 25.08.2019 at about 0810 hours, I was travelling on the extreme left lane along Mount Elizabeth Link towards Bideford road. When the traffic light was green, I moved forward. Suddenly, I felt an impact. Vehicle B (ES8183T) which was travelling too close on my right, swerved into my lane and slightly touch onto my taxi right side front portion.

1

NO

Attachment(s)

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

Remarks/ Reasons: FILE TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ES8183T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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. 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 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.

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.:

Sketch Plan #2 Pg. 1

TCH PLAN		
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CLARATION		
	ciculars are true in every respect.	
		Ammda
icyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

PARF/COE Rebate Enquiry

> Back to OneMotoring

Enquire PA	RF/COE R	ebate for	Registered	Vehicle
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Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID: Vehicle Details	878K		
Vehicle No.:	SHD208C		
Vehicle to be Exported:	Yes		
Intended Deregistration Date:	26 Aug 2019		
Vehicle Make:	RENAULT		
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR		
Primary Colour:	Red		
Manufacturing Year:	2015		
Engine No.:	M9R8839C002490		
Chassis No.:	VF1ABL15AUC281574		
Maximum Power Output:	127.0 kW (170 bhp)		
Open Market Value:	\$19,998.00		
Original Registration Date:	02 Oct 2015		
First Registration Date:	02 Oct 2015		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	01 Oct 2023		
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00		
COE Expiry Date:	01 Oct 2023		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	8		
PQP Paid:	\$45,439.00		
COE Rebate Amount:	\$23,271.00		
Total Rebate Amount: Message	\$38,269.00		

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 26 Aug 2019

OK