

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 ability
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 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	03/03/2014 10:20
Date Of Accident	01/03/2014 11:15
Exact Location Of Accident	Jln Jurong Kechil slip rd towards Bt Batok East 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7864Y
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Insured/Policyholder

Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/364
Cover Note Number	

Driver

Name of Driver	YAP PUAY HUAT
NRIC No	S1605560C
Date Of Birth	16/12/1963
Occupation	Outdoor
Date Of Driving Pass	04/07/1996
Driving Experience	17 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-92738808
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 385 BUKIT BATOK WEST AVENUE 5 #22-332
Postcode	650385
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	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Address	ROAD: Blk 370 Bukit Batok Street 31 , POSTCODE: 650370 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20140301/4082

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX6848Y
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Name of Driver	WEVELSIEP THOMAS
NRIC/Passport Number	G5218106U
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

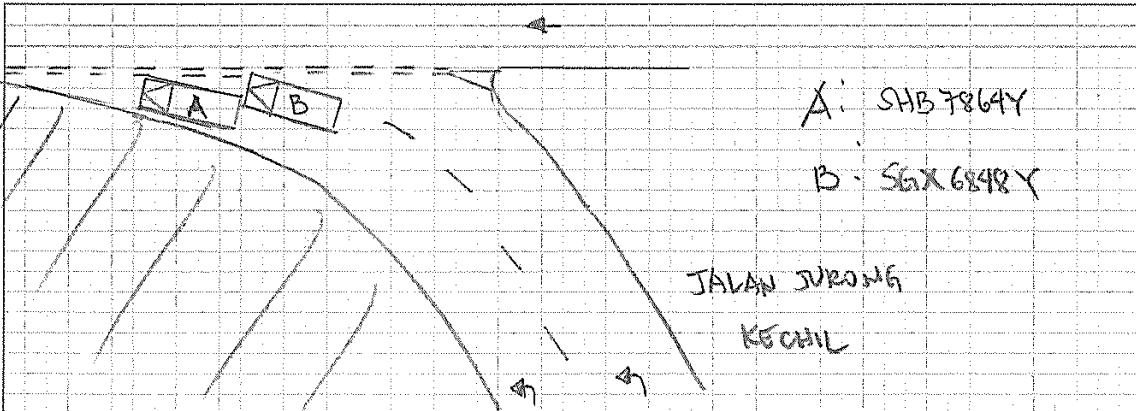
Name	
Phone Number	
Email Address	

SKETCH PLAN

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Sketch Plan **BUKIT BATOK EAST AVENUE 6**



Describe Circumstances of the Accident

PLS. REFER TO GIA REPORT

Declaration

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

<p style="text-align: center;"><i>James</i> 3/3/2014</p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>Roe</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p style="text-align: center;"><i>Roe</i></p> <p>Witnessed by Reporting Centre Personnel</p>
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Police Report Pg.1

Police Station Of Origin:
 Hong Kah North NPP
 370 Bukit Batok Street 31 #01-201 SINGAPORE
 650370
 Tel No: 1800-5679999



T/20140301/4082

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Report No. T/20140301/4082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2014 16:48			Vide Report No.:		Station Diary No.: 33
Informant's Particulars					
Name of Informant: YAP PUAY HUAT			Address: APT BLK 385 BUKIT BATOK WEST AVENUE 5 #22-332 SINGAPORE 650385		
ID Type / ID No.: NRIC NO / S1605560C			Contact No.: Home/Office: Mobile: 92738808		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 16/12/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2014 11:15	Type of Location: Bend
Location: Along Road 1 JLN JURONG KECHIL Jln Jurong Kechil filter into Bukit Batok East Avenue 6.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved									
Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SGX6848 Y	Car	TOYOTA	Silver	Slightly Damaged	0				
SHB7864 Y	Car	CHEVROLET	Red	Seriously Damaged	0				

Police Report Pg.1

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T/20140301/4082

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Report No. T/20140301/4082

CONTINUATION OF REPORT

Brief Details.

On the 01/03/2014 at about 1115hrs, I was driving along Jalan Jurong Kechil filtering into Bukit Batok East Avenue 6. I filter into the filter lane and stop to wait for the traffic to be clear before I filter in. Suddenly, a car behind me hit onto the rear bumper of my company taxi (Transcab bearing the registration no.SHB7864Y). My vehicle rear side bumper suffered major dent. The vehicle that collided onto my vehicle is a Silver colour Toyota Altis bearing the registration no. SGX6848Y, the driver is one namely, Wevelsiep Thomas, FIN: G5218106U, H/p:81868671. The Toyota Altis is a rented vehicle from Unique Tourist Service Pte Ltd. I felt giddy after the accident and I was granted 5 days of MC from Mount Alvernia. No government property was damaged.

Police Report Pg.1

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650370
Tel No: 1800-5679999



T/20140301/4082

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Report No. T/20140301/4082

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:

J/

DABBIE LIM CHIN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Goh Geok Lye Pamela

Contact No.: 65476148

Signature Of Informant:

Date/Time:

01/03/2014 16:48

Classification Of Case:

Authentication Stamp

NP168



Signature :

SN 116

Singapore Police Force

Accident Scene Photo



Accident Scene Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




GM KOREA COMPANY
09/11

GAWR 1105KG
 GAWR 1005KG

KL1LA69RJBB095719



SEGURIDAD セキュリティ
 SECURANÇA 安全
 БЕЗОПАСНОСТЬ