

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	11/04/2014 11:48
Date Of Accident	10/04/2014 23:30
Exact Location Of Accident	CORPORATION ROAD TURNING RIGHT TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5892T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-2.0 BI-FUEL (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
Cover Note Number	
Driver	
Name of Driver	ONG TECK KHIAN
NRIC No	S1588755I
Date Of Birth	22/09/1963
Occupation	Outdoor
Date Of Driving Pass	05/06/1982
Driving Experience	31 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-98208016
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 540 HOUGANG AVE 8 #06-1229
Postcode	530540
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- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

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

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 10.04.2014 AT ABOUT 2331HRS I WAS AT A STATIONARY POSITION AT THE LEFT MOST LANE OF CORPORATION ROAD WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN BEFORE TURNING RIGHT TOWARDS PIE. WHEN THE TRAFFIC LIGHT TURNED GREEN, I PROCEEDED TO MOVE. WHEN SUDDENLY, I HEARD AN IMPACT SO, I IMMEDIATELY STOPPED TO CHECK AND REALIZED THAT VEHICLE B - GZ6503G COLLIDED ONTO THE RIGHT PORTION OF MY TAXI AND CAUSED MY REAR RIGHT DOOR GLASS TO SHATTER. VEHICLE A - NO PASSENGER VEHICLE B - NO PASSENGER

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ6503G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	FAN XIN GUO
NRIC/Passport Number	G2216823T
Contact Number	90546574
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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. 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.
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.

Sketch Plan

AS Attached.

Describe Circumstances of the Accident

REFER TO GIA REPORT

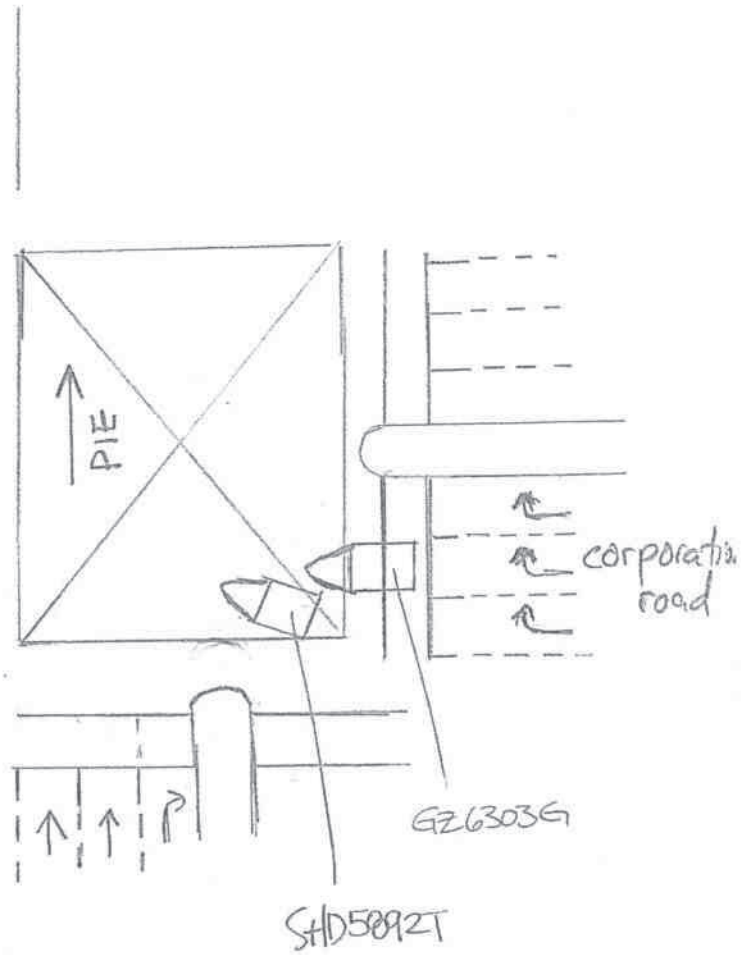
Declaration

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

Witnessed by Reporting Centre Personnel



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHD5892T
Vehicle to be Exported: Yes
Intended De-registration Date: 14 Apr 2014
Vehicle Make: TOYOTA
Vehicle Model: WISH 2.0 BI-FUEL AUTO
Primary Colour: Red
Manufacturing Year: 2010
Engine No.: 3ZRA514617
Chassis No.: JTDGJ20W005003110
Maximum Power Output: 104.0 kW (139 bhp)
Open Market Value: \$25,053.00
Original Registration Date: 24 Dec 2010
First Registration Date: 24 Dec 2010
Transfer Count: 0
Actual ARF Paid: \$15,032.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 23 Dec 2018
PARF Rebate Amount: \$11,274.00

Intended COE Rebate Details

COE Expiry Date: 23 Dec 2018
COE Category: A - Car (1600cc & below)
COE Period(Years): 8
QP Paid: \$25,932.00
COE Rebate Amount: \$15,205.00

Total Rebate Amount: \$26,479.00

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 Apr 2014

OK

Land Transport Authority

Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

Copyright © 2014 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)