### 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 aforesaid.

aforesaid.	
· · · · · · · · · · · · · · · · · · ·	ACCIDENT STATEMENT
Date Of Report	21/10/2019 09:34
Date Of Accident	19/10/2019 22:05
Exact Location Of Accident	MANILA STREET
Country/State of Loss	SINGAPORE
D. Carlotte and C. Carlotte an	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHF604G
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-62866666
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	TAN CHEE KEONG
NRIC No	S1772927F
Date Of Birth	17/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90768772
Fax Number	
Contact Number	

NOEMAIL

BLK 718 PASIR RIS STREET 72 Address

#11-83

510718 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - RELIEF

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

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? NO

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)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 BISHAN STREET 23, POSTCODE: 579757, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20191021/2042

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

SLV7990M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

81182373

Address

Postcode

Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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

KETCH PLAN		
		Marila Street
	1 out	547 5446
manila 3t		P 517 5046
	-8 8	51 V 7490
	HAT	
CONTRACTOR CONTRACTOR	OF THE ASSIDENT	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	414	net pois pers
	DIS See	Had police Rapert
	(	
	•	
CLARATION		
	laulana ana kama la	
ve declare the foregoing part	iculars are true in every respect.	
	75	( di h
	/ NA	Grad
Vanhaldada 61		
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ite & Time:	(If driver is not the policy) Date & Time:	Name: NRIC/FIN No.:
	Date & Time:	NKIL/FIN NO.:

GIARIMC SketchPlanForm\_V3

## POLICE REPORT Pg. 1





Police Station Of Origin:

Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

1 of 3 Report No. T/20191021/2042

REPORT C	OF A TRAFFIC	CACCIDENT		
	Date/Time Report Made: 21/10/2019 12:13		Vide Report No.:	Station Diary No.: 49
Informa	nt's Particu	ulars		
	Informant: EE KEONG	)	Address: APT BLK 718 PASIR R 510718	IS STREET 72 #11-83 SINGAPORE
ID Type NRIC NO	/ ID No.: D / S177292	27F	Contact No.: Home/Office:	Mobile: 90768772
National	ity: ORE CITIZ	EN	Email:	J. 7-Vr. 11-14.
Sex: Male	Age: 53	Date of Birth: 17/01/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupati Taxi driv			Driving Licence Informa Class: 2B,3,4,5	tion: Date of Expiry:

Type of Accident:	Injury Others	Drink Date/Time of Accident: No 19/10/2019 22:0		Type of Location Straight Road	
MANILA STR ALONG MAN OUTSIDE BU Weather:	LA STREET	MALL CARPARK EXIT	1	Road Speed Limit:	
Clear		Dry Traffic Control:		Γraffic Volume:	
Traffic Flow		Not Controlled		Tranio volunto.	
Traffic Flow: Two Way		Not Controlled			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF604G	Car				Slightly Damaged	0
SLV7990M	Car				Slightly Damaged	3

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

### POLICE REPORT Pg. 1





T/20191021/2042

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 3 Report No. T/20191021/2042

#### CONTINUATION OF REPORT

Driver						
Name	TAN CHEE KEONG		ID No.		S1772927F	
Related Vehicle	SHF604G (Car)			Conta	ct No.	90768772
Hospital/Clinic	A LIFE CLINIC PTE LTD			Class Driving Licent Expiry	g	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	21/10/2019 Date D			harge	21/10	/2019
			Degree of	Degree of Injury   Slight		
Driver		Seriot C.	48 B 5 G 4 4 五字 8			
Name	Unknown Driver			ID No		NIL
Related Vehicle	SLV7990M (Car)			Conta	ct No.	81182373
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 19/10/2019 at about 10.05pm, I was driving my taxi (SHF604G) along Manila St and I was driving straight passing by the Bugis + shopping mall car park entry and exit point. When I drove passed the exit point of the car park, I noticed that one vehicle SLV7990M exited from the car park and made a left turn. However, vehicle SLV7990M made a wide turn and hid against my taxi (SHF604G)'s right rear door area. As a result, causing damage to my taxi (SHF604G) rear right door and rear right wheel skirting area. There was damage to the right head light area of vehicle SLV7990M.

At that point, I observed that no one was injured. There was no passenger in my vehicle. There were 3 passengers in the vehicle SLV7990M. I have no in-car CCTV.

On 20/10/2019, I felt unwell so I consulted a doctor on 21/10/2019 and the doctor grant me 5 days of medical leave.

I am lodging report for insurance claim.



T/20191021/2042

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 3 of 3 · Report No. T/20191021/2042

CONTINUATION OF REPORT

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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: E / Sgt 3 LIM LI CHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2019 12:13
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:
Contact No.: 65476172 Authentication Stamp NP168 SINGAPORE POLICE FORCE	SN 061

# > Back to OneMotoring

Enquire PARE/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Company
Owner ID Type:	• •
Owner ID: Vehicle Details	878K
Vehicle No.:	SHF604G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Oct 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001696
Chassis No.:	VF1ABL15AUC278443
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	27 Jun 2014
First Registration Date:	27 Jun 2014
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jun 2022
PARF Rebate Amount: Intended COE Rebate Details	\$8,748.00
COE Expiry Date:	26 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$19,212.00
Total Rebate Amount: Message	\$27,960.00

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Oct 2019