

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	07/03/2014 13:46
Date Of Accident	07/03/2014 02:10
Exact Location Of Accident	Eu Tong Sen St X Cantonment Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7556L
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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/56
Cover Note Number	

Driver

Name of Driver	WANG CHUNG JIANG JOWETT
NRIC No	S8121951F
Date Of Birth	22/07/1981
Occupation	Outdoor
Date Of Driving Pass	04/04/2005
Driving Experience	8 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-96650065
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 288 YISHUN AVENUE 6 #03-46
Postcode	760288
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- Traffic Light Junction
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?	No

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 07.03.2014 at about 0210hrs, I was traveling straight at the 4th lane along Eu Tong Seng towards Chinatown with the green light in my favour. In the junction of Cantonment Road, suddenly I felt an impact. Vehicle B (SGK6317G) which was traveling from the opposite lane made a right turn towards Cantonment Road without checking for oncoming traffic. Thus resulted, Vehicle B's front portion collided onto my taxi's right side portion. Vehicle A: no passenger Vehicle B: no passenger /rc

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

Vehicle Registration Number	SGK6317G
Vehicle Make/Model/Colour	MITSUBISHI LANCER 1.6 M
Details Of Properties	
Name of Driver	GARY CHONG YI HUI
NRIC/Passport Number	S9031975B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

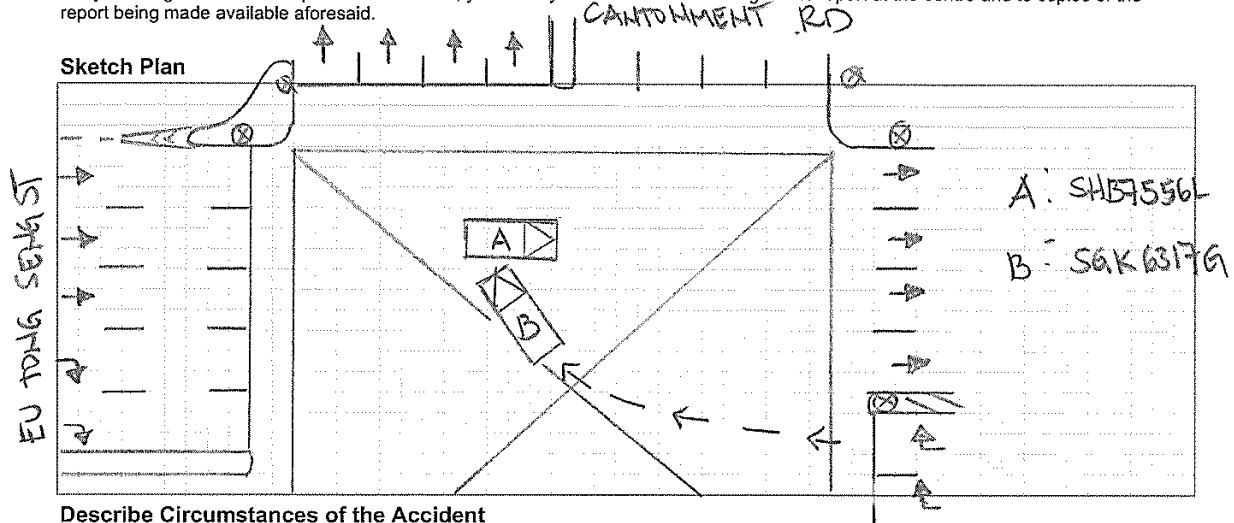
Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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Describe Circumstances of the Accident

PLS. REFER TO GIA REPORT

Declaration

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

<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

