

## 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	29/07/2014 17:18
Date Of Accident	28/07/2014 13:40
Exact Location Of Accident	BEACH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9409E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (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	YVONNE LEONG ANQI
NRIC No	S1754107B
Date Of Birth	22/12/1966
Occupation	Outdoor
Date Of Driving Pass	14/10/2010
Driving Experience	3 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-93859811
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 346 BUKIT BATOK ST 34 #06-214
Postcode	650346
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Change/cross lane
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	Choa Chu Kang Npc
Police Station Address	ROAD: 20 Choa Chu Kang St 52 #01-02 , POSTCODE: 689286 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20140729/4076

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

Vehicle Registration Number	SDZ980L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SUN LI LING
NRIC/Passport Number	
Contact Number	98775610
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	YVONNE LEONG ANQI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9409E
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	

Postcode

## Sketch Plan

### SKETCH PLAN

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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.
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

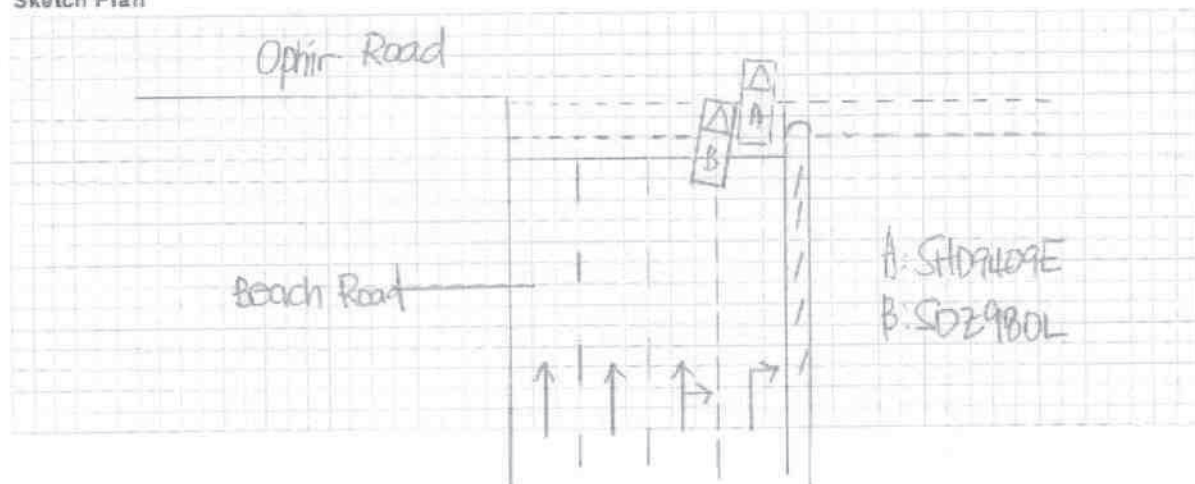
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



### Sketch Plan #2

### Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

### Declaration

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



## Sketch Plan #3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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Report No. T/20140729/4076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2014 13:40			Vide Report No.:		Station Diary No.: 70
<b>Informant's Particulars</b>					
Name of Informant: YVONNE LEONG ANQI			Address: APT BLK 346 BUKIT BATOK STREET 34 #06-214 SINGAPORE 650346		
ID Type / ID No.: NRIC NO / S1754107B			Contact No.: Home/Office: Mobile: 93859811		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 22/12/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2014 13:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEACH ROAD OPHIR ROAD TOWARDS ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDZ980L	Car	HONDA	JAZZ 1.5L AT ABS D/AB HID 2WD 5DR	Blue	Slightly Damaged	0
SHD9409E	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	4

## Details of Person Involved

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

## Sketch Plan #4

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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Report No. T/20140729/4076

## CONTINUATION OF REPORT

Name	SUN LI LING		ID No.	NIL
Related Vehicle	SDZ980L (Car)		Contact No.	98775610
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL	
<b>Driver</b>				
Name	YVONNE LEONG ANQI		ID No.	S1754107B
Related Vehicle	S11D9409E (Car)		Contact No.	93859811
Hospital/Clinic	HARMONY FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	29/07/2014	Date Discharge	29/07/2014	
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight	

**Brief Details.**

On 28/07/2014 at about 1340hrs, I was driving along Beach Road with 4 passengers and reached the cross junction of Beach Road and Ophir Road. There are 2 lanes that are able to turn right into Ophir Road and I was on the right lane. When I initial the turn, a vehicle (SDZ980L) from my left did the right turn too. However, he cut into my lane and collided to the side of my vehicle. My vehicle suffered scratches and dents at the left side. His vehicle suffered scratches at the front right side. There was no Police nor Ambulance as no one was injured at the point of time. Subsequently, I felt pain and went to consult a doctor and given 5 days of MC.

Sketch Plan #5

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



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Report No. T:20140729/4076

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 /

TAN XIANG WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2014 13:40

Classification Of Case:

Officer In Charge Of Case:

TP / AEM /

ABD MAJEED B YOUSUF

Contact No: 65476255

Authentication Stamp

NP 169

Signature :



Singapore Police Force



Text size + -

**Enquire PARF/COE Rebate for Registered Vehicle**

**Vehicle Owner Particulars**

Owner ID Type: Company  
Owner ID: 200303878K

**Vehicle Details**

Vehicle No.: SHD9409E  
Vehicle to be Exported: Yes  
Intended De-registration Date: 29 Jul 2014  
Vehicle Make: CHEVROLET  
Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO  
Primary Colour: Red  
Manufacturing Year: 2011  
Engine No.: Z20S1443975K  
Chassis No.: KL1LA69RJBB064733  
Maximum Power Output: 110.0 kW (147 bhp)  
Open Market Value: \$13,834.00  
Original Registration Date: 28 Feb 2012  
First Registration Date: 28 Feb 2012  
Transfer Count: 0  
Actual ARF Paid: \$13,834.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 27 Feb 2020  
PARF Rebate Amount: \$10,375.00

**Intended COE Rebate Details**

COE Expiry Date: 27 Feb 2020  
COE Category: A - Car (1600cc & below)  
COE Period(Years): 8  
QP Paid: \$37,512.00  
COE Rebate Amount: \$26,178.00

**Total Rebate Amount: \$36,553.00**

**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 29 Jul 2014

OK



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