

## 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	06/07/2015 09:32
Date Of Accident	04/07/2015 23:50
Exact Location Of Accident	Jalan Besar T-X Dunlop Street
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5753S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (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	TEO KWANG HOE
NRIC No	S1679112A
Date Of Birth	11/03/1964
Occupation	Outdoor
Date Of Driving Pass	16/05/1985
Driving Experience	30 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-96708449
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 113 JALAN BUKIT MERAH #12-1720
Postcode	160113
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	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?	No
Number of Passengers (Including Driver)	1

#### 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 04.07.2015 at about 2350hrs, I was traveling at the extreme right lane along Jalan Besar Road towards Bencoolen. Upon reaching the junction of Dunlop Street, Vehicle B (SHA2522Y) which was on my left suddenly swerved to my lane as he intended to make the right turn. Thus resulted, vehicle B's right side portion collided onto my taxi's left front portion.

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

Vehicle Registration Number	SHA2522Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	ONG KIM LENG
NRIC/Passport Number	S1295605C
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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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")

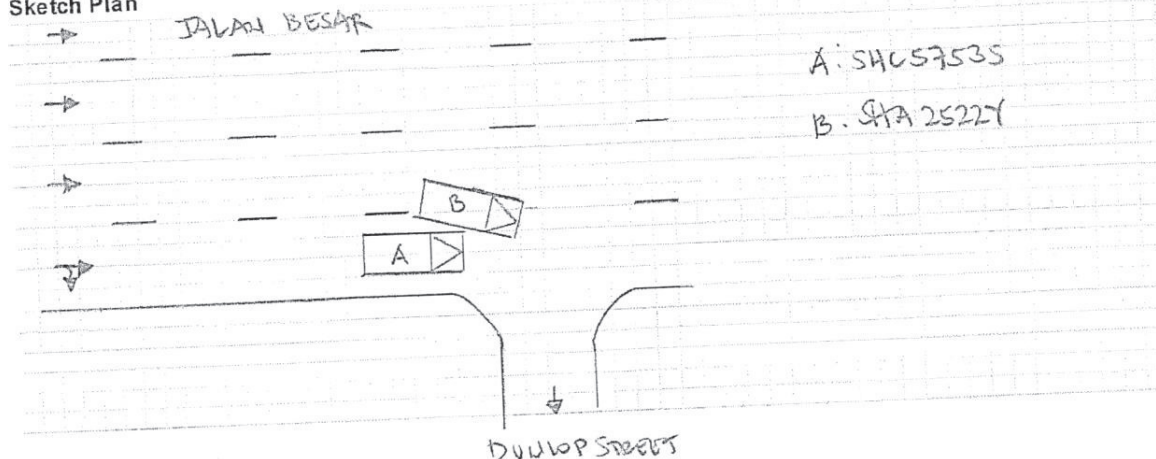
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

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 Pg.1


Describe Circumstances of the Accident

PLS REFER TO GVA 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

06 JUL 2015

  
Witnessed by Reporting Centre  
Personnel

## PARF/COE Rebate Enquiry

Text size + -

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company  
 Owner ID: 200303878K

### Vehicle Details

Vehicle No.: SHC5753S  
 Vehicle to be Exported: Yes  
 Intended De-registration Date: 06 Jul 2015  
 Vehicle Make: RENAULT  
 Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR  
 Primary Colour: Red  
 Manufacturing Year: 2015  
 Engine No.: M9R8839C002810  
 Chassis No.: VF1ABL15AUC281581  
 Maximum Power Output: 127.0 kW (170 bhp)  
 Open Market Value: \$19,998.00  
 Original Registration Date: 03 Jul 2015  
 First Registration Date: 03 Jul 2015  
 Transfer Count: 0  
 Actual ARF Paid: \$19,998.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
 PARF Eligibility Expiry Date: 02 Jul 2023  
 PARF Rebate Amount: \$14,998.00

### Intended COE Rebate Details

COE Expiry Date: 02 Jul 2023  
 COE Category: A - Car (up to 1600cc & 97kW (130bhp))  
 COE Period (Years): 8  
 PQP Paid: \$53,004.00  
 COE Rebate Amount: \$42,403.00  
**Total Rebate Amount: \$57,401.00**

### 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 06 Jul 2015

OK



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