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 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 he made available upon application by interced and insurance association of Singapore (GIA) for

	ACCIDENT STATEMENT		
Date Of Report	21/01/2020 15:43		
Date Of Accident	21/01/2020 14:25		
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	SHD9318J		
nsured/Policyholder			
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD		
Co Reg No	2XXXXX878K		
Email Address	CLAIMS@TRANSCAB.COM.SG		
Mobile Phone No			
Alternative Phone No	OFFICE-62876666		

Vehicle Particulars

TOYOTA Manufacturer

PRIUS-1.8 HYBRID CVT (A) Model

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?

THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

Policy Number VFX/P2203857

Cover Note Number

Driver

LIM BOON CHEW Name of Driver NRIC No SXXXX307J 21/02/1960 Date Of Birth OUTDOOR Occupation 15/03/1989 Date Of Driving Pass

30 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91051601 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

BLK 66 MARINE DR

#14-192

NO

NO

NO

440066 Postcode

Was driver an employee of the Insured's Company

OTHER - RELIEF DRIVER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 21/01/2020 AT ABOUT 1425HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF PIE TOWARDS CHANGI AIRPORT. THE VEHICLE IN FRONT ME SLOWED DOWN AND I FOLLOWED SUIT. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY TAXI. VEHICLE B(GBJ5995U) HAS COLLIDED ONTO THE REAR PORTION OF MY TAXI. I ALIGHTED FROM MY TAXI AND NOTED THAT VEHICLE C(UNKNOWN LORRY) HAS COLLIDED ONTO THE REAR PORTION OF VEHICLE B, CAUSING VEHICLE B TO SURGE FORWARD AND COLLIDE ONTO THE REAR PORTION OF MY TAXI.

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 GBJ5995U

Vehicle Make/Model/Colour VAN

Details Of Properties

Vehicle Category **GOODS VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

UNKNOWN LORRY

COMMERCIAL VEHICLE

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- 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:

Date

GIARMC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

SKETCH PLAN				
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A do	4210			
A: SHO	75185			
K.GB.	93185 Segasu-			
Clina	avin Lorry		CIBN	ANO
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DESCRIBE CIRCUMSTANCE				
	hefer to GIA Report.			
ECLARATION We declare the foregoing par	ticulars are true in every respect.			
	Lin		Zhen	
olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Comment		
Owner ID Type:	Company		
Owner ID: Vehicle Details	878K		
Vehicle No.:	SHD9318J		
/ehicle to be Exported:	Yes		
ntended Deregistration Date:	21 Jan 2020		
Vehicle Make:	TOYOTA		
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)		
Primary Colour:	Red		
Manufacturing Year:	2018		
Engine No.:	2ZR2C33860		
Chassis No.:	JTDKB3FU903081920		
Maximum Power Output:	90.0 kW (120 bhp)		
Open Market Value:	\$26,605.00		
Original Registration Date:	27 Jun 2019		
First Registration Date:	27 Jun 2019		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$14,247.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	26 Jun 2027		
PARF Rebate Amount: Intended COE Rebate Details	\$10,685.00		
COE Expiry Date:	26 Jun 2027		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	8		
PQP Paid:	\$23,872.00		
COE Rebate Amount:	\$19,097.00		
Total Rebate Amount: Message	\$29,782.00		
	be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle earlier.		

The information contained herein is correct as at 21 Jan 2020

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