## 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, 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 archiving of this report at the centre and to copies of the report being made available.

		ACCIDENT STATEMENT
	Date Of Report	29/01/2020 17:16
		29/01/2020 11:55
E	Exact Location Of Accident	BLK 613 YISHUN STREET 61 CAR PARK
(	Country/State of Loss	SINGAPORE
		ETAILS OF OWN VEHICLE
١	/ehicle Registration Number	SHD5332T
	Insured/Policyholder	
		TRANS-CAB SERVICES PTE LTD
	Co Reg No	2XXXXX878K
	Email Address	CLAIMS@TRANSCAB.COM.SG
ľ	Mobile Phone No	
/	Alternative Phone No	OFFICE-62876666
1	Vehicle Particulars	
J	Manufacturer	TOYOTA
1	Model	PRIUS-1.8 HYBRID CVT (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
1	Vehicle Category	TAXI
	Insurance Company	
	Name of Insurance Company	AXA INSURANCE PTE LTD
	Type Of Coverage	THIRD PARTY
į	Fleet Policy	YES
	Policy Number	VFX/P1680520
	Cover Note Number	
	Driver	
	Name of Driver	TEO HOW SEN FRANCIS
	NRIC No	SXXXX968C
	Date Of Birth	15/11/1965
	Occupation	OUTDOOR
	Date Of Driving Pass	08/03/1984
	Driving Experience	35 YEARS AND 10 MONTHS
	Gender	MALE
	Mobile Number	(LOCAL) +65-92983992
	Fax Number	
	Contact Number	
	EMail Address	NOEMAIL

BLK 314 HOUGANG AVE 5

OTHER - HIRER

Address #07-125

Postcode 530314

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

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

YES

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

HOGANG N.P.C

TEL NO: - FAX NO:

Police Station Address

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,

Police Station Address COUNTRY: SINGAPORE

Police Station Contact
Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200129/2091

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

was there any video captured by Car Can

FILE SIZE TOO LARGE

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB6862E

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 INJURED PERSON 1

Name

TEO HOW SEN FRANCIS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD5332T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

## Sketch Plan #2 Pg. 1

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				++++
			$\Box$	
	Refer to attached.			
				++++
				++++
RIBE CIRCUMSTANCES OF TH				
	Refer to Police Report. T/20	200129 / 2091.		
1= -				
		T. D. J.		
LARATION				

HDB SUC Road WOVE Cor parks BIK 613 Yishun St 61 Lot Cot A-SHD-5332-Car parks B- GBB-6862-E lat





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20200129/2091

REPORT	OF A	<b>TRAFFIC</b>	ACCIDENT
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Date/Time Report Made: 29/01/2020 16:32		lade:	Vide Report No.:	Station Diary No.: 123		
Informa	nt's Particu	ulars				
Name of Informant: TEO HOW SEN FRANCIS  ID Type / ID No.: NRIC NO / S1728968C  Nationality: SINGAPORE CITIZEN			Address: APT BLK 314 HOUGANG AVENUE 5 #07-125 SINGAPORE 530314			
			Contact No.: Home/Office: Mobile: 92983992			
			Email:			
Sex: Age: Date of Birth: Male 54 15/11/1965		The state of the s	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:		

General Inform	nation of the Accid	lent				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 29/01/2020 11:59	5	Type of Location Car Park
					Pos	d Speed Limit:
Weather: Drizzling		Wet	Surface:		Nua	d Speed Limit.
Traffic Flow:		Traffic	Traffic Control:		Traffic Volume: No Traffic	
Type of Collis	sion:					one conveyed by oulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6862E	LIGHT GOODS VEHICLE					0
SHD5332T	TAXI				Slightly Damaged	0





T/20200129/2091

2 of 3

Report No. T/20200129/2091

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

### Brief Details.

On 29/01/2020 at about 1155hrs, I was driving my taxi SHD 5332T along the carpark to pick up my passenger. While driving, there is another light goods vehicle with vehicle no. GBB 6862E that suddenly came out from the parking lot without signaling. The van then hit onto the front part of my taxi.

Subsequently, both of us went out from our vehicles and I wanted to exchange particulars however the driver refused to. The driver then told me to lodge a police report instead. Both of us then left the place. While on the way to my company to lodge report, I felt pain on my neck as such I went to a clinic. I was then given Medical Certificate ref no MC/50410 for 3 days. There is also damages on my taxi which dented on the right front of the vehicle and scratches from front to the back of vehicle.





3 of 3

Report No. T/20200129/2091

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

## Sketch Plan

NP168

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: F / Sgt 3 NUR KHAIRIAH BINTE KHAIRIL ANWAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2020 16:32
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

rice "

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

/ehicle Owner Particulars	Company
Owner ID Type:	Company
Owner ID: /ehicle Details	878K
/ehicle No.:	SHD5332T
/ehicle to be Exported:	Yes
ntended Deregistration Date:	29 Jan 2020
/ehicle Make:	TOYOTA
/ehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
rimary Colour:	Red
fanufacturing Year:	2018
ingine No.:	2ZR2B90532
Chassis No.:	JTDKB3FU403078374
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	12 Dec 2018
irst Registration Date:	12 Dec 2018
ransfer Count:	0
Actual ARF Paid: ntended PARF Rebate Details	\$14,247.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2026
PARF Rebate Amount: ntended COE Rebate Details	\$10,685.00
COE Expiry Date:	11 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
Total Rebate Amount: Message	\$28,330.00

reaches its statutory lifespan (if applicable), whichever is earlier. The information contained herein is correct as at 29 Jan 2020

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