SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 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.

aforesaid.	riserit to the archiving of this report at the centre and to copies of the report being made available
CONTRACTOR OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	03/02/2020 11:36
Date Of Accident	01/02/2020 12:50
Exact Location Of Accident	GEYLANG ROAD TOWARDS KPE
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC5344P
Insured/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	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	
Driver	
Name of Driver	TAN KHAI HEE
NRIC No	SXXXX066A
Date Of Birth	11/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	21/02/1984
	35 YEARS AND 11 MONTHS
	MALE
Intelle Manual	(LOCAL) +65-88938055
ax Number	, , 0000000
ontact Number	
Mail Address	NOEMAIL

BLK 125 HOUGANG AVENUE 1 Address

#08-1472

Postcode 530125

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

OTHER - RELIEF DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

2

NO

YES

NO

YES

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

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 TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200202/2021

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW3157K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	TAN KHAI HEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5344P
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.
- 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 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
- 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 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:

- 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)
 - (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.
- 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Sketch Plan #2 Pg. 1

PESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report T/2000202 / 2021.			Grey law Road towards KA
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report T/20200202 /2021.			
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Refer to Police Report 7/2020202 / 2021-			
Refer to Police Report 7/2020202 / 2021-			
Refer to Police Report 7/2020202 / 2021-			KB
Refer to Police Report 7/20200202 / 2021-			
Refer to Police Report 7/20200202 / 2021-			
		Refer to Police Report 7/200000	202 / 2024-
Ve declare the foregoing particulars are true in every respect.	CLARATION /e declare the foregoing part	ticulars are true in every respect.	
Ve declare the foregoing particulars are true in every respect.		一一	Zlewej





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20200202/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time 02/02/202		Made:	Vide Report No.:		Station Diary No.:
Informan	t's Partic	ulars			
Name of I TAN KHA			Address: APT BLK 125 HOUGANG AV 530125	/ENUE 1 #08	-1472 SINGAPORE
ID Type / NRIC NO	/ S15040	66A	Contact No.: Home/Office:	Mobile: 88	3938055
Nationality SINGAPO		EN .	Email:	7,100	
Sex: Male	Age: 58	Date of Birth: 11/11/1961	Type of Informant:		
Race: Chinese			Language:	Institution	/ School Name:
Occupation Taxi driver			Driving Licence Information: Class: 3	Date of Ex	piry:

General Inform	mation of the Accider	nt		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 12:50	Type of Location: T-Junction
Location: Along Road 1 GEYLANG RO TOWARDS K			3 1/32/2020 12:00	
Weather: Clear		Road Surface: Dry	Ro	pad Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	Tra	affic Volume:
Type of Collisi Between Movi	on: ng Vehicles - Head To	Side		yone conveyed by abulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5344P	Car				Slightly Damaged	0
SKW3157K	Car					0

Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 3 Report No. T/20200202/2021

CONTINUATION OF REPORT

Driver						
Name	TAN KHAI HEE			ID No).	S1504066A
Related Vehicle	SHC5344P (Car)			Conta	act No.	88938055
Hospital/Clinic *	STREET 11 CLINIC			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	02/02/2020		Date Disc			2/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
Driver				· many	Cligiti	
Name	Unknown Driver			ID No		NIL
Related Vehicle	SKW3157K (Car)			Conta	ct No.	90498868
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 01/02/2020 at about I was driving along Geylang Road towards KPE. As I drove past a Shell Petrol Station on my right, I suddenly felt an impact on my right.

I made a check and saw that a vehicle had exited the petrol station driveway and the front portion of that vehicle (SKW3157K) collided into the right portion of my vehicle (SHC5344P), causing it to be damaged.

I then took some photographs of the scene, exchanged contact details and left. At the time, no one was injured.

However on the following day on 02/02/2020, I started to feel unwell and decided to consult a doctor where I was given 3 days medical leave.





Police Station Of Origin: Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20200202/2021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

SIGNATURE

IMPORTANT: Please attach a copy of your vehicle's Insuran

11:15
on Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

pany C 5344P eb 2020 AULT TUDE 2.0L DCI AUTO D/AB 4DR 88839C001992 ABL15AUC279353 DkW (170 bhp) P98.00 p 2014 p 2014
5344P eb 2020 AULT TUDE 2.0L DCI AUTO D/AB 4DR 88839C001992 ABL15AUC279353 DkW (170 bhp) 998.00 p 2014
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ABL15AUC279353 DkW (170 bhp) 998.00 p 2014
0 kW (170 bhp) 998.00 p 2014
998.00 p 2014
p 2014
•
p 2014
98.00
p 2022
8.00
2022
r up to 1600cc & 97kW (130bhp)
04.00
30.00
78.00
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The information contained herein is correct as at 03 Feb 2020 $\,$