SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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 aforesaid.

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THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	03/02/2020 15:51
Date Of Accident	03/02/2020 09:05
Exact Location Of Accident	AIRPORT ROAD TOWARDS EUNOS LINK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHF738D
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	LOW THIAN GUAN
NRIC No	SXXXX260J
Date Of Birth	12/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	03/08/1971
Driving Experience	48 YEARS AND 6 MONTHS
Gender	MALE

(LOCAL) +65-91701062

NOEMAIL

BLK 498D TAMPINES STREET 45 Address

#07-386

522498 Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - HIRER

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

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1

: UNKNOWN

GENDER:

NAME:

: FEMALE

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 03/02/2020 AT ABOUT 0905HRS, I WAS TURNING LEFT INTO AIRPORT ROAD TOWARDS EUNOS LINK FROM THE SLIP ROAD, VEHICLE B(PC6169C) WAS BEHIND ME WHILE I WAS IN THE YELLOW BOX, SUDDENLY VEHICLE B FILTERED OUR FROM MY REAR AND TRIED TO CUT IN FRONT OF ME ON MY RIGHT. VEHICLE B THEN HAPHAZARDLY SQUEEZE IN FROM MY RIGHT AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC6169C

Vehicle Make/Model/Colour

VAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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
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 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 the purpose of the pu
 - 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:
 - 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:

- newer

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN			
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		8	A: Fort Rod tounds Sunos Link
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		120	#: SHF7380
		8	
			B: PC6169C
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
PLOURIDE GIRCOITISTAIRELS	OF THE ACCIDENT		
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			•
	Robert Con Pound		
	Refer to GIA Report.		
DECLARATION	and an are thrown in the same and		
I/We declare the foregoing parti	culars are true in every respect.		
			,
	m		Zhenej
Policyholder's Signature	Driver's Signature	Repo	orting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Nam	e:
	Date & Time:	NRIC	/FIN No.:

GIARMC SketchPlanForm_V3

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Company		
Owner ID: Vehicle Details	878K		
Vehicle No.:	SHF738D		
Vehicle to be Exported:	Yes		
Intended Deregistration Date:	03 Feb 2020		
Vehicle Make:	RENAULT		
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR		
Primary Colour:	Red		
Manufacturing Year:	2014		
Engine No.:	M9R8839C002426		
Chassis No.:	VF1ABL15AUC281223		
Maximum Power Output:	127.0 kW (170 bhp)		
Open Market Value:	\$19,998.00		
Original Registration Date:	31 Dec 2014		
First Registration Date:	31 Dec 2014		
Transfer Count:	0		
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	30 Dec 2022		
PARF Rebate Amount: Intended COE Rebate Details	\$8,748.00		
COE Expiry Date:	30 Dec 2022		
COE Category:	A - Car up to 1600cc & 97kW (130bhp)		
COE Period(Years):	8		
PQP Paid:	\$51,668.00		
COE Rebate Amount:	\$18,767.00		
Total Rebate Amount: Message	\$27,515.00		

reaches its statutory lifespan (if applicable), whichever is earlier.
The information contained herein is correct as at 03 Feb 2020