

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	02/01/2015 17:07
Date Of Accident	02/01/2015 11:50
Exact Location Of Accident	ALONG LOWER DELTA ROAD TOWARDS JLN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9753X
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	(LOCAL) +65-93691265
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 CVT ABS (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/6
Cover Note Number	

Driver

Name of Driver	TAN KEE CHONG
NRIC No	S0195890I
Date Of Birth	15/12/1952
Occupation	Outdoor
Date Of Driving Pass	27/02/1971
Driving Experience	43 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97486448
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 937 HOUGANG ST 92 #14-79
Postcode	530937
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	Collision- Cross Junction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

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 02.01.2015 AT ABOUT 1150 HRS I WAS TRAVELLING STRAIGHT ALONG LOWER DELTA ROAD TOWARDS JLN BUKIT MERAH AND WHEN I REACHED THE JUNCTION WITH TIONG BAHRU ROAD THE TRAFFIC LIGHTS WERE GREEN I MY FAVOR. I CONTINUED TO DRIVE PASS THE CROSS-JUNCTION. SUDDENLY VEHICLE B WHICH WAS TRAVELLING FROM THE OPPOSITE DIRECTION TURNED RIGHT WITHOUT GIVING WAY TO MY VEHICLE. AS A RESULT VEHICLE B COLLIDED INTO MY VEHICLE. THE FORCE FROM THE COLLISION CAUSED MY VEHICLE TO VEER LEFT AND IT ENDED UP FURTHER DOWN THE ROAD MOUNTING THE KERB, COLLIDING INTO A LAMPOST AND ALSO KNOCKING DOWN AN ELDERLY MALE PEDESTRIAN WHO WAS CONVEYED BY AMBULANCE TO THE HOSPITAL. THE TRAFFIC POLICE THEN ARRIVED AT THE SCENE TO TAKE MEASUREMENTS OF THE ROAD, ETC.

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

Vehicle Registration Number	SGJ7933B
Vehicle Make/Model/Colour	NISSAN NOTE
Details Of Properties	
Name of Driver	VALERIE WEE HUI LING
NRIC/Passport Number	S7474225D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	PEDESTRIAN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address


Postcode

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

Please refer to the attached Driver's Sketch

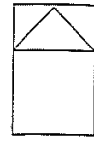
Sketch Plan Pg.2

Trans-Cab Taxi No: SHB9753X

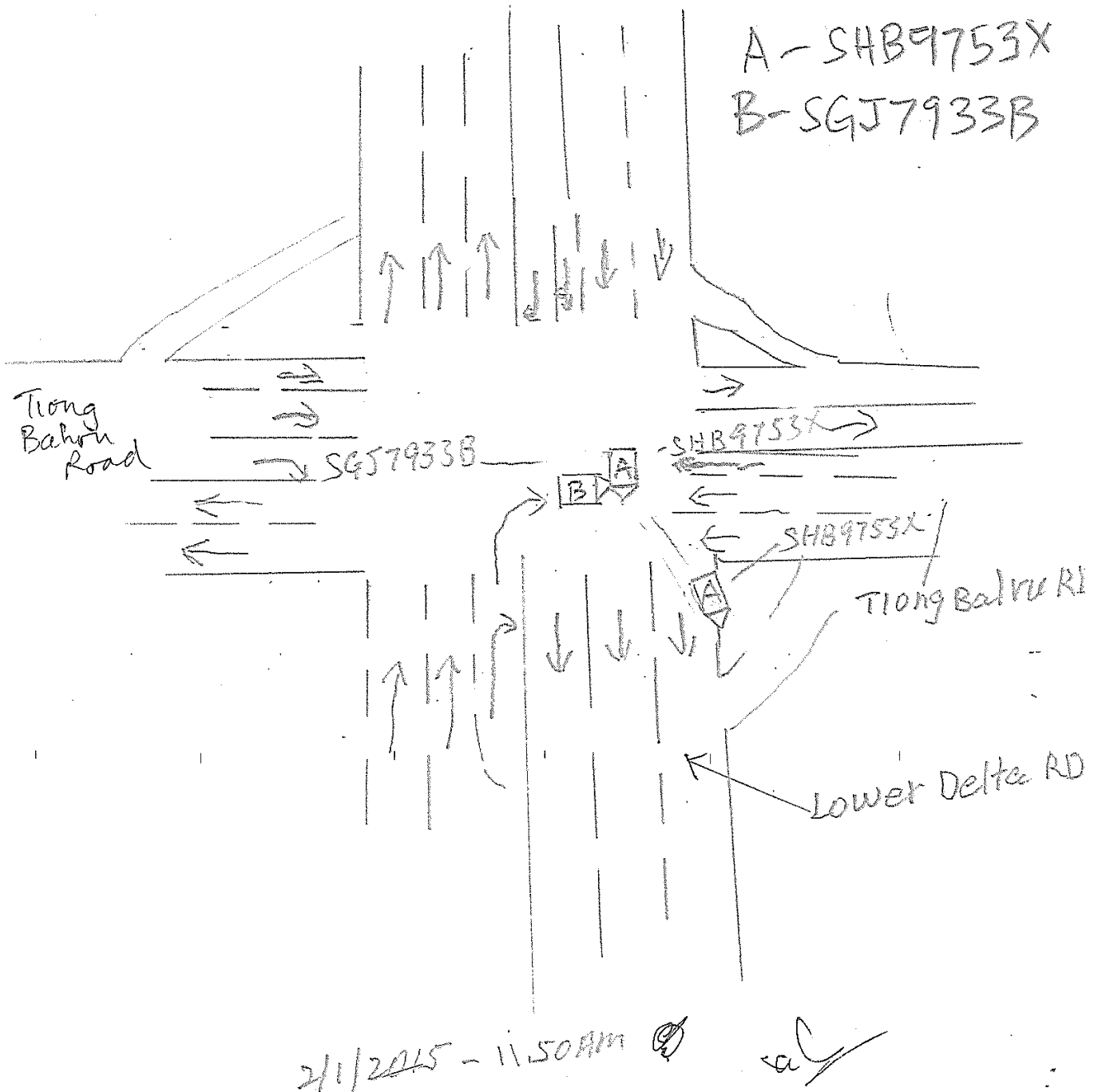
Other Vehicle No: SGJ7933B

Date & Time of Accident: 02.01.2015 @ 1150 hrs

Location: Along Lower Delta Road towards Tln Bukit Merah



Driver's Sketch



Describe Circumstances of the Accident

[illegible]

Declaration

I/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

Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

