

## 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	02/11/2015 15:15
Date Of Accident	30/10/2015 17:55
Exact Location Of Accident	STILL RD TOWARDS ECP (CHANGI)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF724T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-I2047359MFSH/
Cover Note Number	

### Driver

Name of Driver	JAI ANGEL NAMA
NRIC No	S7808123F
Date Of Birth	22/03/1978
Occupation	Outdoor
Date Of Driving Pass	29/04/1997
Driving Experience	18 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-96346159
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 6A BOON TIONG ROAD #05-45
Postcode	164006
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- Same Direction
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)	2

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLCIE REPORT - T/20151102/2081

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

Vehicle Registration Number	SKD1048E
Vehicle Make/Model/Colour	B.M.W. 523I
Details Of Properties	
Name of Driver	CHIAM TAT LIANG
NRIC/Passport Number	S0191148A
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	JAI ANGEL NAMA
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?	SHF724T
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

# SKETCH PLAN

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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 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.
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

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### Describe Circumstances of the Accident

please refer to the attached Police Report.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not  
& Time

Witnessed by Reporting Centre  
Personnel

## Police Report Pg.1

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20151102/2081

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Report No. T/20151102/2081

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2015 14:28		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: JAI ANGEL NAMA			Address: APT BLK 6A BOON TIONG ROAD #05-45 SINGAPORE 164006		
ID Type / ID No.: NRIC NO / S7808123F			Contact No.: Home/Office: Mobile: 96346159		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 22/03/1978	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2015 17:55	Type of Location: Straight Road
Location:  STILL ROAD  Still Road towards East Coast Park, Towards Changi Airport				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHF724T	Car	RENAULT		Red	Slightly Damaged	1
SKD1048E	Car	BMW		Black	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## Police Report Pg.1

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



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Report No. T/20151102/2081

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	JAI ANGEL NAMA	ID No.	S7808123F
Related Vehicle	SHF724T (Car)	Contact No.	96346159
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/11/2015	Date Discharge	02/11/2015
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	Divakaran Rajesh	ID No.	G6229059K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Chiam Tat Liang	ID No.	S0191148A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On the 30th October 2015 @ 1730hrs, I picked up a customer who is going to Airport from number 8 Geylang, Lorong 38. I was driving along still road which has four lane towards East Cost Park Expressway, I was at the 2nd lane from the left. As such I change lane to the 1st lane from the left. As such, I did not noticed that this car bearing plate number of SKD 1048E was driving at the 2nd lane was unsure if he wanted to change lane. I stayed on my lane, suddenly I noticed that this car was inching his car head towards my lane and did not signal. I did not managed to avoid the car head as such his car head side swipe to my right side of the taxi. After which, I made a stop. My Taxi suffered side swipe with heavily damaged side from the front driver, passenger door and the rear bumper. My rear right rim was also damaged. At that point of time, I checked with my passenger on his status and he was alright. At that point of time too, I did not suffer any injuries. I managed to exchange particulars with the other driver and everything was captured through the car video camera. The next day, I felt pain at my right side of the neck and back and shoulder. My hand was swollen. I went for medical checked at Mount Alvernia, and was issued with 5 days of MC. I wish to state that there was no government property damaged, no foreign vehicle was involved and no one was conveyed by the ambulance.

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20151102/2081

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Report No. T/20151102/2081

CONTINUATION OF REPORT

Sketch Plan

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: E / MOHD ROHAIZAT BIN ABU BAKAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2015 14:28
Officer In Charge Of Case: TP / AEIT / SUBALI BIN YAN Contact No.: 6547621	Classification Of Case: SN 170
Authentication Stamp NP168 	Signature:
Singapore Police Force	



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**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 3878K

**Vehicle Details**

Vehicle No.: SHF724T

Vehicle to be Exported: Yes

Intended De-registration  
Date: 02 Nov 2015

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2014

Engine No.: M9R8839C002400

Chassis No.: VF1ABL15AUC281169

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: \$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 30 Dec 2022

PARF Rebate Amount: \$9,373.00

**Intended COE Rebate Details**

COE Expiry Date: 30 Dec 2022

COE Category: A - Car (up to 1600cc &amp; 97kW (130bhp))

COE Period(Years): 8

PQP Paid: \$51,668.00

COE Rebate Amount: \$41,334.00

**Total Rebate Amount: \$50,707.00****Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 02 Nov 2015

OK



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