

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	07/04/2014 18:03
Date Of Accident	05/04/2014 23:40
Exact Location Of Accident	ALONG SLIP ROAD FROM BUKIT PANJANG RD TO BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7855Z
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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/5
Cover Note Number	

Driver

Name of Driver	FUN KIAM HOCK
NRIC No	S0612545Z
Date Of Birth	10/10/1948
Occupation	Outdoor
Date Of Driving Pass	13/01/2010
Driving Experience	4 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96278572
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	APT BLK 109 JALAN BUKIT MERAH #13-1742
Postcode	160109

Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Other - RELIEF
 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? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No

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 05.04.2014 AT ABOUT 2340 HRS, I WAS TRAVELLING ALONG THE SLIP ROAD FROM BUKIT PANJANG ROAD TOWARDS BKE IN THE DIRECTION OF THE CITY WHEN SUDDENLY I FELT AN IMPACT FROM THE RIGHT PORTION OF MY VEHICLE. VEHICLE B WHICH WAS TRAVELLING ON MY RIGHT ENCROACHED ONTO MY LANE AND AS A RESULT COLLIDED ONTO THE FRONT RIGHT WHEEL AND THE FRONT RIGHT PORTION OF MY VEHICLE. THERE WERE NO PASSENGERS IN MY VEHICLE. THERE WERE ALSO NO PASSENGERS IN VEHICLE B. NOBODY WAS INJURED.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV9321R
 Vehicle Make/Model/Colour PROTON
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

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Sketch Plan

Please refer to the attached
Sketch Plan

Describe Circumstances of the Accident

Please refer to the GIA Report

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

Sketch Plan

