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 witholding 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	06/10/2012 09:26
Date Of Accident	06/10/2012 03:15
Exact Location Of Accident	Crawford Road X Kallang Road
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5309S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CROWN-3.0 (M)
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-09015310MFSH
Cover Note Number	
Driver	
Name of Driver	LOH HWEE PING
NRIC No	S0198040H
Date Of Birth	26/11/1949
Occupation	Outdoor
Date Of Driving Pass	19/01/1972
Driving Experience	40 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-98177089
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 661 HOUGANG AVE 4 #11-381
Postcode	530661
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	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes

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 06.10.2012 at about 0313hrs, I was at a stationary position due to red traffic light at the extreme right lane along Crawford Road towards Kallang Road. While stationary, I heard a loud "bang" sound then I look behind and heard another sound. Concurrently, I felt an impact from the rear. Vehicle B (SFN4676D) collided onto my taxi's rear portion. Upon alighted, I realized that I was involved in a chain collision. Vehicle C (YH1389H) collided onto Vehicle D (SJE837H) which was on the 2nd lane then swerved into our lane resulting to hit onto vehicle B and due to the impact, vehicle B moved forward and hit onto our taxi. Vehicle involved are Vehicle B, Vehicle C, Vehicle D and Vehicle E (unknown). Vehicle A: 2 passengers Vehicle B: 1 passenger Vehicle C: 1 passenger Vehicle D: 1 passenger Vehicle E: not sure /rc

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFN4676D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	BENJAMIN LIM
NRIC/Passport Number	S7600213D
Contact Number	97576688
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	DENNIS
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	~~YH1389H~~ YM1389H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIU XINWU
NRIC/Passport Number	G811355X
Contact Number	87488908
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJE837H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	QUEK OI LIN
NRIC/Passport Number	S8410827H
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
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

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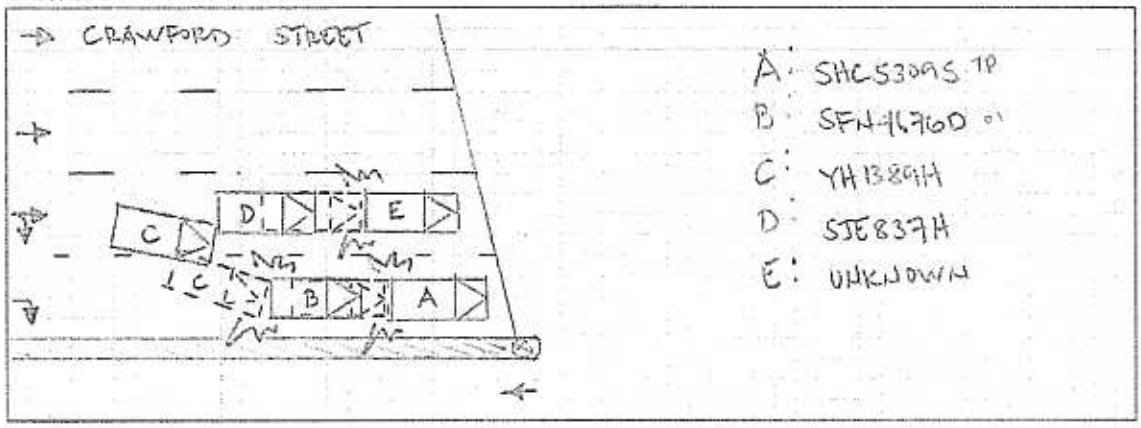
Sketch Plan



Describe Circumstances of the Accident

PLS. REFER TO 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
	ERIC LOH 6/10/2012	ROSE