

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 06/06/2016 13:39
Date Of Accident 06/06/2016 10:50
Exact Location Of Accident CIRCUIT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5071B
Insured/Policyholder
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 L (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 Singapore Pte Ltd
Type Of Coverage Third Party
Fleet Policy Yes
Policy Number VPX/P1680520
Cover Note Number

Driver

Name of Driver ONG THIAN HUAT
NRIC No S1582296A
Date Of Birth 06/07/1963
Occupation Outdoor
Date Of Driving Pass 08/11/1984
Driving Experience 31 Years And 6 Months
Gender Male
Mobile Number (Local) +65-92737801
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 130 BEDOK NORTH STREET 2
#10-59
Postcode 460130
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 Opening Door of Vehicle
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
Number of Passengers (Including Driver) 1

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 06.06.2016 at about 1050 hours, I was travelling along Merpati Road Slip Road towards Circuit Road. Vehicle B (SKR2918P) which was stationary on the left lane open his right front door. Hence, Vehicle B's right front door had hit onto my taxi's left side portion.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR2918P
Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS 1.6L CVT
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

IMPORTANT NOTICE

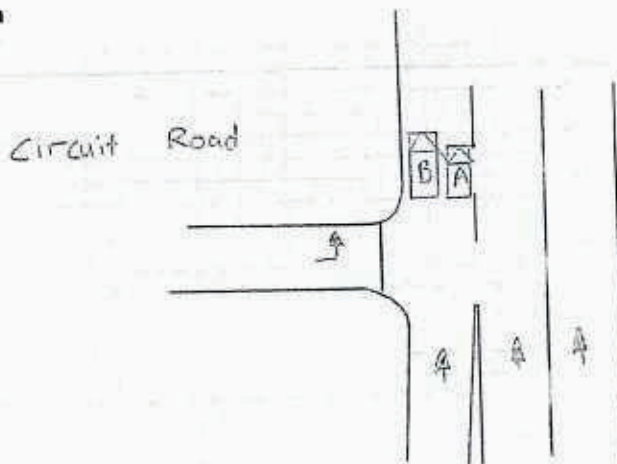
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/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



A= SHL 5071B

B= SKR 2918P

Describe Circumstances of the Accident

PS see attach G/A Report

Declaration

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