

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	01/04/2016 09:42
Date Of Accident	31/03/2016 10:40
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB7806R
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	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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	BAY KIM HENG
NRIC No	S0057464C
Date Of Birth	17/05/1954
Occupation	Outdoor
Date Of Driving Pass	21/11/1974
Driving Experience	41 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97343475
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 142 RIVERVALE CRESCENT #09-12
Postcode	540142
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 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	Thomson Npp 25 Sin Ming Road
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20160331/2148

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

Vehicle Registration Number	SJW3633P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN KIM YONG
NRIC/Passport Number	S7313845J
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 2

Vehicle Registration Number	SKE1343Y
Vehicle Make/Model/Colour	MERCEDES BENZ C180K

Details Of Properties

Name of Driver	BOEY LIH HAN
NRIC/Passport Number	S7705583E
Contact Number	92287655
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	BAY KIM HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7806R
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	STEVEN GOH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7806R
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TAN KIM YONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJW3633P
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	BOEY LIN HAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKE1343Y
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLANIMPORTANT NOTICE

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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.

AB

CANDY

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

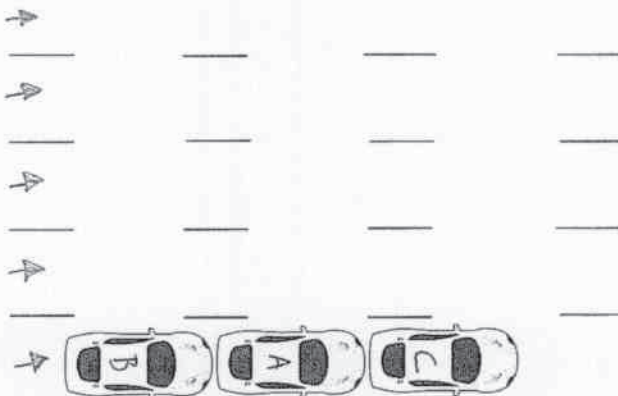
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE

TOWARDS

JURONG



A: SHB 7806 R

B: SJW 3633 P

C: SKE 1343 Y

Describe Circumstances of the Accident

PLEASE SEE ATTACH POLICE 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

CANDY

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

PI
#01
SIN
TEL

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Report No. T/20160331/2148

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2016 18:34	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: BAY KIM HENG			Address: APT BLK 142 RIVERVALE CRESCENT #09-12 SINGAPORE 540142	
ID Type / ID No.: NRIC NO / S0057464C			Contact No.:	Mobile: 97343475
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 61	Date of Birth: 17/05/1954	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2016 10:40	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Jurong at Eng Neo Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB7806R	Taxi	CHEVROLET		Red	Seriously Damaged	1
SJW3633P	Car	TOYOTA		Grey		0
SKE1343Y	Car	MERCEDES BENZ		Silver		0

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

INVESTIGATION
FILE NO. 20160331/2148
NO. 100
SINGAPORE POLICE
TEL: 1800-4529999



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Report No. T/20160331/2148

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BAY KIM HENG	ID No.	S0057464C
Related Vehicle	SHB7806R (Taxi)	Contact No.	97343475
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	31/03/2016	Date Discharge	31/03/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	STEVEN GOH	ID No.	NIL
Related Vehicle	SHB7806R (Taxi)	Contact No.	96860713
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	NIL	Degree of Injury	NIL
Driver			
Name	TAN KIM YONG	ID No.	S7313845J
Related Vehicle	SJW3633P (Car)	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	NIL	Degree of Injury	NIL

POLICE REPORT Pg.1



**SINGAPORE
POLICE FORCE**

RECEIVED
COMMUNICATIONS
SECTION
SINGAPORE POLICE
TEL: 1800-4529999



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Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver			
Name	BOEY LIH HAN	ID No.	S7705583E
Related Vehicle	SKE1343Y (Car)	Contact No.	92287655
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	NIL	Degree of Injury	NIL

Brief Details.

On 31.3.16 at about 1040hrs I was travelling along PIE towards Jurong near Eng Neo Exit on the 1st lane. It was heavy traffic and the cars in front of me slowed down and stopped. As such, I followed suit and stopped. About second later, I then heard a loud bang and felt an impact on the rear of my Taxi. My Taxi surged forward and hit onto the car in front of me (SKE1343Y). I then came out from my Taxi and realized that it was a 3 cars involved chain-accident. A vehicle SJW3633P had hit onto the rear of my Taxi which in turn my Taxi hit onto the vehicle (SKE1343Y) in front. The rear and front portion of my Taxi was badly damaged. 3 LTA officers and ambulance came to the scene. I and the driver (SKE1343Y) were conveyed to Tan Tock Seng Hospital. I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20160331/2148

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Report No. T/20160331/2148

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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 /

LEW CHOON WAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/03/2016 18:34

Officer In Charge Of Case:

TP / AEIT /

GOH GEOK LYE

Contact No.: 65476148

Classification Of Case:

Authentication Stamp

NP168



Text size + -

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

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB7806R

Vehicle to be
Exported: YesIntended De-
registration Date: 01 Apr 2016

Vehicle Make: CHEVROLET

Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1456952K

Chassis No.: KL1LA69RJBB107393

Maximum Power
Output: 110.0 kW (147 bhp)

Open Market Value: \$14,578.00

Original Registration
Date: 28 Aug 2012First Registration
Date: 28 Aug 2012

Transfer Count: 0

Actual ARF Paid: \$14,578.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility
Expiry Date: 27 Aug 2020PARF Rebate
Amount: \$10,933.00**Intended COE Rebate Details**

COE Expiry Date: 27 Aug 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$48,892.00

COE Rebate
Amount: \$26,910.00**Total Rebate
Amount: \$37,843.00****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 01 Apr 2016