

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	04/03/2016 10:34
Date Of Accident	03/03/2016 20:15
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5151Z
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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	TOYOTA
Model	WISH-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	MUI TAT YAN
NRIC No	S2223314I
Date Of Birth	27/05/1952
Occupation	Outdoor
Date Of Driving Pass	22/08/1979
Driving Experience	36 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-92302661
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	23 ANG MO KIO AVE 9 #17-07
Postcode	569787
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?	No
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Address	ROAD: 51 Ang Mo Kio Ave 9 , POSTCODE: 569784 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20160304/2042

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

Vehicle Registration Number	YN4957T
Vehicle Make/Model/Colour	MITSUBISHI CANTER FEB71ER4SDEC (CBU)
Details Of Properties	
Name of Driver	ALBERT ANTHONY
NRIC/Passport Number	
Contact Number	92714304
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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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

pls see attach police Report Sketch / Statement.

Describe Circumstances of the Accident

pis 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

Witnessed by Reporting Centre
Personnel

BENDEMEER RD

JLN BESAR

YN4957T

SHD 5112

LAUENDER ST

SELANGOOD RD

BAUSTIER RD

YN4957T

SHD 5112

时间: 3 MAR 20:14

SHD 5112 以时速约 40 里在第一组行驶, 突然 YN4957T 以高速在左线切过 1 线, 将 SHD 5112 之左前灯撞落, 并继续高速行驶, 并没有停车, 追至 BENDEMEER RD 交通灯前才停车, 司机下车道歉, 并愿意赔偿, 但最后只愿赔偿修理费, 不愿承担及赔入。

SHD 5112 当时车上乘客 ASHROD 91169870



**SINGAPORE
POLICE FORCE**



T/20160304/2048

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20160304/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2016 11:45		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: MUI TAT YAN			Address: BLK 23 ANG MO KIO AVENUE 9 #17-07 SINGAPORE 569787		
ID Type / ID No.: NRIC NO / S22233141			Contact No.: Home/Office: Mobile: 92302661		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 27/05/1952	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2016 20:15	Type of Location: Straight Road	
Location: Along Road 1 BALESTIER ROAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD5151Z	Car				Slightly Damaged	1
YN4957T	Lorry				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20160304/2048

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Report No. T/20160304/2048

CONTINUATION OF REPORT

Driver			
Name	MUI TAT YAN	ID No.	S2223314I
Related Vehicle	NIL	Contact No.	92302661
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	NIL	Degree of Injury	NIL
Driver			
Name	Albert Anthony	ID No.	S9131059G
Related Vehicle	NIL	Contact No.	92714304
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 03.03.2016, at about 2014hrs I was sending my passenger to Haji lane. While travelling along Balestier Road inner right lane, vehicle YN4957T drove pass me and overtook me. While overtaking he also hit onto my left right mirror and did not stop to make any check. I followed him all the way to Lavender St before he stopped his vehicle and he approached me and apologized to me. Initially we agreed on private settlement, but along the way to the nearest patrol station for him to withdraw the money. Upon reaching, he took back his words and did not want to fulfill the agreement. After that he went away, I did not follow as he did not want to pay me.

During the time, my passenger name Ashraf was also in the vehicle and he witness the whole incident. He does not mind on being the witness for the accident.

The following day I went back to my company and notify them about the accident on 03.03.2016 and they advice me to lodge a police report. No one was injured. I notice there was some CCTV around the main road.



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POLICE FORCE**



T/20160304/2048

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
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Report No. T/20160304/2048

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:

F1 Tan Jia Hao

DANIAL ADETRISNO BIN SARIBAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2016 11:45

Officer In Charge Of Case:

TP / GIA /

Esther Chong

Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168



Signature :

Singapore Police Force

SN 085

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

