

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 | 05/02/2016 14:51 |
| Date Of Accident | 04/02/2016 15:20 |
| Exact Location Of Accident | Commonwealth Drive |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD9209R |
| 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 | CHUA KIAM JOO |
| NRIC No | S0237352A |
| Date Of Birth | 04/08/1949 |
| Occupation | Outdoor |
| Date Of Driving Pass | 15/06/1976 |
| Driving Experience | 39 Years And 7 Months |
| Gender | Male |
| Mobile Number | (Local) +65-96446446 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 145 JALAN BUKIT MERAH #07-1094 |
| Postcode | 160145 |
| 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 | drizzling |
| Road Surface | Wet |

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) | 1 |

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 refer to Police Report - T/20160205/2062

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------|
| Vehicle Registration Number | SGV611M |
| Vehicle Make/Model/Colour | SUBARU IMPREZA |
| 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 | |

DETAILS OF INJURED PERSON 1

| | |
|------------------|---------------|
| Name | CHUA KIAM JOO |
| Approximate Age | |
| Injuries Sustain | |

Injured person in which vehicle? SHD9209R
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

SKETCH PLAN

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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' 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

Chua Kiam Joo

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

Roa

Witnessed by Reporting Centre Personnel

Sketch Plan

- PLS Refer TO POLICE REPORT

Describe Circumstances of the Accident

Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

Chua Kiam Too

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

2017

Witnessed by Reporting Centre
Personnel