

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	27/04/2015 10:20
Date Of Accident	24/04/2015 15:45
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7829A
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-I2047359MFSH/329
Cover Note Number	

Driver

Name of Driver	TAN CHENG TECK
NRIC No	S1612863E
Date Of Birth	12/08/1963
Occupation	Outdoor
Date Of Driving Pass	13/09/1983
Driving Experience	31 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-94240100
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 330 TAH CHING RD #13-90
Postcode	610330
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	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Raining
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?	Yes
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	Changkat Neighbourhood Police Post
Police Station Address	ROAD: Blk 109 Tampines Street 11 #01-261 , POSTCODE: 521109 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7819999 - FAX NO: 67832722
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED POLICE REPORT. REPORT NO: T/20150424/2151

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

Vehicle Registration Number	GX1284G
Vehicle Make/Model/Colour	ISUZU NHR69E
Details Of Properties	
Name of Driver	YUAN ZHEN
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD1200S
Vehicle Make/Model/Colour	SILVER CAB TAXI

Details Of Properties

CHONG WEN YUN

Name of Driver

NRIC/Passport Number

S7870160I

Contact Number

96455987

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

TAN CHENG TECK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7829A

Were seat belts worn?

Yes

Was injured conveyed to hospital by ambulance?

No

Address

Postcode

SKETCH PLAN**IMPORTANT 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")

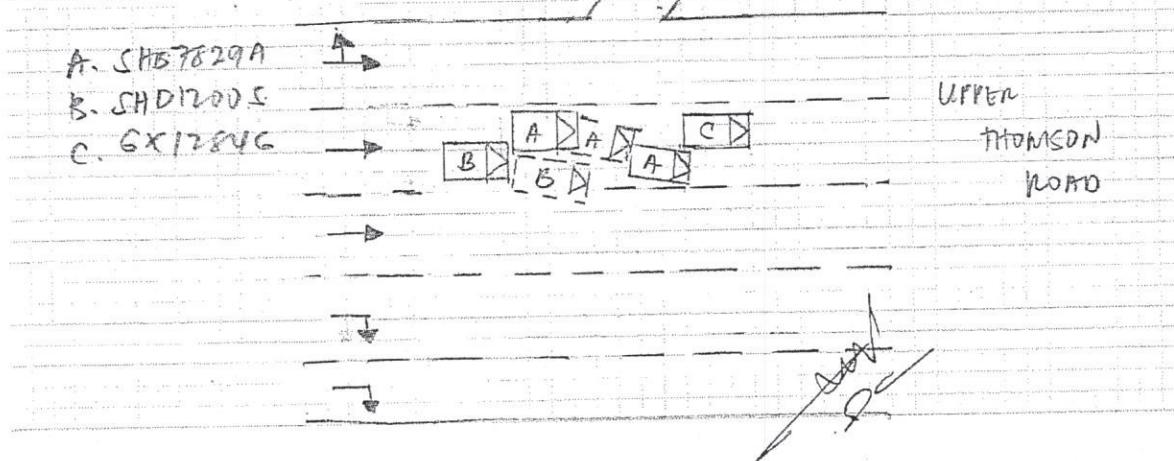
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

please refer to the attached 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

R12A
Witnessed by Reporting Centre
Personnel

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

Owner ID Type: Company
Owner ID: 200303878K

Vehicle Details

Vehicle No.: SHB7829A
Vehicle to be Exported: Yes
Intended De-registration Date: 27 Apr 2015
Vehicle Make: CHEVROLET
Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour: Red
Manufacturing Year: 2011
Engine No.: Z20S1455460K
Chassis No.: KL1LA69RJBB098520
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$14,316.00
Original Registration Date: 31 Oct 2012
First Registration Date: 31 Oct 2012
Transfer Count: 0
Actual ARF Paid: \$14,316.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 30 Oct 2020
PARF Rebate Amount: \$10,737.00

Intended COE Rebate Details

COE Expiry Date: 30 Oct 2020
COE Category: A - Car (1600cc & below)
COE Period (Years): 8
PQP Paid: \$53,263.00
COE Rebate Amount: \$36,672.00
Total Rebate Amount: \$47,409.00

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 27 Apr 2015

OK

Land Transport Authority

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Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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