

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	02/02/2015 13:05
Date Of Accident	31/01/2015 13:15
Exact Location Of Accident	Paya Lebar Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5950P
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 D dCi (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-12047359MFSH/
Cover Note Number	

Driver

Name of Driver	WEE HA LING
NRIC No	S0983378A
Date Of Birth	04/12/1943
Occupation	Outdoor
Date Of Driving Pass	21/03/1966
Driving Experience	48 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-82292438
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 58 DAKOTA CRESCENT
#03-273

Postcode 390058

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 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) 1

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Bukit Timah Neighbourhood Police Centre

Police Station Address ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Please refer to Police Report - T/20150131/2103

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GV6263U

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Name of Driver GOH BOON PHIAW

NRIC/Passport Number S0642878I

Contact Number 8121 0858

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

Vehicle Make/Model/Colour

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	WEE HA LING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5950P
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

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 :

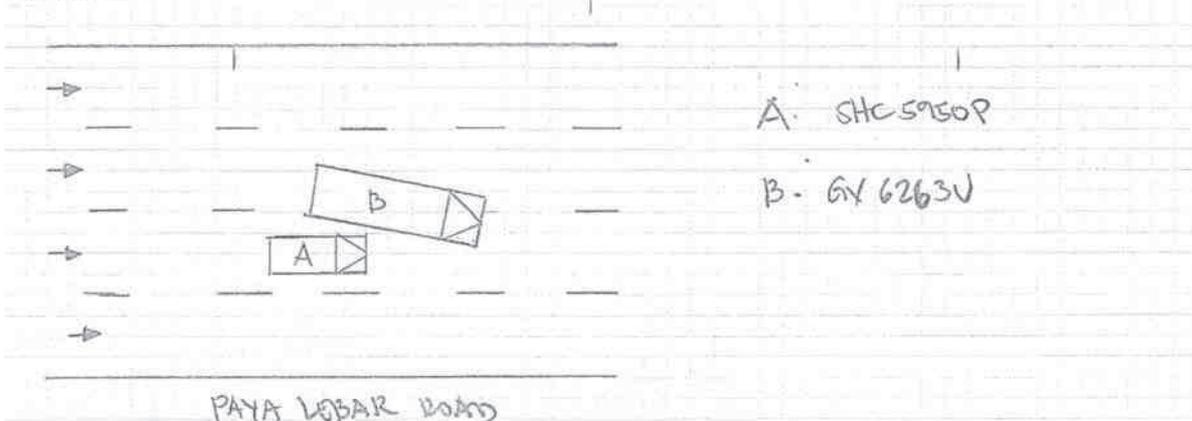
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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



Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150131/2103

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Report No. T/20150131/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2015 16:55		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: WEE HA LING			Address: APT BLK 58 DAKOTA CRESCENT #03-273 SINGAPORE 390058		
ID Type / ID No.: NRIC NO / S0983378A			Contact No.: Home/Office: Mobile: 82292438		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 04/12/1943	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi Driver		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/01/2015 13:15	Type of Location: Straight Road	
Location: Along Road 1 PAYA LEBAR ROAD Towards Serangoon Road				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV6263U	Lorry	TOYOTA				1
SHC5950P	Car	RENAULT		Red		1

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

Police Report Pg.1

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20150131/2103

CONTINUATION OF REPORT

Driver			
Name	GOH BOON PHIAW	ID No.	S0642878I
Related Vehicle	GV6263U (Lorry)	Contact No.	81210858
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	WEE HA LING	ID No.	S0983378A
Related Vehicle	SHC5950P (Car)	Contact No.	82292438
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/01/2015	Date Discharge	31/01/2015
No. of Days granted Medical Leave (MC)	05	Degree of Injury	NIL

Brief Details.

On 31/01/2015 at about 1315hrs, I was travelling in my taxi bearing registration plate number SHC5950P along Paya Lebar Road towards Serangoon Road. After I had passed the junction of Ubi Ave 2, there was a lorry on my left which suddenly cut into the 2nd lane (from the right) which I was travelling on. The right hand side of the lorry rear then brushed against into the front left part of my taxi. Both of us subsequently stopped further ahead while I called for the police and exchanged particulars. The left side of my taxi bumper was severely dented as a result of the collision. The lorry registration plate number is GV6263U.

I had gone to Mt Alvernia for outpatient treatment and was given 5 days of MC by the doctor. As such I am now lodging this police report for investigations purpose.

BLK 679/01-1610
BELCON RESERVOIR ROAD
SINGAPORE 170630
31-1-2015

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20150131/2103

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Report No. T/20150131/2103

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/ TAN WEN BIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT /	
Contact No.:	SN 1 / 0

Signature Of Informant:	
Date/Time:	31/01/2015 16:55
Classification Of Case:	

Authentication Stamp
NP168

Signature:

Singapore Police Force