

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 | 23/11/2015 16:30 |
| Date Of Accident | 21/11/2015 14:00 |
| Exact Location Of Accident | Moulmein Road |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SHD766H |
|-----------------------------|---------|

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-1.8 (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 | NG SNG SIONG |
| NRIC No | S1254091D |
| Date Of Birth | 19/02/1956 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/04/1974 |
| Driving Experience | 41 Years And 6 Months |
| Gender | Male |
| Mobile Number | (Local) +65-96689237 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------------|
| Address | BLK 155 YISHUN STREET 11 #02-94 |
| Postcode | 760155 |
| 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- Change/cross lane |
| 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? | Yes |
| Number of Passengers (Including Driver) | 3 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| If Yes, Please state which Police Station | |
| Police Station Name | Traffic Police Division Hq |
| Police Station Address | ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

Please refer to Police Report - T/20151121/2121

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------------------|
| Vehicle Registration Number | GBC5694A |
| Vehicle Make/Model/Colour | MITSUBISHI FB70BB1SRDEA |
| 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 | NG SNG SIONG |
| Approximate Age | |
| Injuries Sustain | |

| | |
|--|---------|
| Injured person in which vehicle? | SHD766H |
| Were seat belts worn? | Yes |
| Was injured conveyed to hospital by ambulance? | No |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

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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. The report will be forwarded by 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.
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 :

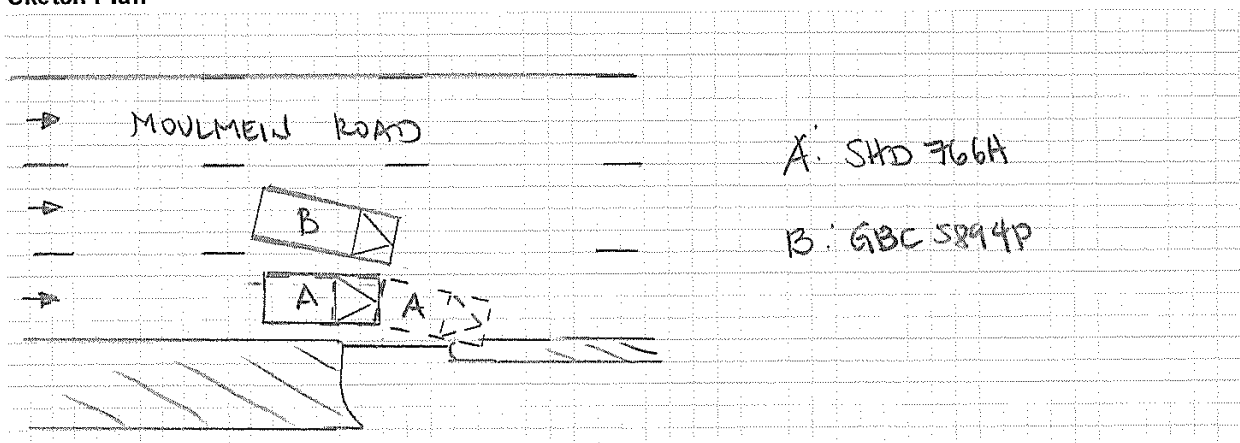
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;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

PLS REFER TO POLICE REPORT

Declaration

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

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20151121/2121

1 of 3

Report No. T/20151121/2121

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 21/11/2015 16:43 | | Vide Report No.: E/20151121/0140 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NG SNG SIONG | | | Address: APT BLK 155 YISHUN ST 11 #02-94 HDB-YISHUN SINGAPORE 760155 | | |
| ID Type / ID No.: NRIC NO / S1254091D | | | Contact No.: Home/Office: Mobile: 96689237 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 59 | Date of Birth: 19/02/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

| | | | | |
|---|----------------------------------|----------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 21/11/2015 14:00 | Type of Location: Straight Road |
| Location: Along Road 1 MOULMEIN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| GBC5894P | Lorry | | | | | 0 |
| SHD766H | TAXI | | | | | 2 |

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELLING ALONG MOULMEIN ROAD. I WAS ON THE EXTREME RIGHT LANE OF 3 LANES ROAD. I WAS DRIVING SIDE BY SIDE WITH A LORRY WHICH WAS ON THE SECOND LANE. SUDDENLY THE LORRY TURN INTO MY LANE AND HIT INTO MY TAXI. I LOST CONTROL OF MY VEHICLE AND THUS MOUNTING A KERB AND HIT INTO A ROAD SIGN. I WAS IN SHOCK AND SOME PASSER-BY THEN HELP BY ASSISTING ME OUT OF MY TAXI. NO ONE WAS INJURED DURING THE ACCIDENT. I WAITED FOR THE POLICE AND AMBULANCE TO ARRIVE. WHEN THE AMBULANCE ARRIVE, THEY CHECK ON ME AND SUGGEST

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20151121/2121

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Report No. T/20151121/2121

CONTINUATION OF REPORT

TO CONVEY ME TO THE HOSPITAL. I REFUSED. POLICE OFFICER THEN ASKED ME TO LODGE A REPORT AT TPHQ. THAT'S ALL.

Police Report Pg.1

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20151121/2121

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Report No. T/20151121/2121

CONTINUATION OF REPORT

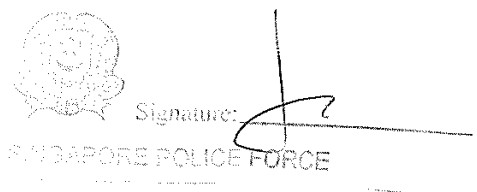
Sketch Plan

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: TP / HENG LU JIE | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 21/11/2015 16:43 |
| Officer In Charge Of Case: TP / GIT / Contact No.: | Classification Of Case: |

Authentication Stamp
NP168


SINGAPORE POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

