MTCS20002984 / Trans-Cab Services Pte Ltd - HQ ENTRY DATE & TIME: 07/01/2020 16:35 SUBMITTED BY: Candy Kong Wai Kum

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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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 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.

foresaid.					
	ACCIDENT STATEMENT				
Date Of Report	07/01/2020 16:35				
Date Of Accident	05/01/2020 18:35				
Exact Location Of Accident	SOUTH BRIDGE ROAD				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SHD5426G				
Insured/Policyholder					
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD				
Co Reg No	2XXXXX878K				
Email Address	CLAIMS@TRANSCAB.COM.SG				
Mobile Phone No					
Alternative Phone No	OFFICE-62866666				
Vehicle Particulars					
Manufacturer	TOYOTA				
Model	PRIUS-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 PTE LTD				
Type Of Coverage	THIRD PARTY				
Fleet Policy	YES				
Policy Number	VFX/P1680520				
Cover Note Number					
Driver					
Name of Driver	ANG PUAY KOON				
NRIC No	SXXXX417F				
Date Of Birth	14/06/1957				
Occupation	OUTDOOR				
Date Of Driving Pass	22/11/1984				
Driving Experience	35 YEARS AND 1 MONTH				
Gender	MALE				
Mobile Number	(LOCAL) +65-96169368				
Fax Number					
Contact Number					
EMail Address	NOEMAIL				

Address

BLK 197 PASIR RIS STREET 12

#05-102

Postcode

510197

NO Was driver an employee of the Insured's Company

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20200108/2011

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO BIG

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR5759A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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.
- By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

ETCH PLAN	1 1 1 1 1 1 1 1				
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SCRIBE CIRCUMSTANCES	OF THE ACCIDENT				
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CLARATION)
e declare the foregoing parti	culars are true in every re	espect.			
		B		(Clydy	
		tell			
icyholder's Signature	Driver's Signature			ing Centre Personnel's Signatur	re
te & Time	(If driver is not the	e nolicyholder)	Name:		

Date & Time:

GIARMC SketchPlanForm_V3

NRIC/FIN No.:

POLICE REPORT Pg. 1





Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20200108/2011

Date/Time Report Made: 08/01/2020 01:50	Vide Report No.: Station Diary No. 23
្យាលីកាម៉ាម៉ែន Parilonlas	
Name of Informant: ANG PUAY KOON	Address: APT BLK 197 PASIR RIS STREET 12 #05-102 SINGAPORE 510197
ID Type / ID No.: NRIC NO / S1255417F	Contact No.: Home/Office: Mobile: 961693668
Nationality: SINGAPORE CITIZEN	Email:
Sex: Age: Date of Birth: Male 62 14/06/1957	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	4.11	Drink Drive: No	Date/Time of Accident: 05/01/2020 18:35		Type of Location Straight Road
Location: Along Road 1 SOUTH BRIDGE	ROAD ge Road: after turning	left from	n Cross Stre	et		**
Weather: Clear			Surface:		Road 20 Kn	Speed Limit:
Traffic Flow: One Way			Control: Light - Worki	ng	Traffic Light	Volunie:
Type of Collision: Between Moving	Vehicles - Side to Fro	nt				ne conveyed by lance:

Vehicle No.	Type	25-128-5	Make	Model	Color	Condition	No of Passenger
SHD5426G	Car					Slightly Damaged	0
SLR5759A	Car						0

POLICE REPORT Pg. 1



Report No. T/20200108/2011

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE

CONTINUATION OF REPORT Tel No: 1800-5852999

Brief Details.

On the 05/01/2020 at about 1835hrs, I was driving my TrasCab taxi bearing plate number along SHD5426G on the 2nd lane from the right; along South Bridge Road. At that point of time, I did not have any passengers in my vehicle.

As I was travelling, I noticed that on my right, there was another vehicle (SLR5759A) being stationery. As I was approaching the said vehicle, it suddenly swerved in front of my vehicle and went a small distance forward to fetch passengers. This suddenly swerved caused a minor collision towards the right frontal portion of my taxi.

After the collision, I decided to drive towards the said vehicle to ask the driver to assess the collision. However, for the second time, after approaching the vehicle and signaling for the driver to alight, the driver did not alight and swerve out again; thereafter driving off.

Thus, I was unable to obtain any information of the driver. I have already reported this incident to my taxi company and they have already extracted the in-car-camera footage from the taxi's in car camera. I was then instructed to lodge a police report.

I wish to inform that no one was injured in the incident

POLICE REPORT Pg. 1





Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

\$ 3 of 3 Report No. T/20200108/2011

Tel No: 1800-5852999

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 G / Sgt 3 TAN JUN HAO	Signature Of Informant:					
Signature Of Interpreter: Not applicable		Date/Time: 08/01/2020 01:50	197 25,		14.	
Officer In Charge Of Case:		Classification Of Case:			, ,,,,,,,,	
TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	SINGAPORE POLICE FORCE	40			, 9	
Authentication Stamp	SIGN	ATURE			•	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Company Owner ID Type: 878K Owner ID: Vehicle Details SHD5426G Vehicle No.: Yes Vehicle to be Exported: 09 Jan 2020 Intended Deregistration Date: TOYOTA Vehicle Make: PRIUS 5DR HATCHBACK (AUTO) Vehicle Model: Primary Colour: 2018 Manufacturing Year: 2ZR2B49188 Engine No.: JTDKB3FU503073670 Chassis No.: 90.0 kW (120 bhp) Maximum Power Output: \$26,605.00 Open Market Value: 26 Oct 2018 Original Registration Date: 26 Oct 2018 First Registration Date: Transfer Count: \$14,247.00 Actual ARF Paid: Intended PARF Rebate Details Yes PARF Eligibility: 25 Oct 2026 PARF Eligibility Expiry Date: \$10,685.00 PARF Rebate Amount: Intended COE Rebate Details 25 Oct 2026 COE Expiry Date: A - Car up to 1600cc & 97kW (130bhp) COE Category: COE Period(Years): \$24,228.00 PQP Paid: \$19,382.00 COE Rebate Amount: \$30,067.00 **Total Rebate Amount:** 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 09 Jan 2020

OK