

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 | 16/02/2017 15:06 |
| Date Of Accident | 12/02/2017 13:50 |
| Exact Location Of Accident | NEWTON CIRCUS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD555A |
| 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 L (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 | VPX/P1680520 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHONG SWEE GEOK |
| NRIC No | S1481881B |
| Date Of Birth | 28/07/1961 |
| Occupation | Outdoor |
| Date Of Driving Pass | 23/06/1981 |
| Driving Experience | 35 Years And 7 Months |
| Gender | Male |
| Mobile Number | (Local) +65-94501095 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 573 PASIR RIS STREET 53 #17-34 |
| Postcode | 510573 |
| 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 (Insured Hit TP) |
| Weather Conditions | Clear |
| Road Surface | Dry |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | No |
| Was any body injured in the Accident? | No |
| Was any other material or property damaged? | Yes |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | No |
| 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 | 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/20170212/2082

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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | SKX7539K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | HUANG GUOZHEN |
| NRIC/Passport Number | S6976465G |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|--------------|--|
| Name | |
| Phone Number | |

Email Address

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.

[Handwritten Signature]

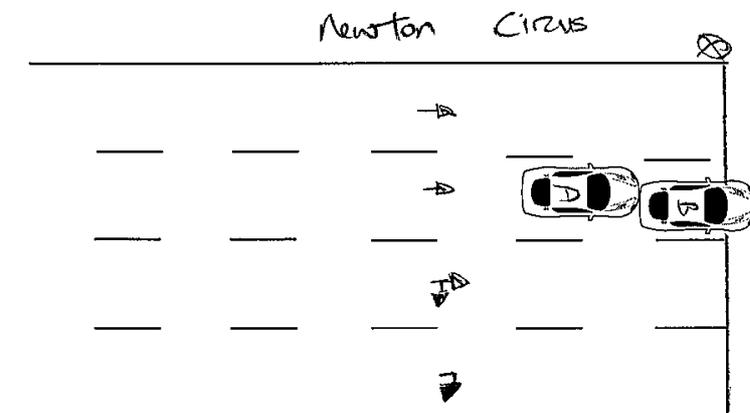
CANDY

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SHD 555A
B = SKX 7537K

PLEASE SEE ATTACH POLICE REPORT

Declaration

I/We declare the foregoing particulars are true in every respect.



CANDY

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170212/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20170212/2082

CONTINUATION OF REPORT

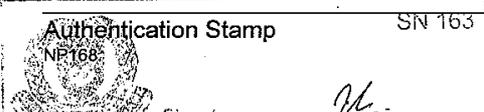
Sketch Plan

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: G / MOHAMMAD HAEQAL BIN SULAIMAN <i>He.</i> |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIA / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368 |

| |
|---|
| Signature Of Informant: <i>(Signature)</i> |
| Date/Time: 12/02/2017 17:47 |
| Classification Of Case: |





**SINGAPORE
POLICE FORCE**



T/20170212/2082

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20170212/2082

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 12/02/2017 17:47 | Vide Report No.: | Station Diary No.: 82 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: CHONG SWEE GEOK | | Address: APT BLK 573 PASIR RIS STREET 53 #17-34 SINGAPORE 510573 | |
| ID Type / ID No.: NRIC NO / S1481881B | | Contact No.: | Mobile: 94501095 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 55 | Date of Birth: 28/07/1961 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B,2A,3,4,5 | Date of Expiry: |

| General Information of the Accident | | | | |
|---|------------|---|--|---------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 12/02/2017 13:50 | Type of Location: Roundabout |
| Location: Along Road 1 NEWTON CIRCUS Newton Circus towards Newton Road | | | | |
| Weather: Clear | | Road Surface: Slightly wet road | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|----------------|--|--------|-------------------|------------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No. of Passenger |
| SHD555A | Car | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red | Seriously Damaged | 2 |
| SKX7539K | Car | VOLKSWAGO N | GOLF A7 1.4 TSI AT 5G13GZ W/O HID | Silver | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20170212/2082

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170212/2082

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHONG SWEE GEOK | ID No. | S1481881B |
| Related Vehicle | SHD555A (Car) | Contact No. | 94501095 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4,5 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | HUANG GUOZHEN | ID No. | S6976465G |
| Related Vehicle | SKX7539K (Car) | Contact No. | - |
| 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 | NIL | Degree of Injury | NIL |

Brief Details.

On 12/02/2017 at about 1350hrs, I was travelling along Newton Circus towards Newton Rd in my red Renault taxi (SHD555A).

I was travelling on the third lane. As I approached the junction of Newton Rd, the car in front of me, a Silver Volkswagen Golf (SKX7539K) jammed his break despite the traffic light being green. I did not have enough time to react, which resulted in my car hitting the Silver Volkswagen car. We then alighted and changed particulars before moving off. At that point of time, no one was injured.

The driver of the Silver Volkswagen Golf (SKX7539K) is namely Huang Guozhen, S6976465G, residing at 7 Fernvale Close, #14-16.

There were dents and scratches observed on my right front bumper, mud guard and the headlight. I have an in-car camera installed in my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

