

## 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	23/02/2015 08:47
Date Of Accident	21/02/2015 09:45
Exact Location Of Accident	Choa Chu Kang Drive
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9840C
<b>Insured/Policyholder</b>	
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 CVT ABS (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/840
Cover Note Number	

### Driver

Name of Driver	MOHAMAD YUSOF BIN ARIFIN
NRIC No	S0109891H
Date Of Birth	14/11/1953
Occupation	Outdoor
Date Of Driving Pass	23/11/1985
Driving Experience	29 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-96913641
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 522 WOODLANDS DR 14 #08-359
Postcode	730522
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	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)	3

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Batok Neighbourhood Police Centre
Police Station Address	ROAD: 21 Bukit Batok East Ave 4 , POSTCODE: 659840 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Police Report - T/20150221/2052	
Are accident photos available for attachment?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7481U
Vehicle Make/Model/Colour	TOYOTA DYNA 150
Details Of Properties	
Name of Driver	KOH SEE SUI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	ABDUL RAHIM
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMAD YUSOF BIN ARIFIN
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SHB9840C

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**

A: SHB9840C

B: GBA 7841U

CHOA AN KANG DRIVE



### 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 &amp; 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:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999



T/20150221/2052

1 of 3

Report No. T/20150221/2052

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2015 13:46		Vide Report No.:		Station Diary No.: 31	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMAD YUSOF BIN ARIFIN			Address: APT BLK 522 WOODLANDS DRIVE 14 #08-359 SINGAPORE 730522		
ID Type / ID No.: NRIC NO / S0109891H			Contact No.:		Mobile: 96913641
Nationality: SINGAPORE CITIZEN			Home/Office:		
			Email:		
Sex: Male	Age: 61	Date of Birth: 14/11/1953	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2015 09:45	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG DRIVE CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7481U	Lorry				Slightly Damaged	0
SHB9840C	Car				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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659840  
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T/20150221/2052

2 of 3

Report No. T/20150221/2052

## CONTINUATION OF REPORT

Driver			
Name	Koh See Sui	ID No.	S7317127A
Related Vehicle	GBA7481U (Lorry)	Contact No.	NIL
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	MOHAMAD YUSOF BIN ARIFIN	ID No.	S0109891H
Related Vehicle	SHB9840C (Car)	Contact No.	96913641
Hospital/Clinic	FAMILY CARE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/02/2015	Date Discharge	21/02/2015
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On 21/02/2015 at about 0940hrs, I was driving my taxi bearing the plate V1) SHB9840C along Choa Chu Kang Drive on a two lane road and was heading towards Choa Chua Kang Avenue 1. As I was driving nearer to the bus stop. The other vehicle V2) GBA7481U was horning at my vehicle from the rear however I continued driving. Suddenly, V2 changed to the left lane and afterwhich try to overtake my vehicle. Then I felt a impact from the left side of my vehicle. The impact had also caused my head to hit against the driver side window.

Afterwhich, I managed to get out of the vehicle and discovered that my left side mirror, the left front wheel and the left part of my vehicle was also damaged. V2 suffered scratches from the right part of the vehicle and there is slight dent at the right rear. I managed to exchange particulars with the other parties however had forgotten to take down the driver handphone number. The repairment costs is unknown yet.

I wish to state that I had already felt giddy after the impact and thus I had called for tow truck services. I had also seek treatment and was given three days MC. The two passengers was not injured and informed that they will be the witness for the accident. There is no traffic police or ambulance at scene.

Police Report Pg.1

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659840  
Tel No: 1800-6659999



T/20150221/2052

3 of 3

Report No. T/20150221/2052

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: SN 114 J/ SITI FATIMAH BTE ISMAIL kron 11/2/15 Signature:	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2015 13:46
Officer In Charge Of Case: TP / AEIT / LING ENG HA Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	