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 Actual 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.

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 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.

ACCIDENT STATEMENT

Date of Submission 21/02/2023 17:10 (SGT) Reported by Date of Accident 20/02/2023 21:20 (SGT) Exact Location of Accident Singapore Additional Location Information MARINE COVE OPEN SPACE CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Renault

1998

Vehicle Registration Number **SHD425S**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 2XXXXX878K **Email Address** Claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Latitude Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto

INSURANCE COMPANY

Name of Insurance Company HSBC Life (Singapore) Pte. Ltd Policy Number / Cover Note Number VFX/P2413997

DRIVER

CC

Name of Driver **GOH THIAM CHAI** NRIC No SXXXX519B Date Of Birth 31/03/1950 Occupation Outdoor



Date Of Driving Pass 27/06/1975 Driving experience 47 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94512536 Alt. Phone Number Email Address thiamchai1950@gmail.com Address 3 JALAN BUKIT MERAH Address complement #13-5058 Postcode 150003 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Passenger 1 Gender Male PASSENGER 2 Name Passenger 2 Gender Female PASSENGER 3 Name Passenger 3 Gender Male PASSENGER 4 Name Passenger 4 Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

I was traveling along marine cove open space carpark driveway after picking up my passenger then suddenly third party vehicle come out from the side without checking fir traffic on the major road and scrapped onto my vehicle front right rear. No injuries involved.

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ1637C Vehicle Manufacturer Ford Vehicle Model Focus Vehicle Variant Vehicle Colour Gray Vehicle Category Private car Name of Driver Yap Zhixiang Sean NRIC No TXXXX168G Contact Number (Phone) +65-90889817 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	Minnay	Witnessed By Reporting Officer Mohamed Saifullah S/O Syed Masood
Policyholder's Signature / Date & Time	Driver's Signature (til driver is not the policyholder) / Date & Time 21 Feb 2023	
Sketch Plan		

Describe Circumstances of the Accident I was traveling along marine cove open space carpark driveway after picking up my passenger then suddenly third party vehicle come out from the side without checking fir traffic on the major road and scrapped onto my vehicle front right rear. No injuries involved. Declaration I/We declare the foregoing particulars are true in every respect. Witnessed By Reporting Officer Awarrary Mohamed Saifullah S/O Syed Masood Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Witnessed by Reporting Centre Time & Time 21 Feb 2023 Personnel























































