

## 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 withholding 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.

### ACCIDENT STATEMENT

Date of First Submission .....	13/08/2024 09:34 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/08/2024 22:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BOON LAY WAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB9689Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRANS-CAB SERVICES PTE. LTD
Company Reg No .....	200303878K
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No .....	(Phone) +65-65553333
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1800
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	23/10/2020
Chassis no .....	JTDKB3FU903092349
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5140725663-01

#### DRIVER

Name of Driver .....	YEE HOCK BENG (YU FUMING)
NRIC No .....	S7522712D
Date Of Birth .....	03/08/1975
Occupation .....	Outdoor
Driving Pass Date .....	03/03/2005
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	19 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90696937
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 165B YUNG KUANG ROAD
Address complement .....	#15-36
Postcode .....	612165
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC8439B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
NRIC No .....	S7168694I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	YEE HOCK BENG (YU FUMING)
Gender .....	Male
Phone No .....	(Phone) +65-90696937
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	49
Injuries Sustained .....	MEDICAL LEAVE 5 DAYS
Injured person in which vehicle? .....	SHB9689Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

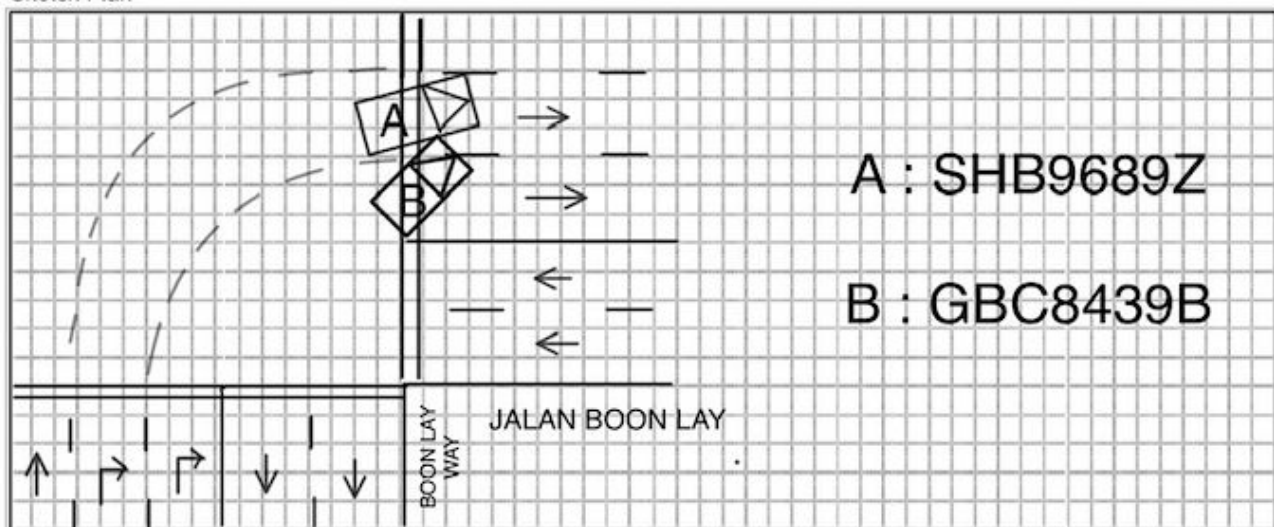
Driver's Signature (if driver is not the policyholder) / Date & Time

13/08/2024  
0900HRS

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

SUMAN SUKUMAR  
S990968

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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

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Policyholder's Signature / Date & Time

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

13/08/2024  
0900HRS

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Suman Sukumar  
S990968



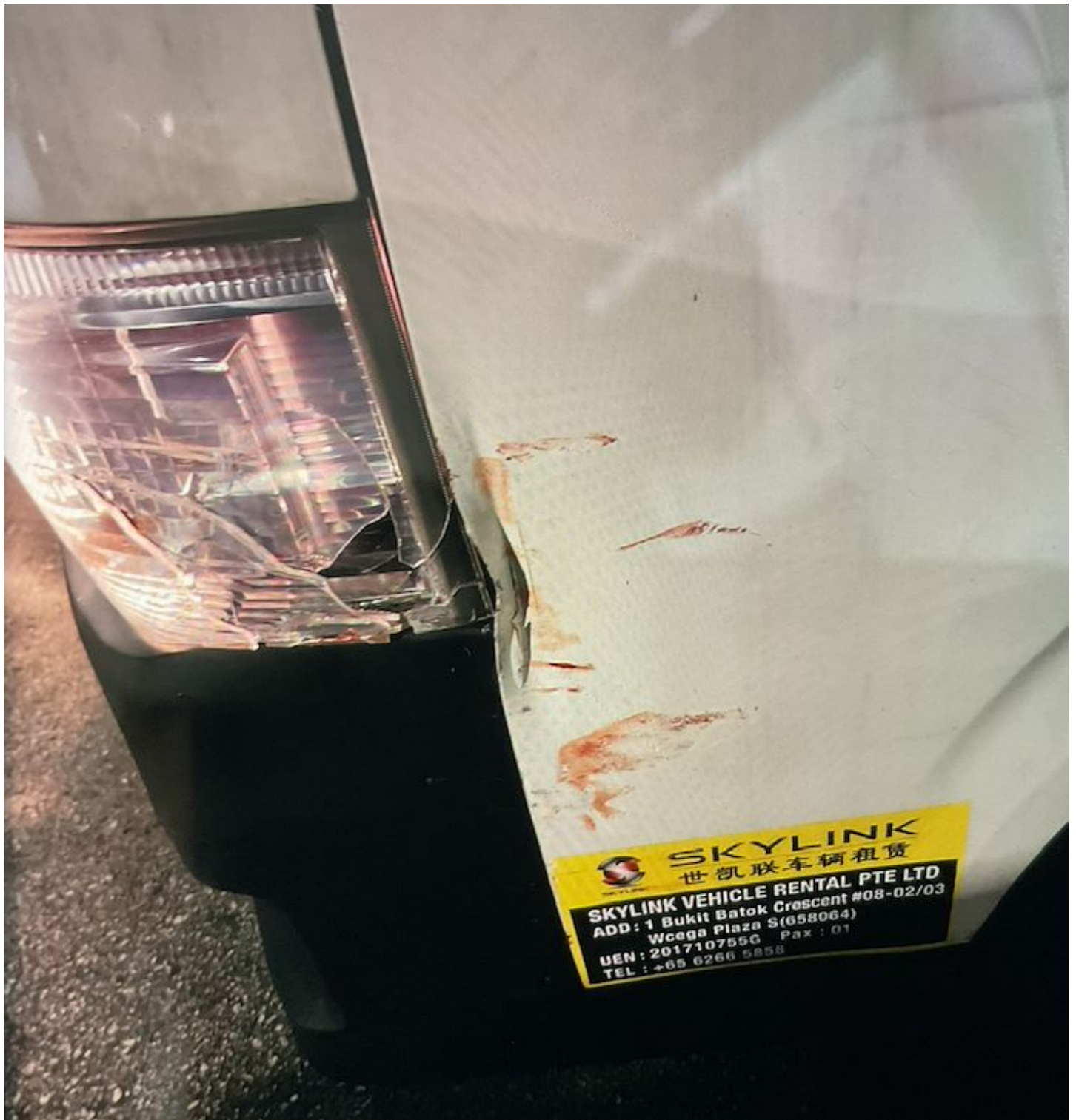






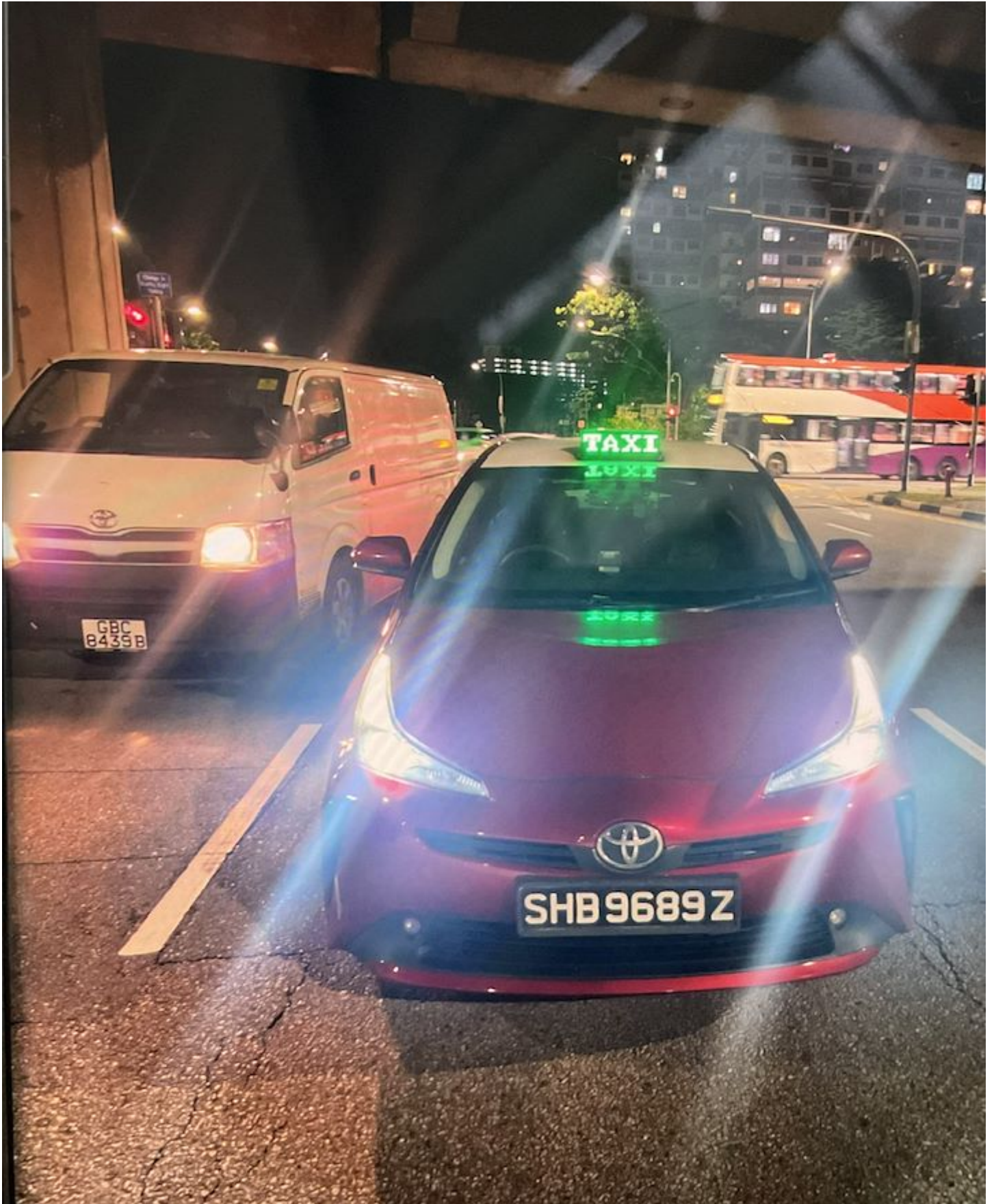













**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 536775  
Tel No: 1800-4890999



T/20240810/2027

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Report No. T/20240810/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/08/2024 11:39		Vide Report No.:		Station Diary No.: 50
<b>Informant's Particulars</b>				
Name of Informant: YEE HOCK BENG		Address: 165B YUNG KUANG ROAD #15-36 SINGAPORE 612165		
ID Type / ID No.: NRIC NO / S7522712D		Contact No.: Home/Office: Mobile: 90696937		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 49	Date of Birth: 03/08/1975	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 09/08/2024 22:55	Type of Location:
Location:  BOON LAY WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC8439B	Motor van				Slightly Damaged	1
SHB9689Z	Motor car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE  
POLICE FORCE**



T/20240810/2027

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20240810/2027

**CONTINUATION OF REPORT**

Driver			
Name	YEE HOCK BENG	ID No.	S7522712D
Related Vehicle	SHB9689Z (Motor car)	Contact No.	90696937
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/08/2024	Date Discharge	10/08/2024
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 09/08/2024 at about 2255hrs, I was driving along Boon Lay Way towards Jalan Boon Lay and was making a right turn in the center lane. As I was making the turn, another vehicle which did not maintain his lane discipline knocked onto my right side of my vehicle. I immediately stopped the vehicle and made a check on everyone and nobody was injured. My vehicle suffered a heavily dented driver door and scratches along my right passenger door. My driver door could not be opened therefore I had to exit from the front passenger seat. His vehicle suffered a broken left signal light and minor scratches on the left front bumper. No traffic police or ambulance were at scene. My vehicle does have a dashboard camera that had captured the accident and I had saved the video. We then exchanged particulars and left the scene. On 10/08/2024, I felt pain around my neck, shoulders, back and left elbow therefore I went down to Care Medical Clinic at Hougang and one doctor namely Dr Lee Wee Kheng made a check on me and provided me 5 Day MC due to the accident.



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20240810/2027

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
F /  
SGT 2 J SHAFEER DEEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/08/2024 11:39

Officer In Charge Of Case:  
TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

Classification Of Case:

NP168