

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 | 12/08/2024 14:07 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 12/08/2024 09:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CTE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SHD829K |
|-----------------------------------|---------|

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) +65-65552222 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | OTHERS |
| Model | OTHERS |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1995 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| 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 | NG AH SENG |
| NRIC No | S1159154Z |
| Date Of Birth | 09/09/1955 |
| Occupation | Outdoor |
| Driving Pass Date | 12/10/1982 |
| Driving License Pass Class | 3 |
| Driving License Validity | Valid |
| Driving experience | 41 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81281424 |
| Alt. Phone Number | - |
| Email Address | CLAIMS@TRANSCAB.COM.SG |
| Address | BLK 84B LORONG 2 TOA PAYOH |
| Address complement | #22-305 |
| Postcode | 312084 |
| 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 | Collision - Head to Rear |
| 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 | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO :
T/20240812/2036

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 | PC1991C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | JOHNNY |
| Contact Number | (Phone) +65-91192885 |
| 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 | NG AH SENG |
| Gender | Male |
| Phone No | (Phone) +65-81281424 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND BACK PAIN |
| Injured person in which vehicle? | SHD829K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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
12/08/2024
14:00

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

Sketch Plan

| | | | |
|-----|--|-------------|--|
| | | A - SHD829K | |
| | | B - PC1991C | |
| | | | |
| CTE | | | |

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :
T/20240812/2036

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time 12082024 14:00

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

MOHAMMAD YUNOS
S099951

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SINGAPORE POLICE FORCE



T/20240812/2036

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20240812/2036

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|---|------------------------------|
| Date/Time Report Made: 12/08/2024 12:05 | | Vide Report No.: | Station Diary No.: 30 |
| Informant's Particulars | | | |
| Name of Informant: NG AH SENG | | Address: 84B LORONG 2 TOA PAYOH #22-305 SINGAPORE 312084 | |
| ID Type / ID No.: NRIC NO / S1159154Z | | Contact No.: Home/Office: Mobile: 81281424 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 68 | Date of Birth: 09/09/1955 | Type of Informant: Driver |
| Race: Chinese | | Language: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/08/2024 09:00 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Sunny | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of Passenger |
|-------------|-----------|------|-------|-------|-------------------|-----------------|
| PC1991C | Motor van | | | | Slightly Damaged | 1 |
| SHD829K | Motor car | | | | Seriously Damaged | 0 |

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



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Report No. T/20240812/2036

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| Name | NG AH SENG | ID No. | S1159154Z |
| Related Vehicle | SHD829K (Motor car) | Contact No. | 81281424 |
| Hospital/Clinic | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date Treatment | 12/08/2024 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

On 12/08/2024 around 9am, I was driving Transcab Taxi bearing registration plate number SHD829K along CTE and was driving in the middle lane.

As the car ahead of me had slowed down, I did the same and also slowed down. However all of a sudden, a van bearing registration plate number SHD829K hit the rear side of my vehicle. The contact number of the van driver is as follows, Johnny (HP 91192885) PC 1991C

This resulted in damages to my taxi to the rear bumper which broke and became loose, together with scratches.

I later suffered from neck pain and back pain as a result of the accident and I have since visited the doctor and granted 5 days of medical leave.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



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Report No. T/20240812/2036

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 NAUFAL HAZIQ BIN
ABDUL HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

NP168

Signature Of Informant:

Date/Time:
12/08/2024 12:05

Classification Of Case: