

# 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 .....	16/08/2024 09:03 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/08/2024 09:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BOUNDARY ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD9315S
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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) +65-65552222
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 .....	1798
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 .....	TOH TECK TIONG
NRIC No .....	S1168056I
Date Of Birth .....	27/11/1955
Occupation .....	Outdoor
Driving Pass Date .....	26/12/1975
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	48 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93649635
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 506 BISHAN STREET 11 #04-406
Address complement .....	-
Postcode .....	570506
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	Yanping
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report.

#### 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 ..... GBH7160J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... LAI TZY PING  
NRIC No ..... S7277112E  
Contact Number ..... (Phone) +65-81838929  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLA3894U  
Vehicle Manufacturer ..... Hyundai  
Vehicle Model ..... Elantra  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... (Phone) +65-97260036  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TOH TECK TIONG  
Gender ..... Male  
Phone No ..... (Phone) +65-93649635  
Address ..... BLK 506 BISHAN STREET 11 #04-406  
Address Complement ..... -  
Post Code ..... 570506  
Approximate Age Years Old ..... 68  
Injuries Sustained ..... Neck pain  
..... Left and right hand pain  
..... Back pain  
Injured person in which vehicle? ..... SHD9315S  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

#### WITNESS DETAILS

##### WITNESS 1

Name ..... YANPING  
Phone ..... (Phone) +65-97605912



**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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  
(Name as in NRIC/ID card)

18/08/2024  
0850hrs

TIEN TOH KIAT HENRY

**Sketch Plan**

A-SHD9315S B-SLA3894U C- GBH7160J	

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Describe Circumstance of the Accident

REFER TO GEARS

## Declaration

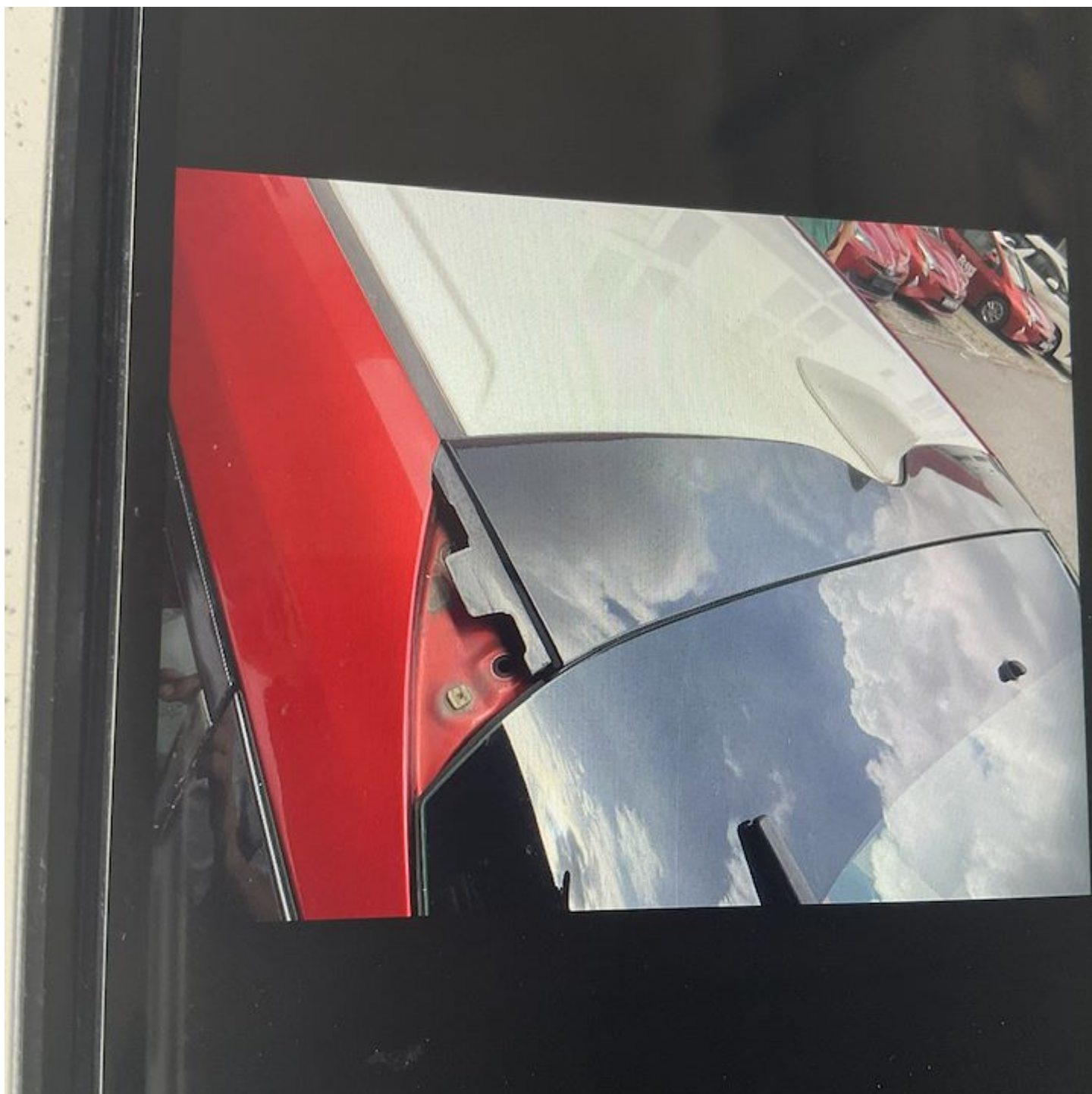
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &amp; Time

Driver's Signature (if driver is not the policyholder) / Date  
& Time16/08/2024  
0850HRSWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

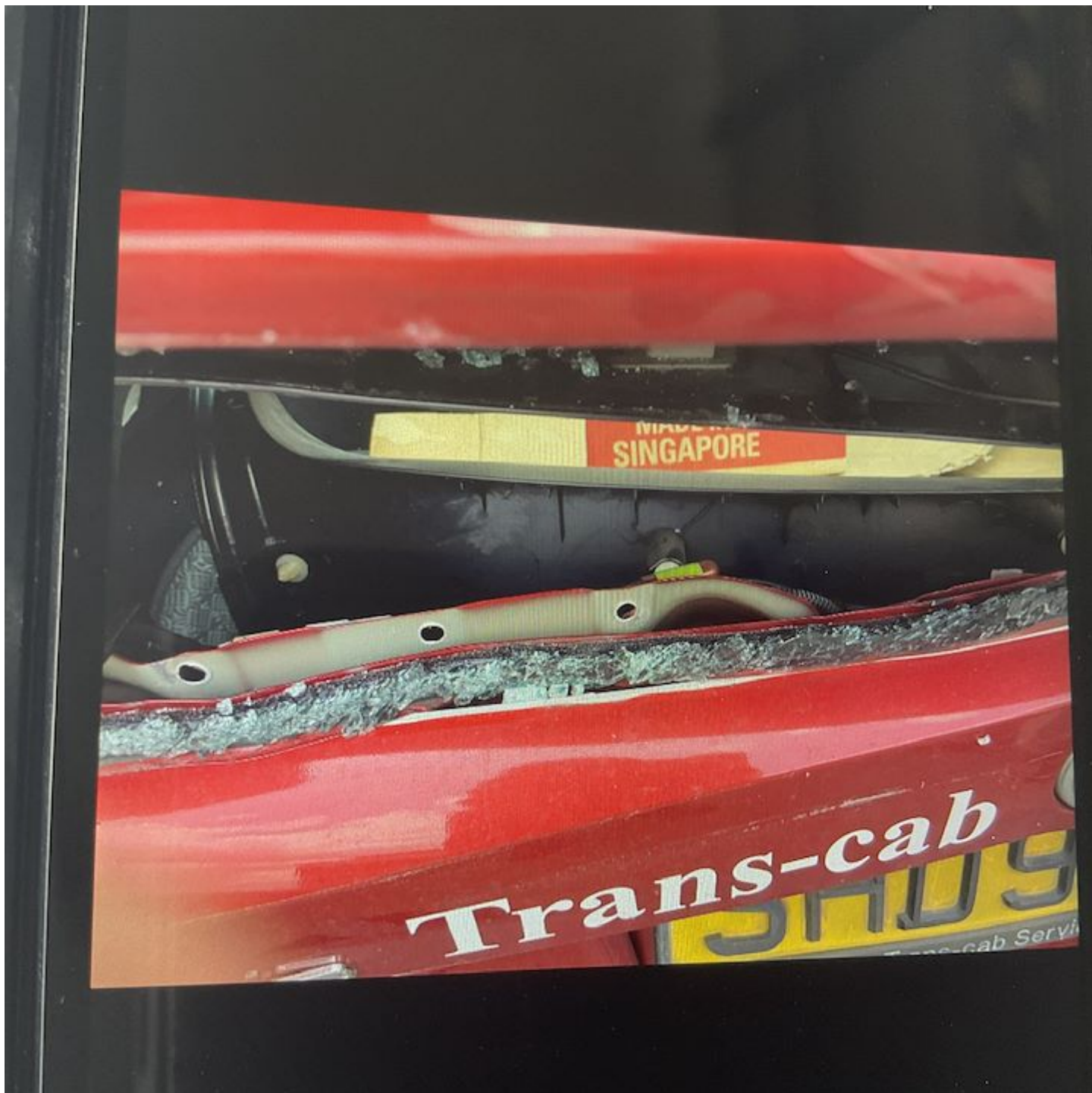
TIEN TOH KIAT HENRY







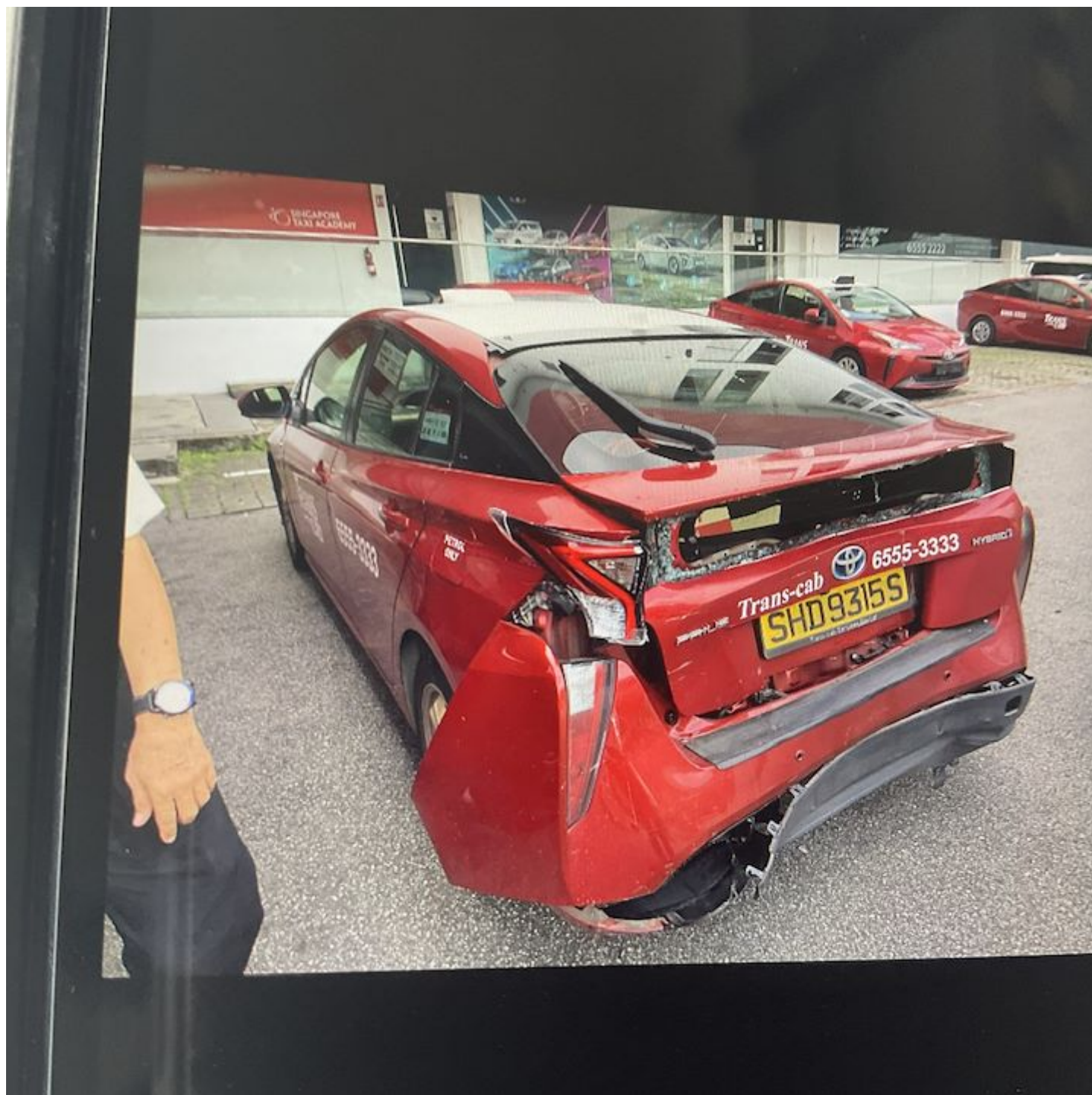




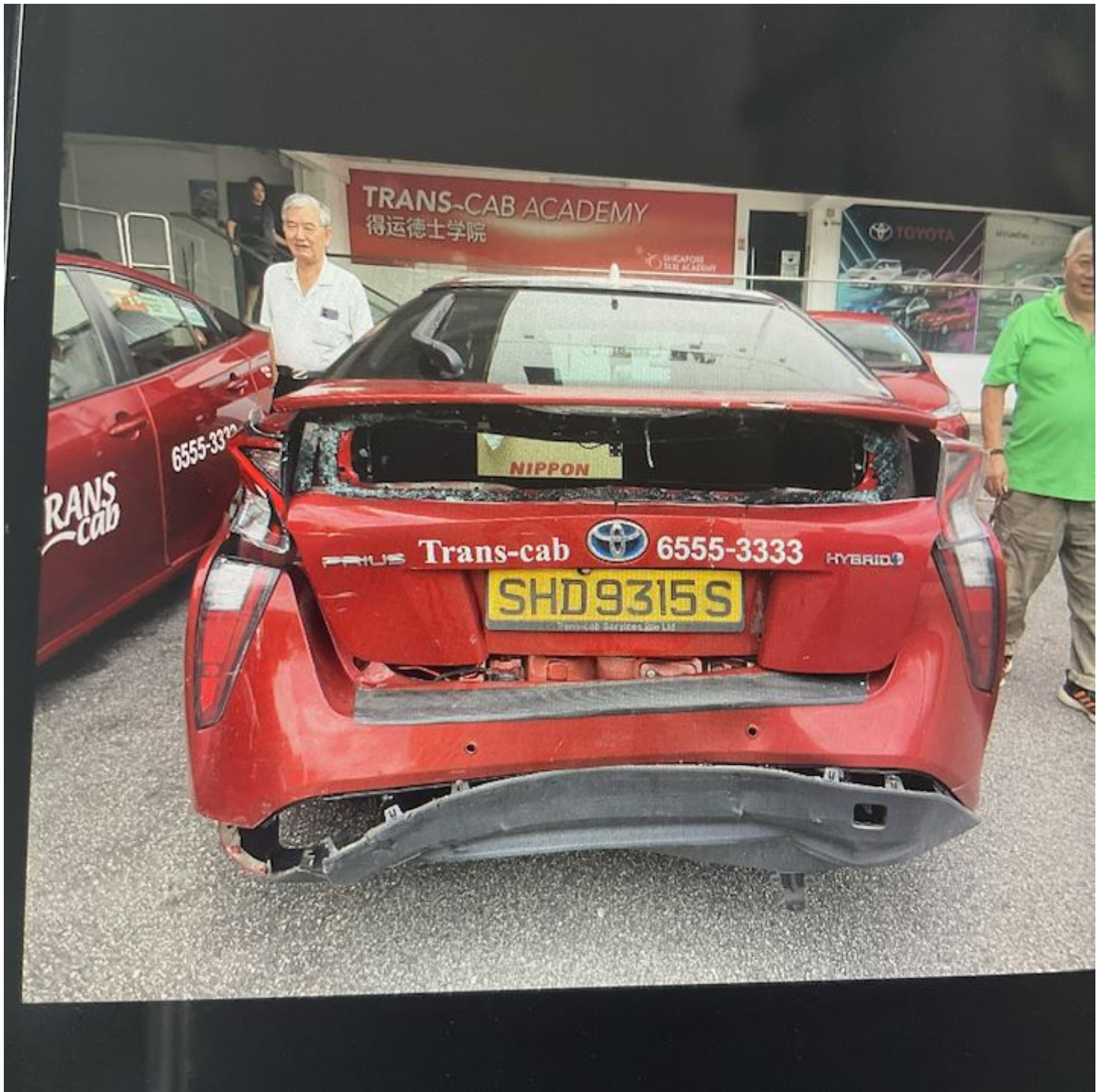












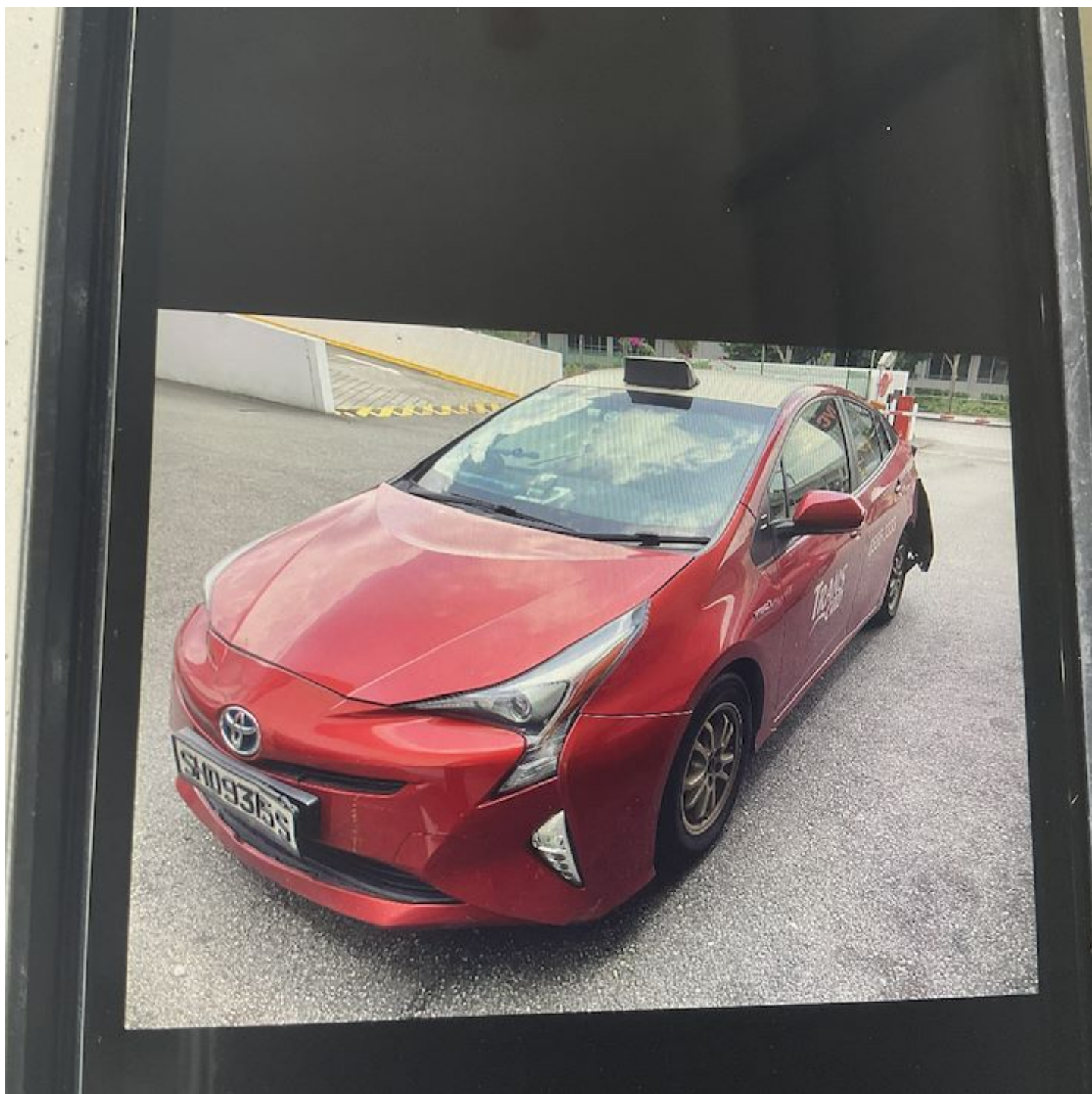








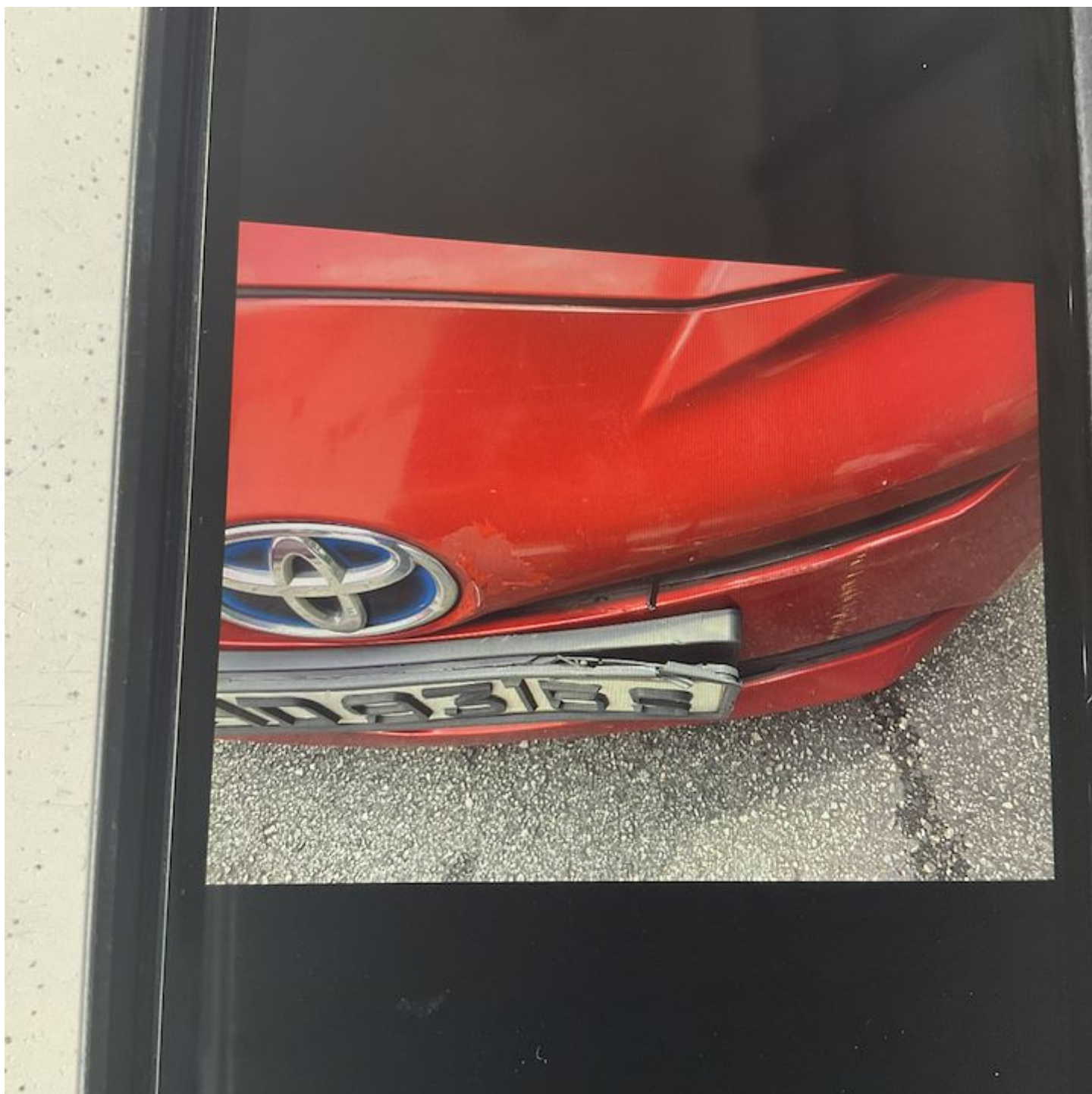


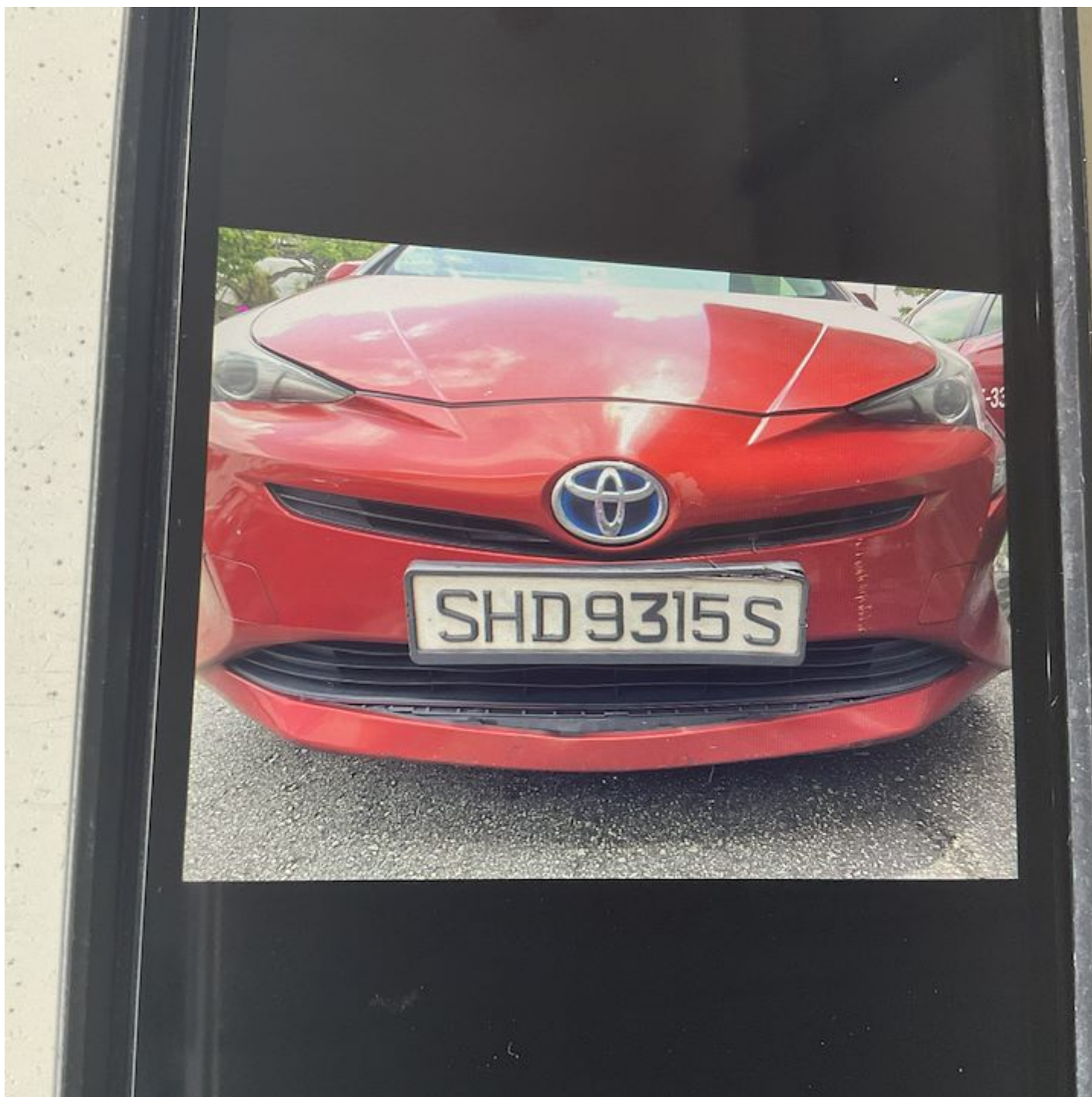






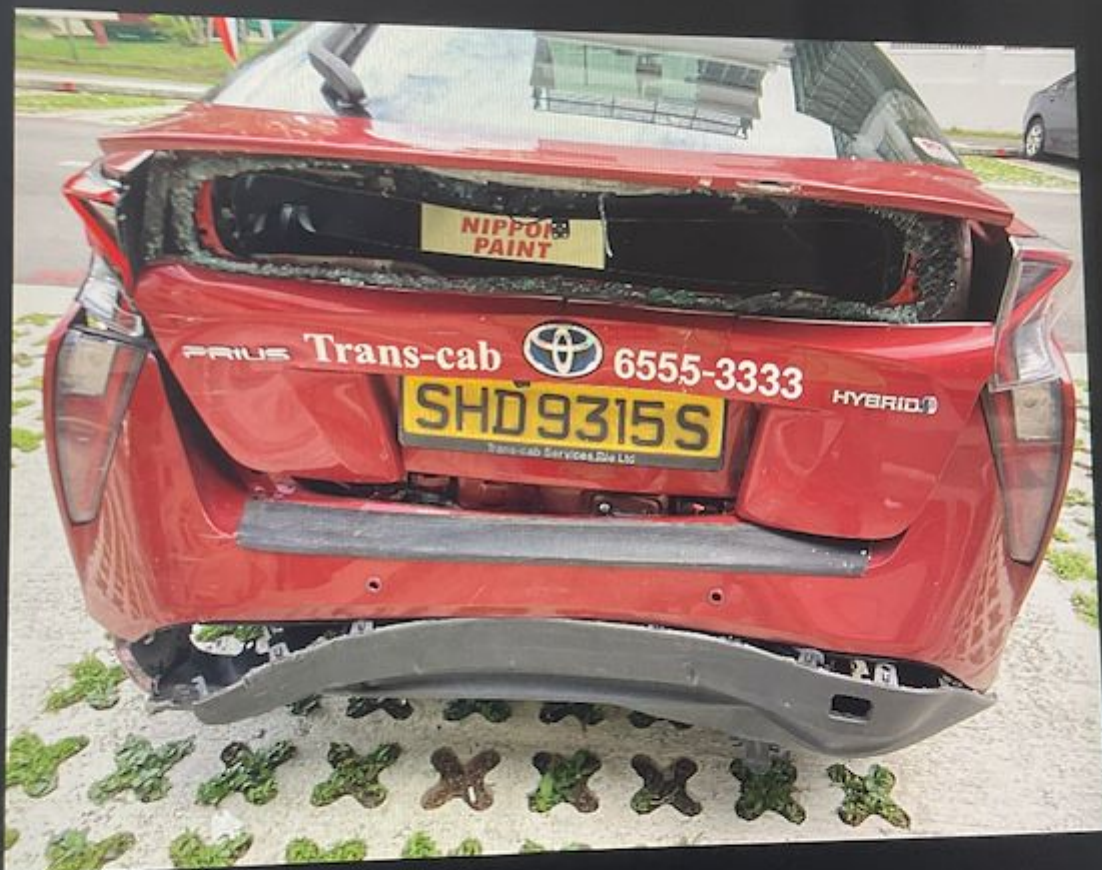




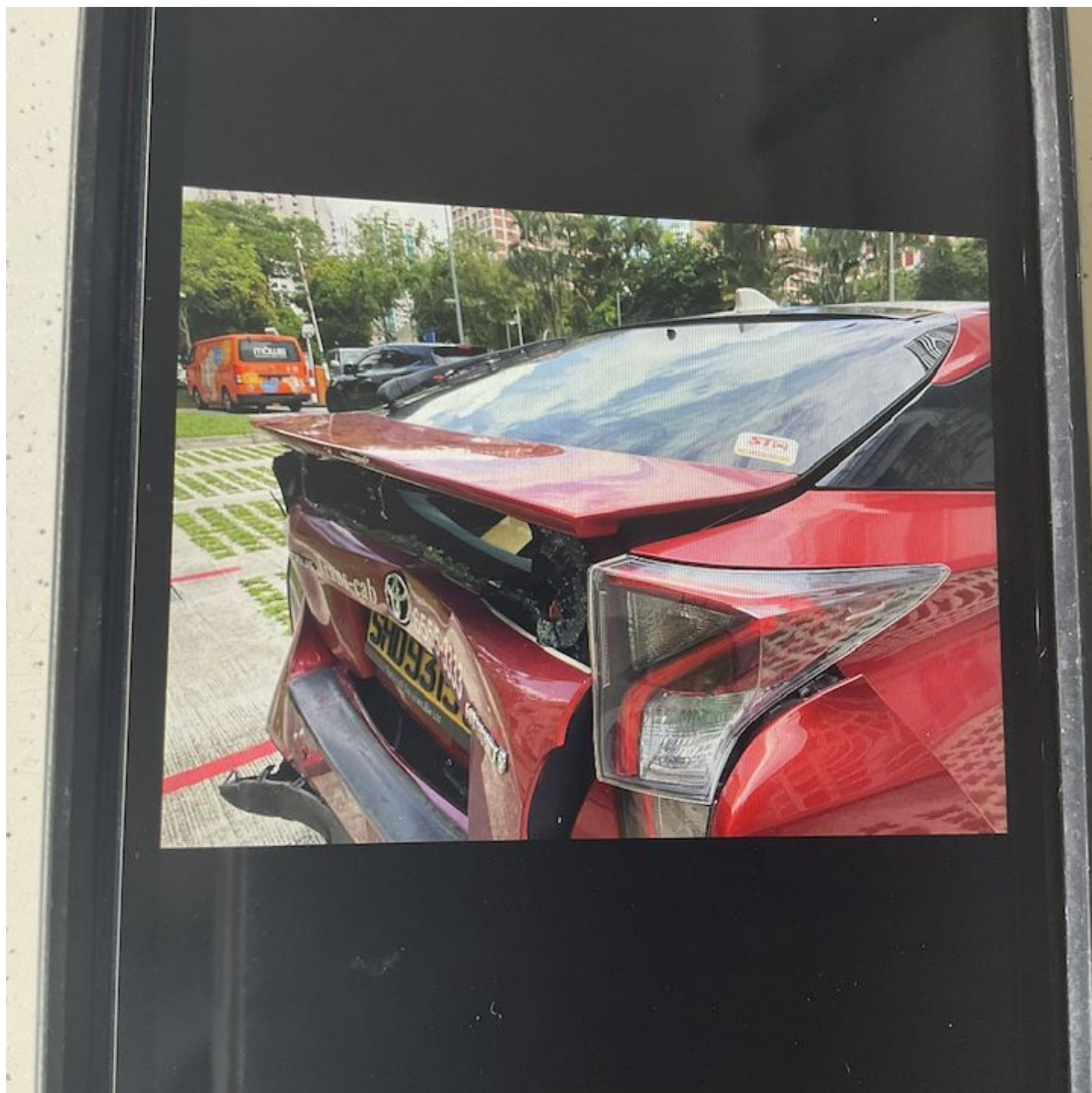






















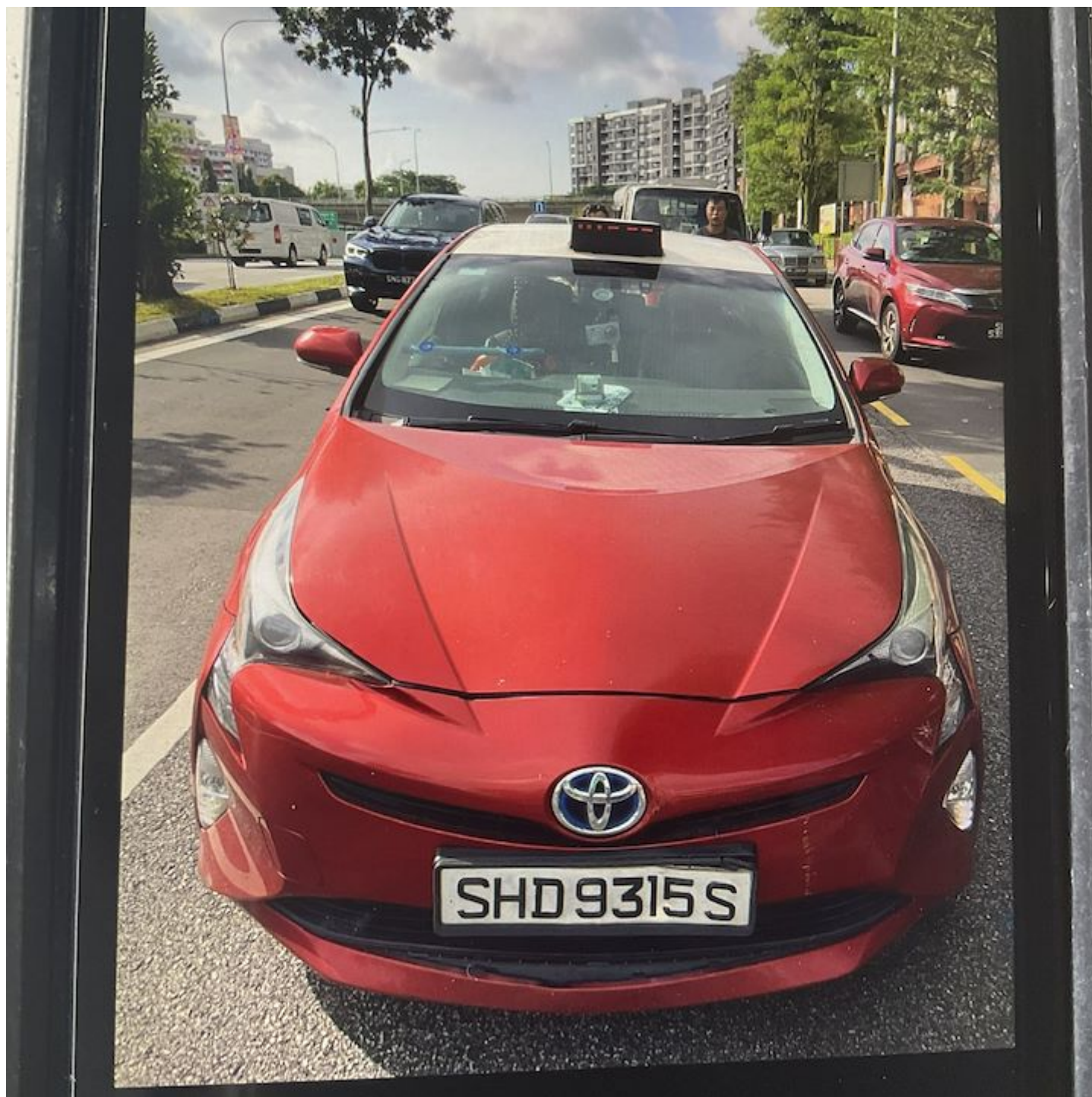


































**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Barcode: T202408152044

Report No: T202408152044

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CONTINUATION OF REPORT

*[Faint, illegible text in the center of the page, possibly a signature or stamp]*

Signature of Officer Recording The E/ SGT 2 VIKI HO XINHUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2024 13:12
Officer In Charge Of Case: TP / AEIT / INSP (2) LOW MENG FATT Contact No.: 97577566	Classification Of Case:

NP168



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20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20240815/2044

2 of 3

Report No. T/20240815/2044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LAI TZY PING	ID No.	S7277112E
Related Vehicle	GBH7160J (Lorry)	Contact No.	81838929
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TOH TECK TIONG	ID No.	S11680561
Related Vehicle	SHD9315S (Motor car)	Contact No.	93649635
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

On 15/08/2024 at around 0930hrs, I was driving along Upp Paya Lebar Rd to Boundary Rd when the car (SLA3894A) suddenly stopped. I then stopped my taxi (SHD9315S) so that I would not collide into the car in front but the lorry (GBH7160J) behind mine did not stop in time and collided into the rear of my taxi. The collision caused my taxi to knock into the back of the car in front of me. Due to the impact, I felt severe pain in my left arm and slight pain in my back. I went to see a doctor and was given 7 days MC. I had a passenger in my taxi, and she also informed of slight pain, but I was unsure if she went to see a doctor.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20240815/2044

Report No: T/20240815/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/08/2024 13:12 Vide Report No.: Station Diary No.: 89

**Informant's Particulars**

Name of Informant: TOH TECK TIONG		Address: 506 BISHAN STREET 11 #04-406 SINGAPORE 570506	
ID Type / ID No.: NRIC NO / S11680561		Contact No.: Home/Office: Mobile: 93849635	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 27/11/1955	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: 15/08/2024 09:30	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Weather:		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7160J	Lorry				Slightly Damaged	0
SHD9315S	Motor car				Slightly Damaged	1
SLA3894U	Motor car					0



A Life Clinic Pte. Ltd.  
10, Sinaran Drive, #09-21,  
Novena Medical Center, Singapore 307506  
Business Regn. No. 201104850M  
Tel: 67372283  
Fax: 62561328

## Medical Certificate

**Date of Visit:** 15-Aug-2024

**MC No.:** MC2408152774

This is to certify that

**Name:** TOH TECK TIONG

**NRIC:** S11680561

is Unfit for Work

for 7 day(s) from 15-Aug-2024 to 21-Aug-2024

**Remarks:**

Dr Choo Kay Wee  
M.B.B.S. (Spore), M.C.G.P (Spore)  
MCR03806G

Doctor Name: Kay Wee Choo  
MCR: M03806G

**A LIFE CLINIC PTE LTD**  
10, Sinaran Drive #09-21  
Novena Medical Centre  
Singapore 307506  
Tel: 6737 2283 Fax: 6256 1328  
Co. Regn. No. 201104850M

*\* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 15 Aug 2024 11:24:54 by Kay Wee Choo

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