

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	27/08/2024 13:05 (SGT)
Reported by	Actual Driver
Date of Accident	26/08/2024 14:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 8 TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5779M
-----------------------------------	----------

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	ONG CHEE WAY
NRIC No	S1389680A
Date Of Birth	13/12/1959
Occupation	Outdoor
Driving Pass Date	05/09/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81610838
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	520 SERANGOON NORTH AVENUE 4 #08-172
Address complement	-
Postcode	550520
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 - Major/Minor Rd
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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?	Yes
Reasons for not uploading a video of the accident	Adv to email to motorvideo@income.com.sg

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2131S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
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	ONG CHEE WAY
Gender	Male
Phone No	(Phone) +65-81610838
Address	520 SERANGOON NORTH AVENUE 4 #08-172
Address Complement	-
Post Code	550520
Approximate Age Years Old	64
Injuries Sustained	Right shoulder pain
Injured person in which vehicle?	SHD5779M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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.

[Handwritten Signature]

27/08/2024
1300hrs

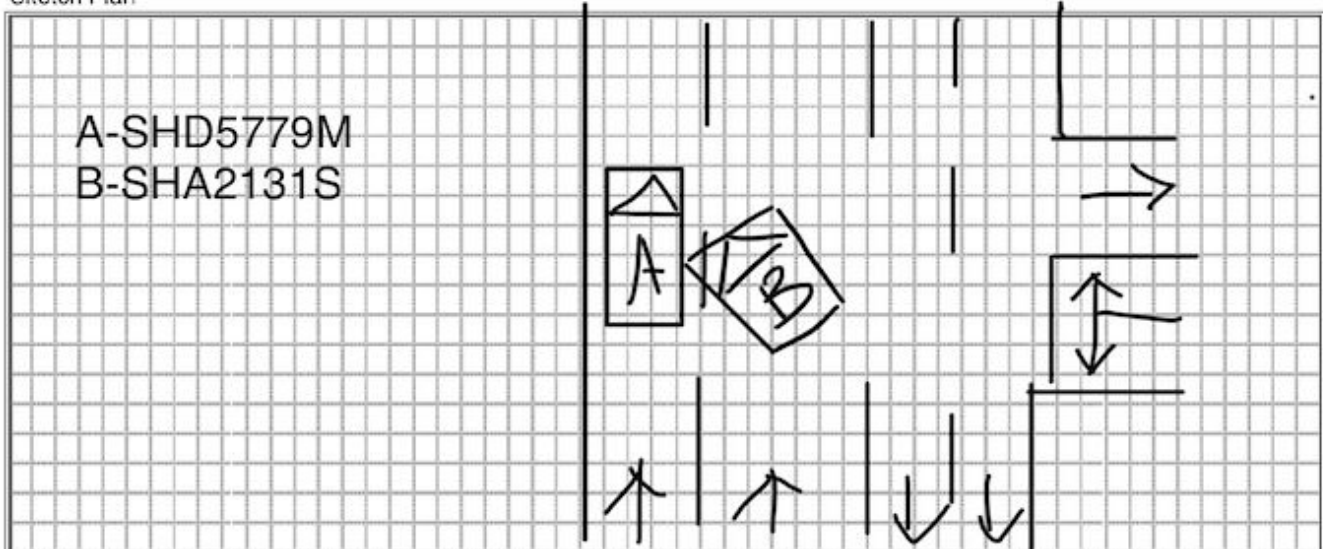
[Handwritten Signature]
TIEN TOH KIAT HENRY

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)

Sketch Plan



2 of 2

Describe Circumstance of the Accident

REFER TO GEARS

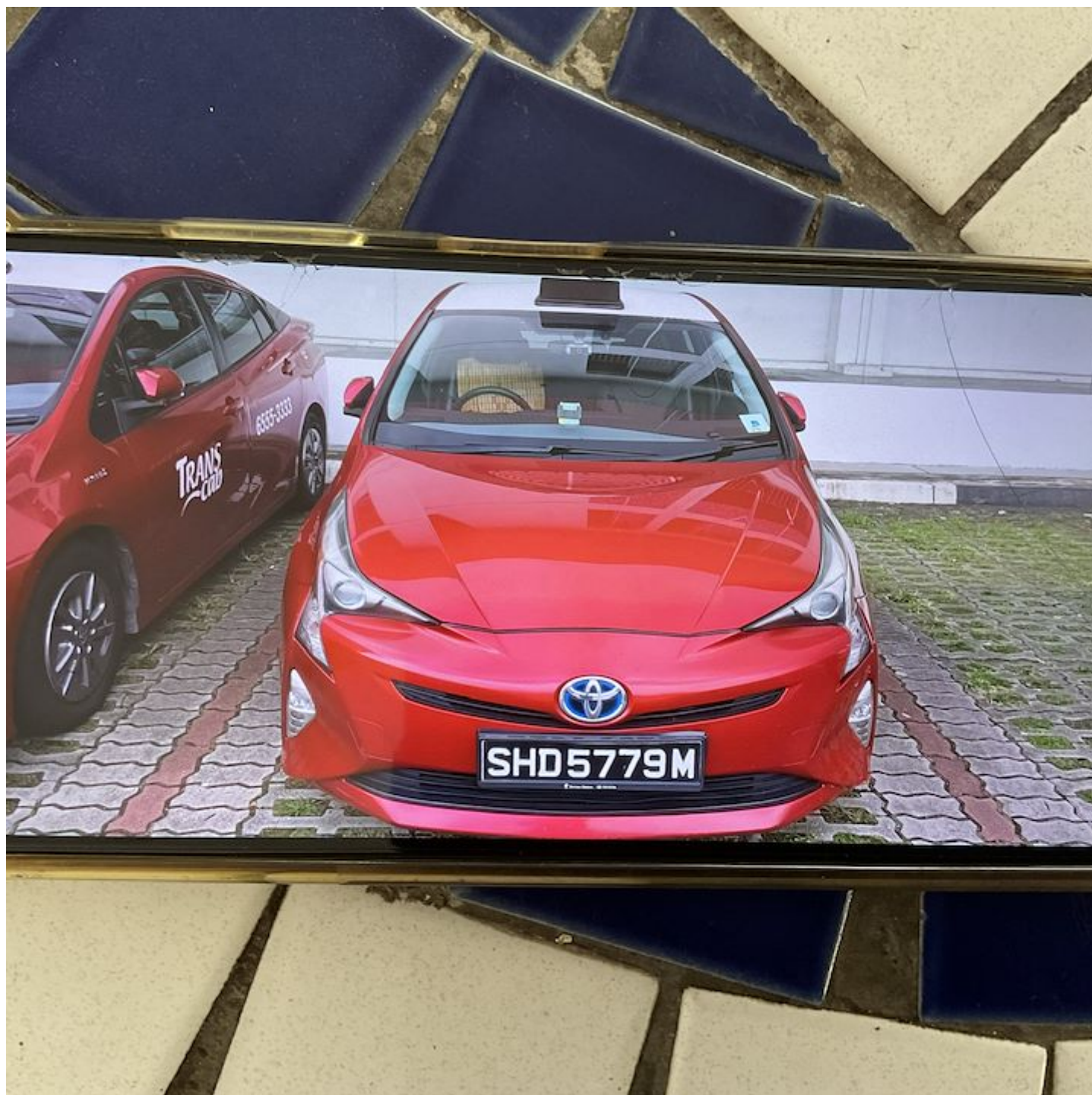
Declaration

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
& Time27/08/2024
1300HRSWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

TIEN TOH KIAT HENRY












SINGAPORE POLICE FORCE	
Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-6849999	T/20240827/0017 3 of 3 Report No: T/20240827/0017
CONTINUATION OF REPORT	
Signature of Officer Recording The F / SGT 2 RISHI R MAHTANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2024 09:20
Officer In Charge Of Case: TP / GIA / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
699784
Tel No: 1800-4849999

T/20240827/0017
3 of 3
Report No: T/20240827/0017

CONTINUATION OF REPORT

Driver Name		ONG CHEE WAY		ID No.	S1389680A
Related Vehicle		NIL		Contact No.	81610838
Hospital/Clinic		NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL		Degree of	NIL

Brief Details.
On the 26th of August 2024, at around 1450hrs I was driving my Transcab taxi bearing license plate (SHD5779M) along Lorong 8 Toa Payoh. While driving a Comfort taxi bearing the license plate (SHA2131S), came out from a T-junction and collided into my vehicle. The front of his taxi collided into the right-hand side rear passenger seat. My taxi has some dents and damages. I have a camera in my vehicle that has recorded the entire incident.

I wish to state that I am lodging this report as my company has instructed me to do so.
I wish to further state that I did not get the particulars of the other driver.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1/20240821/2017
1 of 3
Report No: 1/20240821/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 09:20 Vide Report No.: Station Diary No.: 16

Informant's Particulars

Name of Informant: ONG CHEE WAY		Address: 520 SERANGOON NORTH AVENUE 4 #08-172 SINGAPORE 550520	
ID Type / ID No.: NRIC NO / S1389680A		Contact No.: Home/Office: Mobile: 81610838	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 13/12/1959	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: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2024 14:50	Type of Location: T-Junction
Location: LORONG 8 TOA PAYOH			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2131S	Motor car	BYD			Slightly Damaged	0
SHD5779M	Motor car	TOYOTA	Prius		Slightly 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: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4848999	 T20240827/2021 3 of 3 Report No. T20240827/2021
CONTINUATION OF REPORT	
Signature Of Officer Recording The F / SGT 2 RISHI R MAHTANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2024 09:35
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C.
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20240827/2021

2 of 3

Report No: T/20240827/2021

CONTINUATION OF REPORT

Name	Unknown		ID No.	NIL
Related Vehicle	SHA2131S (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	ONG CHEE WAY		ID No.	S1389680A
Related Vehicle	SHD5779M (Motor car)		Contact No.	81610838
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	26/08/2024		Date Discharge	26/08/2024
No. of Days granted Medical Leave	04		Degree of	Slight

Brief Details.

In vide to report T/20240827/2017, I wish to further state that I have 4 days MC after visiting the doctor.

SINGAPORE POLICE FORCE

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

T/20240827/2021
1 of 3
Report No: T/20240827/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 09:35 Vide Report No.: T/20240827/2021 Station Diary No.: 24

Informant's Particulars

Name of Informant: ONG CHEE WAY		Address: 520 SERANGOON NORTH AVENUE 4 #08-172 SINGAPORE 550520	
ID Type / ID No.: NRIC NO / S1389680A		Contact No.: Home/Office: Mobile: 81610638	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 13/12/1959	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: 26/08/2024 14:50	Type of Location: Straight Road
Location: LORONG 8 TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2131S	Motor car				Slightly Damaged	0
SHD5779M	Motor car				Slightly Damaged	0

Details of Person Involved

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

CHEN FAMILY CLINIC
BLK 153 S'Goon North Ave 1 #01-490, SINGAPORE 550153
Tel: 6281 2212 Fax: 62813309

Medical Certificate

Date : 26 Aug 2024

MC No. : 0000045960

This is to certify that:

Name : ONG CHEE WAY
NRIC : S1389680A

is Unfit for Duty for 4 days
from 27 Aug 2024 to 30 Aug 2024 inclusive.

DR CHEN SZE SIN
MBBS (Singapore)
GDPM, GDGRM

DR CHEN SZE SIN (M04766Z)
MCR : M04766Z

**This certificate is not valid for absence from court attendance.*