

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	19/07/2024 15:15 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2024 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9926D
-----------------------------------	----------

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	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE HAN NAM
NRIC No	S1628576E
Date Of Birth	22/06/1963
Occupation	Outdoor

Driving Pass Date	10/02/1981
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96688171
Alt. Phone Number	-
Email Address	ZHEWEI.KEK@TRANSCAB.COM.SG
Address	859 JURONG WEST ST 81
Address complement	14-588
Postcode	640859
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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)	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	UNKNOWN
Gender	Male

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 NO. T/20240715/2049

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	FILE TO BIG. MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML8900H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE HAN NAM
Gender	Male
Phone No	(Phone) +65-96688171
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND, BACK AND NECK PAIN.
Injured person in which vehicle?	SHD9926D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO.
T/20240715/2049

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 19/07/2024@1420hrs

MUHAMMAD FADLY SUKIMAN

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

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.

Policyholder's Signature / Date & Time

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

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

19/07/2024 @ 1420hrs

Sketch Plan

		A: SHD9926D B: SML8900H	
JALAN AHMAD IBRAHIM			
















**SINGAPORE
POLICE FORCE**


T/20240715/2049

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

1 of 4

Report No. T/20240715/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 16:05	Vide Report No.:	Station Diary No.: 42
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE HAN NAM			Address: 859 JURONG WEST STREET 81 #14-588 SINGAPORE 640859		
ID Type / ID No.: NRIC NO / S1628576E			Contact No.: Home/Office: Mobile: 96688171		
Nationality: SINGAPORE CITIZEN			Email: leehannam63@gmail.com		
Sex: Male	Age: 61	Date of Birth: 22/06/1963	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: 13/07/2024 21:30	Type of Location: Straight Road
Location: JALAN AHMAD IBRAHIM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of Passenger
SHD9926D	Motor car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red		1
SML8900H	Motor car	KIA	STONIC 1.0 DCT SR	Yellow		1



**SINGAPORE
POLICE FORCE**



T/20240715/2049

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

2 of 4

Report No. T/20240715/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HAN NAM	ID No.	S1628576E
Related Vehicle	SHD9926D (Motor car)	Contact No.	96688171
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	15/07/2024	Date Discharge	15/07/2024
No. of Days granted Medical Leave	05	Degree of	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SML8900H (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

Brief Details.

I am working as a Taxi Driver with Transcab. On the 13/07/2024 at 2130hrs, I was driving my taxi (SHD9926D) together with one passenger along Jalan Ahmad Ibrahim towards Jurong Bird Park. There were 4 lanes in total, and I was travelling on the 2nd lane from the right. Both lane 1 and lane 2 have "right turn only" arrow and lane 3 has straight or right turn arrow.

As I was travelling on straight road on lane 2 and approaching the traffic light junction, one yellow colored vehicle (SML8900H) which was travelling on lane 3, encroached into my travelling path. I horned at the vehicle to notify him about my vehicle, but the said vehicle continue to cut into my lane. As a result, the right side of his vehicle collided onto my vehicle's left rear section. The collision caused dent on my left rear door, mudguard, bumper and the sensor.

After the collision, both of us alighted from our vehicle. I told the driver (SML8900H) that he hit my car, but he denied and claimed that my taxi hit his car. Before I could further explain on the situation, the driver of vehicle (SML8900H) started to hurl vulgarities towards me and pointed middle finger at me. He also took a photo of me and threatened me to "Watch out". The driver's (SML8900H) passenger asked him to calm down, but he became more aggressive and continue shouting the vulgarities at me. To prevent any escalation on the issue, I decided to take down the vehicle number and drove off.

My car installed both and rear dam cam which captured the entire incident. After the accident, I



**SINGAPORE
POLICE FORCE**



T/20240715/2049

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

3 of 4

Report No. T/20240715/2049

CONTINUATION OF REPORT

felt some discomfort at my hand, my back and neck area. Thus, I seek for medical consultation at Mount Alvernia Hospital and was given 5 days of MC, dated from 15/07/2024 to 19/07/2024.



**SINGAPORE
POLICE FORCE**



T/20240715/2049

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

4 of 4

Report No. T/20240715/2049

CONTINUATION OF REPORT

Signature of Officer Recording The
E/
SGT 3 XIA XUE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2024 16:05

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Classification Of Case:

NP168