SN07247J000M / Income Insurance Limited ENTRY DATE & TIME: 19/07/2024 15:15 (SGT) SUBMITTED BY: Muhammad Haziq Shah Bin Abdul Aziz Shah VERSION: 1 (19/07/2024 15:15 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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**

Toyota

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

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 No - Claiming third party your vehicle? 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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) 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

cribe Circumstance of the Accid	ent	
R	EFER TO POLICE REPO	
	T/20240715/2049	
Declaration	1/4 1	
We declare the foregoing particular	s are true in every respect	
	W M	
	11/1/6	
		MUHAMMAD FADLY SUKIMAN
olicyholder's Signature / Date & Time	Driver's Signature (if driver is not the oblicyholder) / Date 8 Time 19/07/2024@1420hrs	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	10/0//2024@1420115	1000 1000 1000 1000 000 000 000 €

### 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")

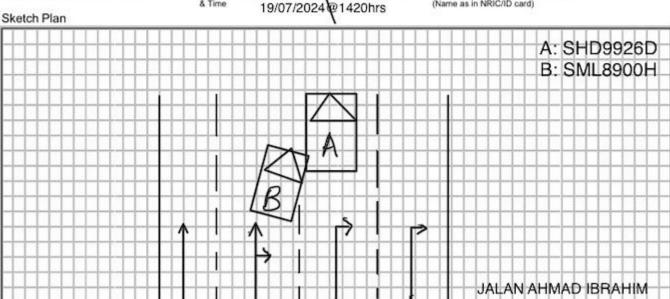
& Time

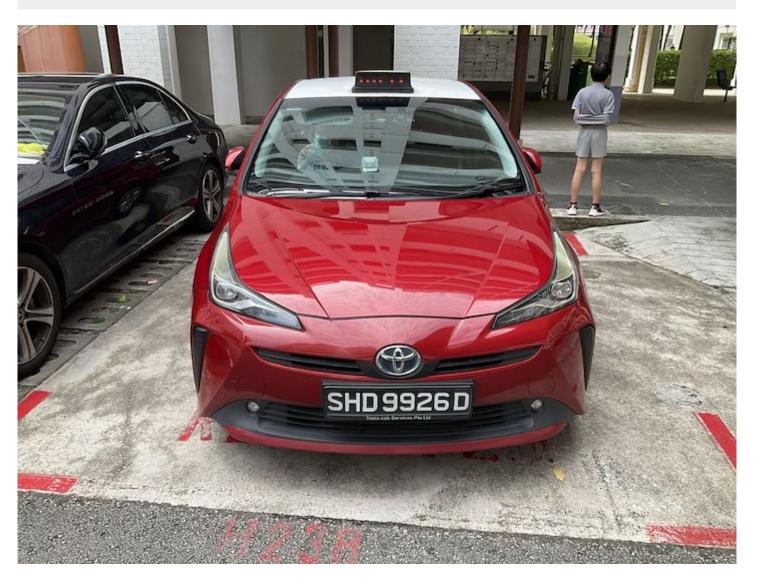
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

MUHAMMAD FADLY SUKIMAN Witnessed by Reporting Centre Personnel Driver's Signature (if driver is ne policyholder) / Date

(Name as in NRIC/ID card)

Policyholder's Signature / Date & Time





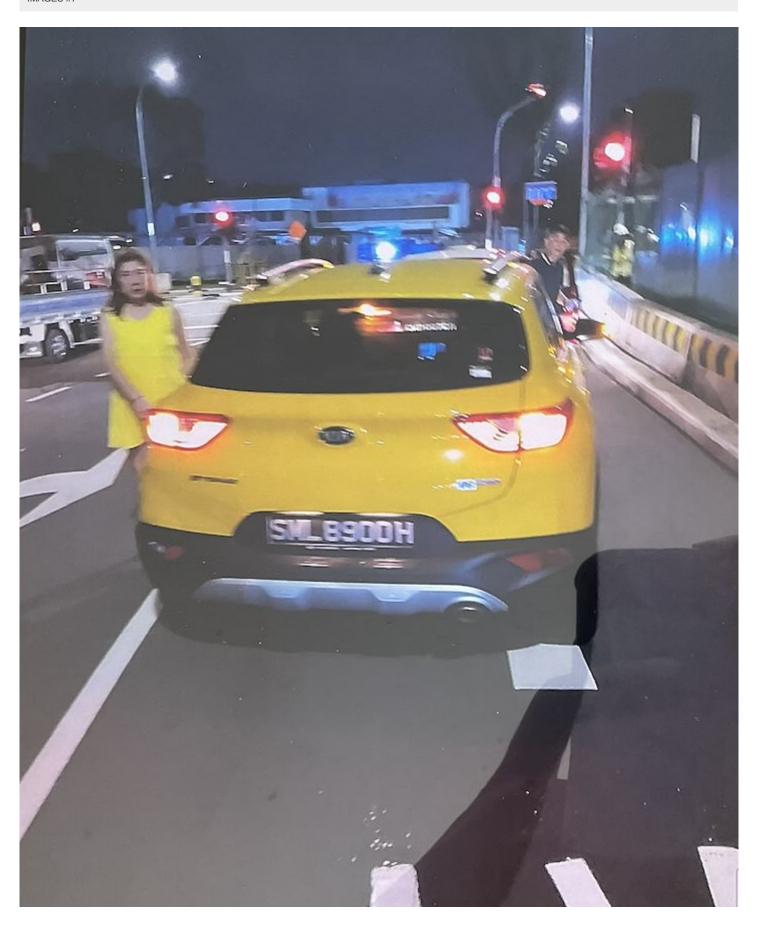
















Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 l of 4 Report No. T/20240715/2049

# REPORT OF A TRAFFIC ACCIDENT

15/07/2024 16:05		Made:	Vide Report No.:	Station Diary No.: 42		
Informa	nt's Partic	ulars				
Name of Informant: LEE HAN NAM			Address: 859 JURONG WEST STREET 81 #14-588 SINGAPORE 640859			
ID Type / ID No.: NRIC NO / S1628576E		76E	Contact No.: Home/Office:	Mobile: 96688171		
National SINGAP	ity: ORE CITIZ	EN	Email: leehannam63@gmail.com			
Sex: Male	Age: 61	Date of Birth: 22/06/1963	Type of Informant: Driver			
Race: Chinese			Language:	urmana i i i i i i i i i i i i i i i i i i		
Occupation: TAXI DRIVER		Fa. de	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2024 21:30	Type of Location Straight Road
JALAN AHM/ Weather:	AD IBRAHIM	Road Surface:		
Clear		0.19		
Traffic Flow: One Way Type of Collis		Traffic Control: Traffic Light - Work	40.000	Traffic Volume: Moderate

Details of V	ehicle Involv	ed	FAMILIA DE MANAGE	COLUMN TO SERVICE	San Property and Park	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of Doorses
SHD9926D	Motor car	ТОУОТА	PRIUS 5DR HATCHBAC K (AUTO)		Conditio	No of Passenger
SML8900H	Motor car	KIA	STONIC 1.0 DCT SR	Yellow		1





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

Any Pedestrian I			ALCOHOLD STATE	No. of Lot		
No. of Pedestria	ns Injured: NIL		Use of P	edestria	n Cross	ing: NA
Driver		Control of the last	000 011	COCOUTE	1 01033	sing. IVA
Name	LEE HAN NAM		1	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 Di		Date Dise	-	I	/2024
No. of Days gran	ted Medical Leave	05	Degree o		NIL	12024
Driver		100000		1000000	1112	Commence of the last
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			Date Disc	Discharge NIL		
No. of Days grant	ed Medical Leave	NIL	Degree o		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



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

Report No. T/20240715/2049

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.



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



4 of 4 Report No. T/20240715/2049

Signature of Officer Recording The E/ SGT 3 XIA XUE Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / AEIT / SR STAFF SGT LEE GUANG HUI Contact No.: 65476414 NP168

Signature Of Informant: Date/Time: 15/07/2024 16:05 Classification Of Case: