

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	29/01/2024 15:35 (SGT)
Reported by	Actual Driver
Date of Accident	27/01/2024 19:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRAS BASAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5112S
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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) +65-97667815
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
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 - Reporting only
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	POH KIE
NRIC No	S1542816C
Date Of Birth	28/09/1962
Occupation	Outdoor

Driving Pass Date	02/10/1980
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97667815
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	BLK 636A SENJA ROAD #21-301
Address complement	-
Postcode	671636
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)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO :
T/20240128/2006

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3720A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver LAU CHEE SENG
NRIC No S2150590J
Contact Number (Phone) +65-96141255
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 POH KIE
Gender Male
Phone No (Phone) +65-97667815
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK, LOWER BACK, RIGHT ELBOW AND RIGHT KNEE
CONTUSION
Injured person in which vehicle? SHC5112S
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/20240128/2006

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
& Time29/01/2024
15:30HRSWitnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)MOHAMMAD YUNOS BIN ABDUL SAMAD
S099951

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SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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)

MOHAMMAD YUNOS BIN ABDUL SAMAD
S099951

Sketch Plan

A - SHC5112S
B - SHC3720A

BRAS BASAH ROAD


**SINGAPORE
POLICE FORCE**


T/20240128/2006

1 of 3

Report No. T/20240128/2006

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2024 02:30	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: POH KIE			Address: APT BLK 636A SENJA ROAD #21-301 SINGAPORE 671636	
ID Type / ID No.: NRIC NO / S1542816C			Contact No.:	Mobile: 97667815
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: pohkie28@gmail.com	
Sex: Male	Age: 61	Date of Birth: 28/09/1962	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: 27/01/2024 19:35	Type of Location: Straight Road
Location: BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3720A	Motor car				Slightly Damaged	0
SHC5112S	Motor car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
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1 Duke's Road SINGAPORE 268914
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Report No. T/20240128/2006

CONTINUATION OF REPORT

Name	LAU CHEE SENG		ID No.	S2150590J
Related Vehicle	SHC3720A (Motor car)		Contact No.	96141255
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	POH KIE		ID No.	S1542816C
Related Vehicle	SHC5112S (Motor car)		Contact No.	97667815
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/01/2024		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

I am a taxi driver. On the above-mentioned date, time and location, I was driving along Bras Basah Road towards Raffles Blvd and stopped my vehicle, SHC5112S before the traffic light that was located at the junction between Bras Basah Rd and Nth Bridge Rd as the traffic light was red. When suddenly, I felt an impact from behind and noticed that another taxi, SHC3720A had hit my vehicle. As I had 2 passengers in my vehicle, I made a check on them and they informed that they were fine and did not require any medical assistance. Subsequently, I came down from my vehicle and spoke to the driver of the other vehicle, A2 who informed that he was in rush to send his passenger for the Coldplay concert which caused him to hit my vehicle and he admitted that he was wrong. We then exchanged details and I inform him that I will be lodging a report on this accident.

Subsequently, after I dropped my passengers at their destination, I decided to seek for medical attention as I was feeling pain on the area of my neck, lower back, right elbow and right knee. The doctor has issued a 5 day MC and I would like to inform that there is a camera in my vehicle but only my company has access to it.

No government property was damaged, and no foreign vehicle involved. No police or ambulance attended to the accident.

A2 details as follows:
Name: LAU CHEE SENG
NRIC: S2150590J
Contact: 96141255

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20240128/2006

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Report No. T/20240128/2006

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

TCM /

SCCPL Adrian Choong Jin Hui

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/01/2024 02:30

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT LEE GUANG HUI

Contact No.: 65476204

Classification Of Case:

NP168