

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	18/06/2024 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2024 09:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE ADAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5135B
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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	1800

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHEN VOON SIN
NRIC No	S7021970J
Date Of Birth	04/07/1970
Occupation	Indoor

Driving Pass Date	17/04/1998
Driving experience	26 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93624718
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	BLK 662B JURONG WEST STREET 64 #02-316
Address complement	-
Postcode	642662
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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	P1
Gender	Female

PASSENGER 2

Name	P2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ4084A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL NASYROH BIN ABDUL AZIZ
NRIC No	S9448560F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEN VOON SIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	54
Injuries Sustained	BACK, KNEE AND NECK INJURY,GIVEN 7 DAYS MC.
Injured person in which vehicle?	SHC5135B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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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 **18/06/24**

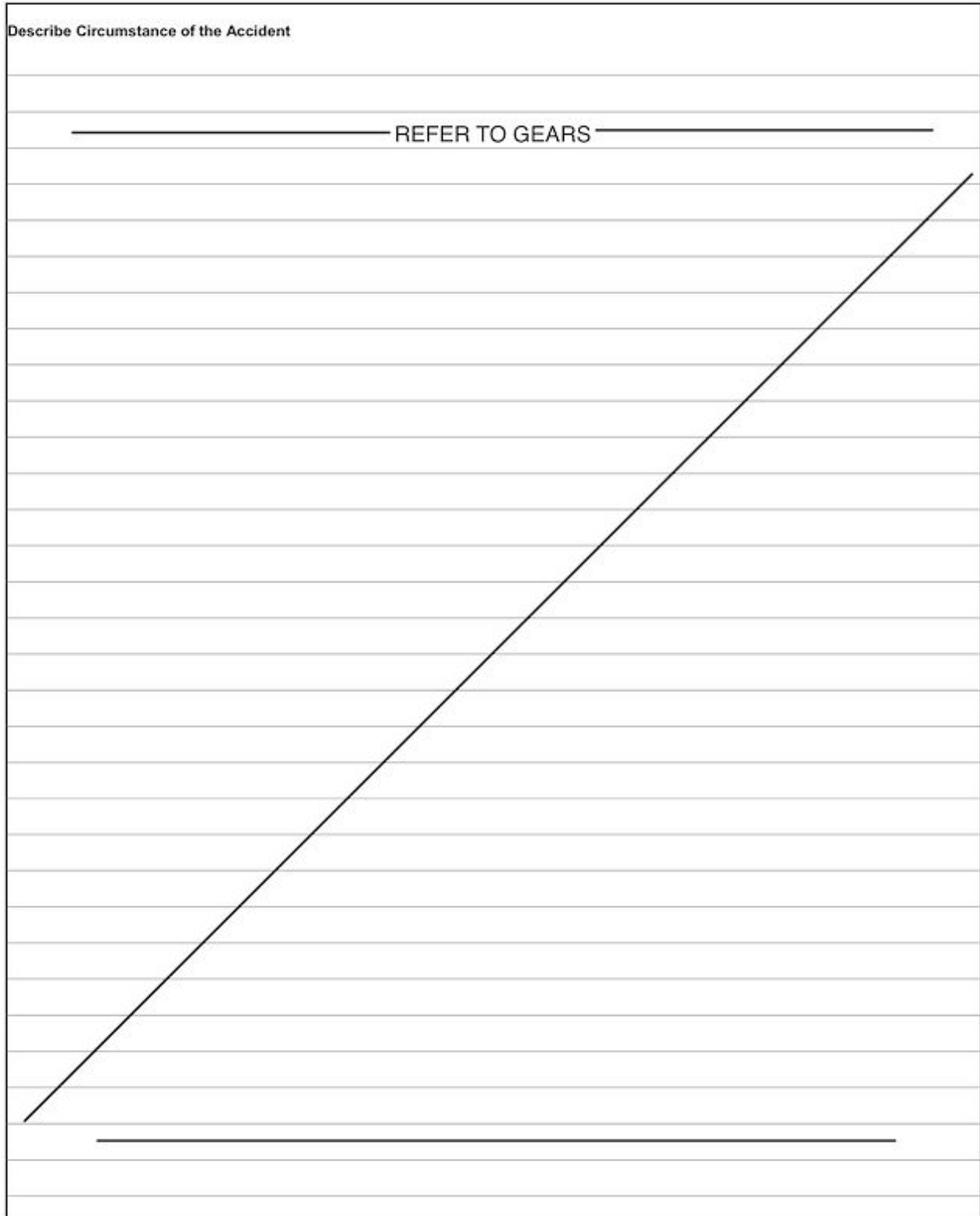
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) **Loo Han Ho**
S7140077H

Sketch Plan

		A - SHC5135B B - SMJ4084A	

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 & Time

18/06/24

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

Loo Han Ho
S7140077H2






**SINGAPORE
POLICE FORCE**


T/20240615/2040

1 of 3

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

Report No. T/20240615/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2024 14:24	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: CHEN VOON SIN			Address: 662B JURONG WEST STREET 64 #02-316 SINGAPORE 642662		
ID Type / ID No.: NRIC NO / S7021970J			Contact No.: Home/Office: Mobile: 93624718		
Nationality: SINGAPORE CITIZEN			Email: alan_chen_vs@yahoo.com.sg		
Sex: Male	Age: 53	Date of Birth: 04/07/1970	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2024 09:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 981				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
SHC5135B	Motor car				Slightly Damaged	2
SMJ4084A	Motor car					1

Details of Person Involved

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



**SINGAPORE
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T/20240615/2040

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20240615/2040

CONTINUATION OF REPORT

Driver			
Name	CHEN VOON SIN	ID No.	S7021970J
Related Vehicle	SHC5135B (Motor car)	Contact No.	93624718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ABDUL NASYROH BIN ABDUL AZIZ	ID No.	S9448560F
Related Vehicle	SMJ4084A (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.

On 15/06/2024 at about 0910hrs, I was driving my Transcab taxi SHC5135B along PIE towards Tuas. I had two passengers seated at the backseat. This is a 3-lane road and I was driving in the centre lane at the time.

Before Adam Road exit, a car SMJ4084A, make and model Toyota Prius Plus travelling on my right changed into my lane and the front right of my car collided with his car's front left. The driver of the other vehicle alighted and we exchanged particulars with each other. The driver stated that he had to cut into my lane because the car in front of him braked suddenly, and he was trying to avoid knocking onto that car. This was subsequently verified through my in-vehicle camera.

After exchanging particulars, I continued to drive my passengers to their destination at Choa Chu Kang Christian Cemetery. As I felt unwell, I went to see a doctor at Mount Alvernia Hospital. I was granted 7 days of outpatient sick leave by the hospital.

One of my passenger a female Indian with the name Saroga, tel: 91943538 stated that if need be, she is willing to be my witness. Based on my observation, the incident where the accident occurred is close to Lampost 981.

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POLICE FORCE**

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569784
Tel No: 1800-4849999



T/20240615/2040

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Report No. T/20240615/2040

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SI HEE MING TAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

65476391

NP168

Signature Of Informant:

Date/Time:
15/06/2024 14:24

Classification Of Case: