

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	12/09/2024 13:20 (SGT)
Reported by	Actual Driver
Date of Accident	11/09/2024 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD314D
-----------------------------------	---------

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	1500
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	SHEITH YUSOF BIN SHEITH IBRAHIM
NRIC No	S1493334D
Date Of Birth	17/02/1961
Occupation	Outdoor
Driving Pass Date	13/09/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-65552222
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	289F BUKIT BATOK STREET 25
Address complement	#05-136
Postcode	655289
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)	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	GRAB
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 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	ADVICE OI TO SENT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2798H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SHEITH YUSOF BIN SHEITH IBRAHIM
Gender	Male
Phone No	(Phone) +-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK INJURIES. 3 DAY
Injured person in which vehicle?	SHD314D
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.

Signature

12/09/2024
1312HRS

Signature

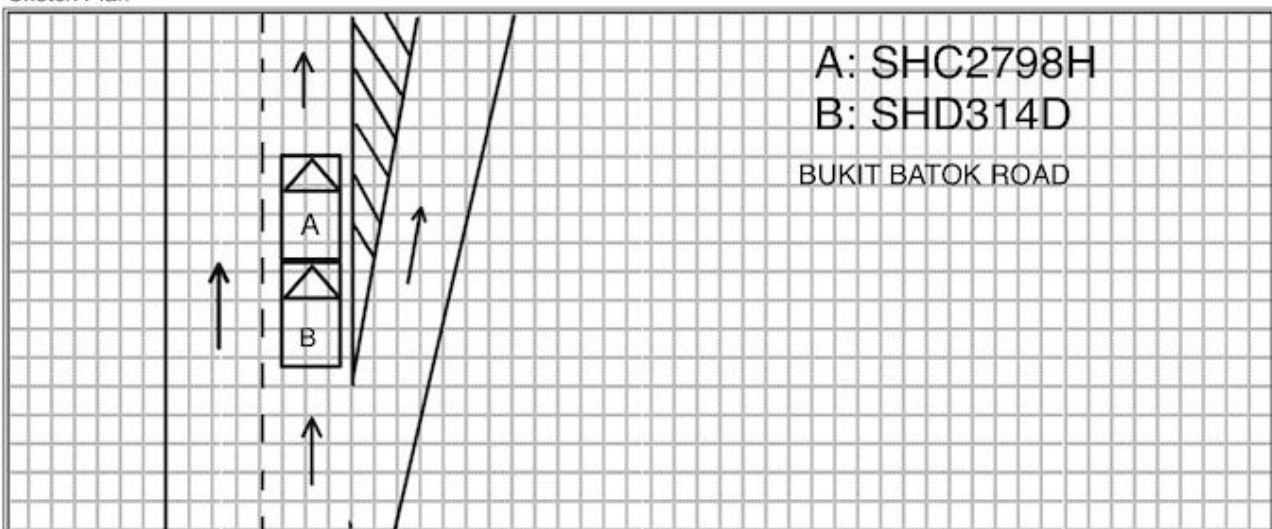
NUR ASYRAF BIN ZAINAL
S997042

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



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

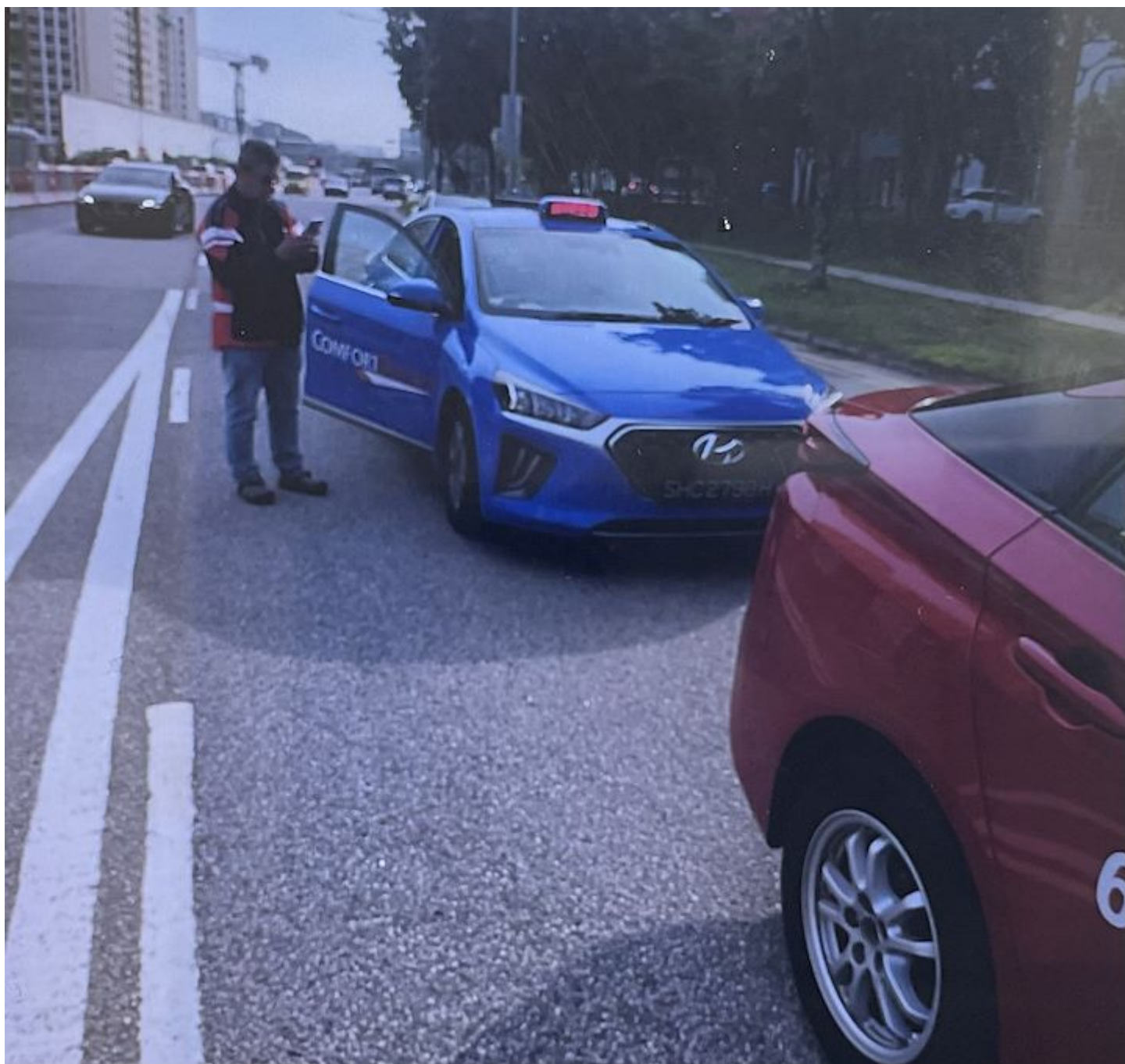
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

NUR ASYRAF BIN ZAINAL
S997042










**SINGAPORE
POLICE FORCE**


T/20240911/2039

1 of 3

Report No. T/20240911/2039

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2024 12:48	Vide Report No.:	Station Diary No.: 54
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SHEITH YUSOF BIN SHEITH IBRAHIM			Address: 289F BUKIT BATOK STREET 25 #05-136 SINGAPORE 655289		
ID Type / ID No.: NRIC NO / S1493334D			Contact No.: Home/Office: Mobile: 94790788		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 17/02/1961	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/09/2024 08:45	Type of Location: Straight Road
Location: BUKIT BATOK ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHC2798H	Motor car				Slightly Damaged	1
SHD314D	Motor car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240911/2039

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 3

Report No. T/20240911/2039

CONTINUATION OF REPORT

Driver			
Name	MOHD ASIM B BASIR	ID No.	S2175250I
Related Vehicle	SHC2798H (Motor car)	Contact No.	96918033
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	SHEITH YUSOF BIN SHEITH IBRAHIM	ID No.	S1493334D
Related Vehicle	SHD314D (Motor car)	Contact No.	94790788
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LEMON MOY	ID No.	NIL
Related Vehicle	NIL	Contact No.	90297291
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 0830hrs, I fetched one of my passenger from Chua Chu Kang Avenue 2, Blk 280 heading towards Penjuru Road. While travelling along the 2nd lane of Bukit Batok Road towards Jurong Town Hall Road, I noticed a car in front of mine stopped. I quickly pressed on my brakes and managed to stop. Suddenly, I felt an impact from the rear of my car. Which then I saw, a vehicle bearing number plate (SHC2798H) hit my back of my vehicle bumper. Subsequently, we both stopped and head out to make a check. We both then exchanged our particulars. I asked my passenger whether she want any medical assistance, but she told me that she was fine. My vehicle sustained some dents on the rear right bumper, and my reverse sensor is damaged due to the accident.

I received 3 days of MC due to back pain.



**SINGAPORE
POLICE FORCE**



T/20240911/2039

3 of 3

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

Report No. T/20240911/2039

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 MUHAMMAD AQIL
FAWWAZ BIN RAHMAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
11/09/2024 12:48

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN07249C000H Vehicle Registration No: SHD314D
 Name (as shown in NRIC): SHEITH YUSOF BIN SHEITH IBRAHIM NRIC/FIN/Passport No: S1493334D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 289F BUKIT BATOK STREET 25 #05-136 Singapore (655289)
 Contact (Tel): _____ Mobile No.: 65552222
 Email Address: CLAIMS@TRANSCAB.COM.SG
 Date of Accident: 11/09/2024 Time of Accident: 0845HRS
 Place of Accident: BUKIT BATOK ROAD
 Insurance Company: INCOME INSURANCE LIMITED

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE OF GEARS
1) PLATE NO

Policyholder / Driver's Signature
Date: 12092024

Reporting Centre Personnel's Signature
Name: NUR ASYRAF BIN ZAINAL
NRIC/FIN No.: S9625187D
Date: 12092024