

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	04/06/2024 08:53 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2024 15:30 (SGT)
Exact Location of Accident	Hougang St. 32, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5865C
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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 use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1768

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE SOON KIANG
NRIC No	S0179536H
Date Of Birth	30/01/1953
Occupation	Outdoor

Driving Pass Date	30/03/1972
Driving experience	52 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97975315
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	698B HOUGANG STREET 61
Address complement	#10-322
Postcode	532698
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	-

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 T/20240403/2066. ADDITIONALLY THE POLICE OFFICER FAILED TO INCLUDE THE WITNESS I'VE MENTIONED IN THE 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	EMAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ629X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

WITNESS DETAILS

WITNESS 1

Name	-
Phone	(Phone) +65-98989840
Email	-

SKETCH PLAN

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

Sketch Plan

<p>A: SHC5865C B: GZ629X</p> <p>OI UNSURE HOW THE ACCIDENT HAPPEN</p>	 <p style="text-align: center;">POINT OF IMPACT</p>
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2 of 2

Describe Circumstance of the Accident

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

04062024/0830HRS

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

Muhammad Zaki bin Supian

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



















**SINGAPORE
POLICE FORCE**

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



T/20240603/2066

2 of 3

Report No. T/20240603/2066

CONTINUATION OF REPORT

Driver				
Name	LEE SOO KIANG		ID No.	S0179536H
Related Vehicle	NIL		Contact No.	97975315
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I am a taxi driver.

On 3/6/2024 at around 1530hrs, I parked my vehicle bearing registration number SHC5865C at the carpark located at BLK 6 Hougang Street 32 as I needed to use the toilet. 5 minutes later, I came out from the toilet and I was informed by another grab driver that my vehicle bearing registration number SHC5865C was involved in a hit and run. The grab driver informed me that the lorry that parked beside me bearing registration number GZ7629X side swiped the front right bumper of my vehicle when he was exiting the carpark lot. I wish to state that I parked at lot 79 and the lorry was parked at lot 78.

I wish to state that my vehicle has in car camera and it was recording during the accident. I wish to state that me vehicle suffered multiple scratches on the front right bumper. I have informed my company about this accident and I was requested to lodge a police report.


**SINGAPORE
POLICE FORCE**


T/20240603/2066

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

1 of 3

Report No: T/20240603/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2024 17:23	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: LEE SOO KIANG			Address: 698B HOUGANG STREET 61 #10-322 SINGAPORE 532698	
ID Type / ID No.: NRIC NO / S0179536H			Contact No.:	Mobile: 97975315
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 30/01/1953	Type of Informant: Driver	
Race: Chinese			Language: Chinese	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/06/2024 15:30	Type of Location: Car Park
Location: HOUGANG STREET 32				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GZ7629X	Motor van	NISSAN		Silver		0
SHC5865C	Motor car	TOYOTA		Red	Slightly Damaged	0

Details of Person Involved

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

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



T/20240603/2066

3 of 3

Report No. T/20240603/2066

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 HOWARD PHOON HO
YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

NP168

Signature Of Informant:

Date/Time:
03/06/2024 17:23

Classification Of Case: