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 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

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

No - Claiming third party your vehicle?

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 Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/03/1972 52 YEARS AND 3 MONTHS Male (Phone) +65-97975315 - claims@transcab.com.sg 698B HOUGANG STREET 61 #10-322 532698 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Ang Mo Kio North Neighbourhood Police Centre (Phone) +65-18004849999 (Fax) +65-62181399 51 Ang Mo Kio Avenue 9 Singapore 569784 No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20240403/2066. ADDITIONALLY MENTIONED IN THE REPORT.	THE POLICE OFFICER FAILED TO INCLUDE THE WITNESS I'VE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes EMAIL TO MOTORVIDEO@INCOME.COM.SG
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	GZ629X

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

IMPORTANT NOTICE

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- 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.
- 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.
- 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 of more of the above Purposes.

04062024/0830HRS

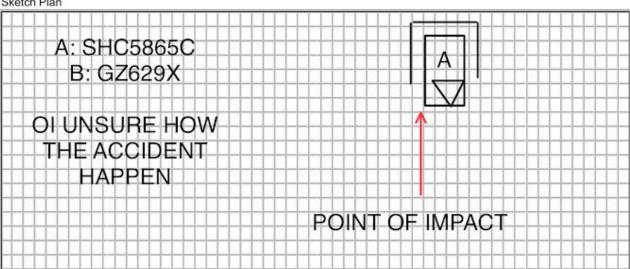
Policyholder's Signature / Date & Time

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

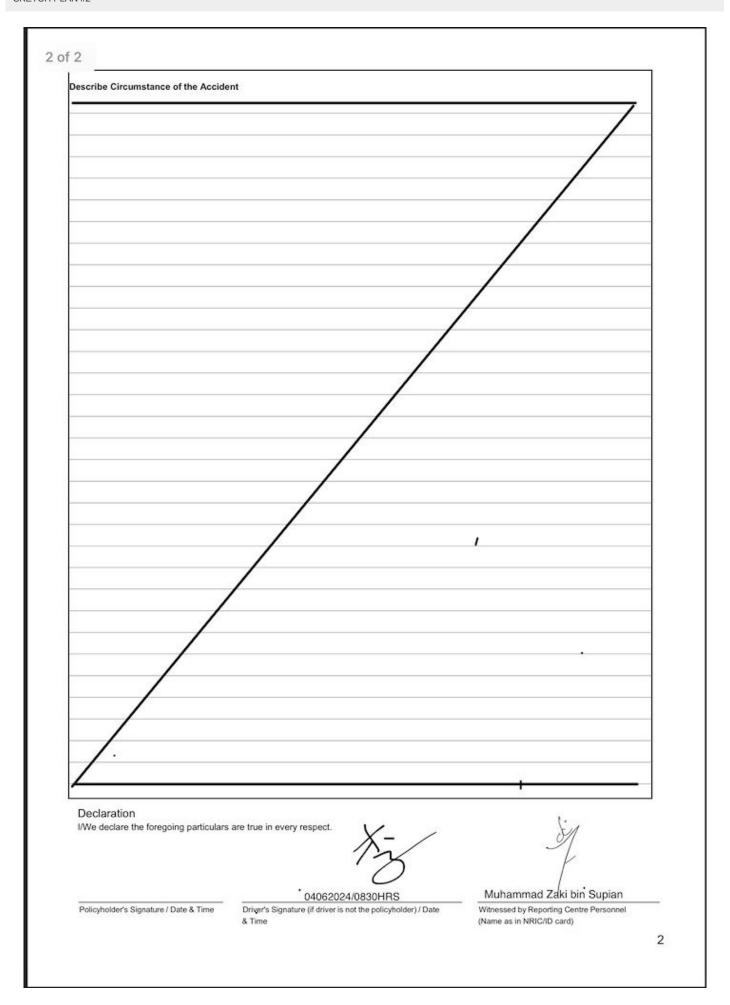
MUHAMMAD ZAKI BIN SUPIAN Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan

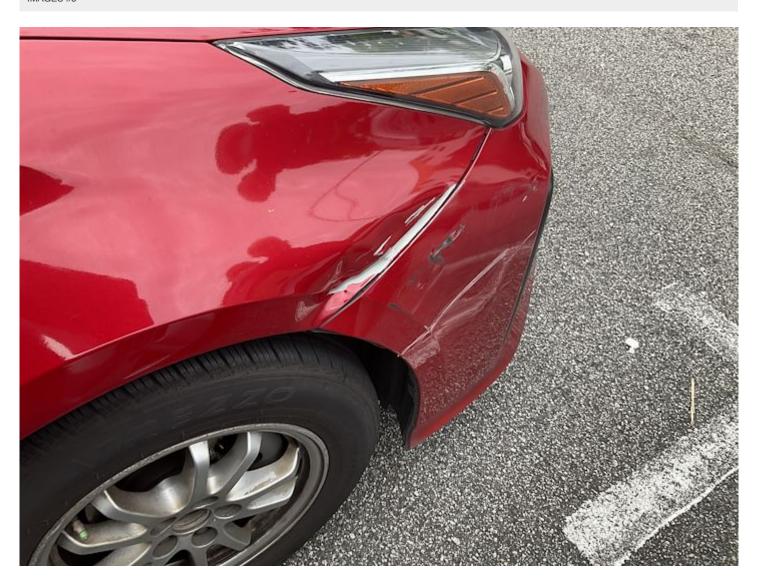


1











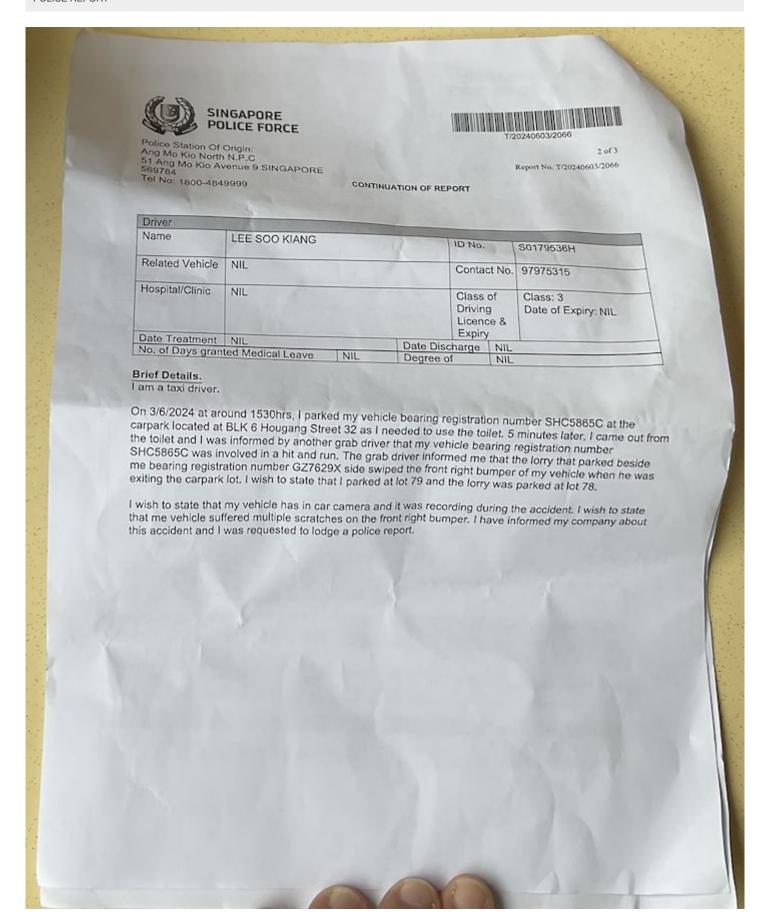
















Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

l of 3 Report No. T/20240603/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: 03/06/2024 17:23

Station Diary No.:

	nt's Partic			CONTRACTOR OF THE PERSON NAMED IN
Name of Informant: LEE SOO KIANG ID Type / ID No.: NRIC NO / S0179536H Nationality: SINGAPORE CITIZEN			Address: 698B HOUGANG STREET 61 #10-322 SINGAPORE 532698	
		36H	Contact No.: Home/Office:	Mobile: 97975315
		EN	Email:	
Sex: Male	Age: 71	Date of Birth: 30/01/1953	Type of Informant: Driver	The second
Race: Chinese Occupation: TAXI DRIVER			Language: Chinese	
			Driving Licence Information: Class: 3	Date of Expiry:

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
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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:

THE RESERVE OF THE PARTY OF THE	ehicle Involve	Make	Model	Color	Conditio	No of Passenger
Vehicle No. GZ7629X	Motor van	NISSAN		Silver		0
SHC5865C	Motor car	TOYOTA		Red	Slightly	0

Details of Person Involved	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

