# **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 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 13/03/2024 12:23 (SGT) Reported by **Actual Driver** Date of Accident 13/03/2024 06:10 (SGT) Exact Location of Accident Singapore Additional Location Information CHANGI AIRPORT TERMINAL 1 TAXI QUEUE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Toyota

1798

Vehicle Registration Number SHF612H

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

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 No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto

**INSURANCE COMPANY** 

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

DRIVER

CC

Name of Driver YEOH SENG HENG NRIC No S2153229J Date Of Birth 02/04/1955 Occupation Outdoor

Driving Pass Date 07/12/1982 Driving experience 41 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-88571060 Alt. Phone Number Email Address YEOSENGHENG34@GMAIL.COM Address 5 BEACH ROAD #09-4937 Address complement Postcode 190005 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS QUEUE IN THE TAXI QUEUE AT CHANGI AIRPORT TERMINAL 1. I WAS MOVING SLIGHTLY FORWARD. SHB6262R FROM BEHIND COLLIDED INTO THE REAR OF MY VEHICLE. THE OTHER PARTY MENTIONED NO DAMAGE AND DID NOT EXCHANGE PARTICULARS. NO INJURIES REPORTED. 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 VIDEO IS SUBMITTED TO WORKSHOP

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHB6262R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	UNKNOWN
Contact Number	_
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

## IMPORTANT NOTICE

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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
- (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

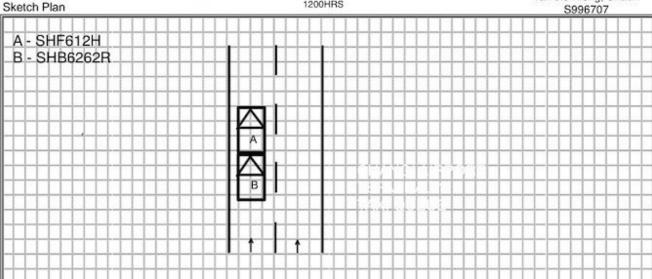
driver is not the policyholder) / Date Driver's Signature & Time 13/03/2024

1200HRS

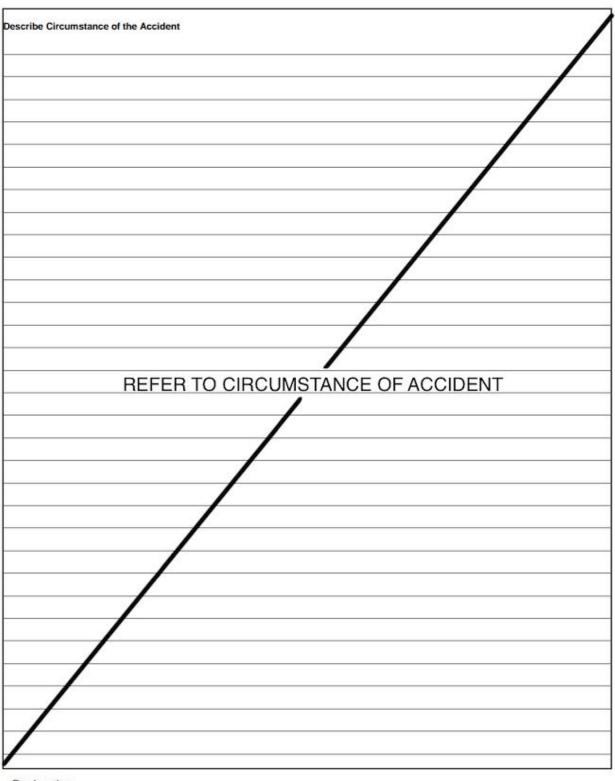
Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) Tan Jie Xiong, Shaun

S996707







Declaration

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

Policyholder's Signature / Date & Time

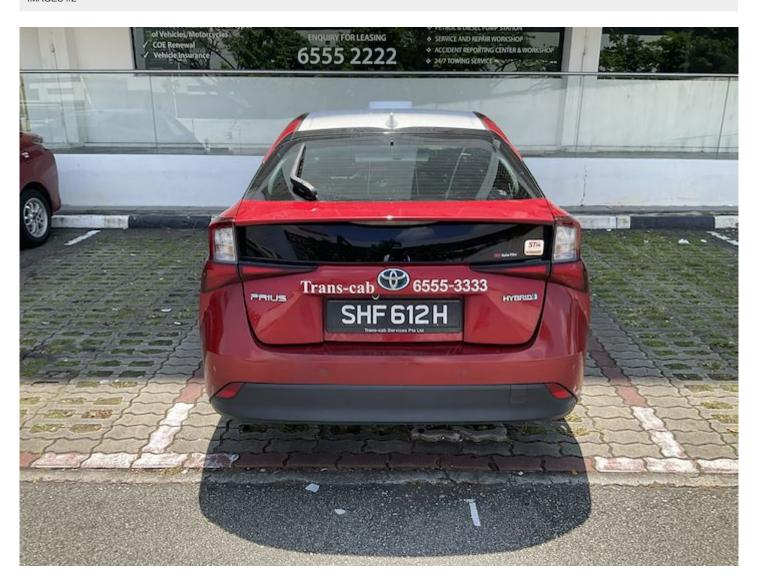
Driver's Signature (if driver's not the policyholder) / Date & Time 13/03/2024 1200HRS

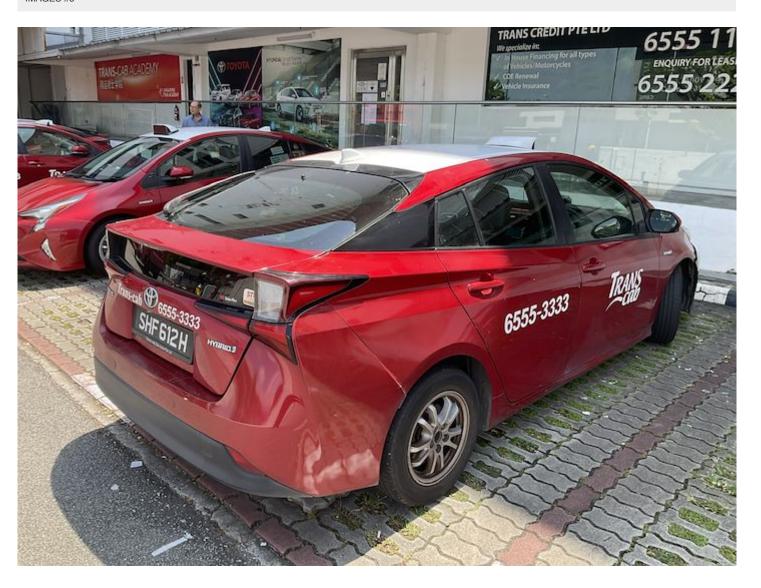
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

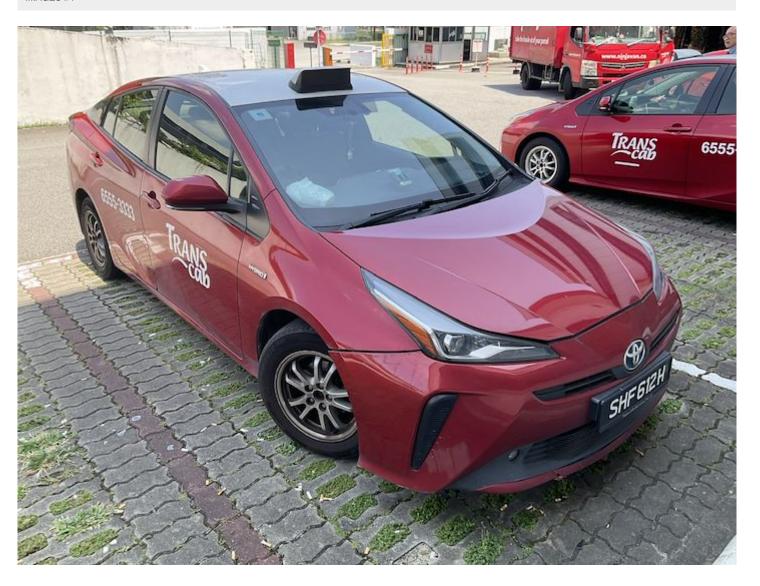
> Tan Jie Xiong, Shaun S996707

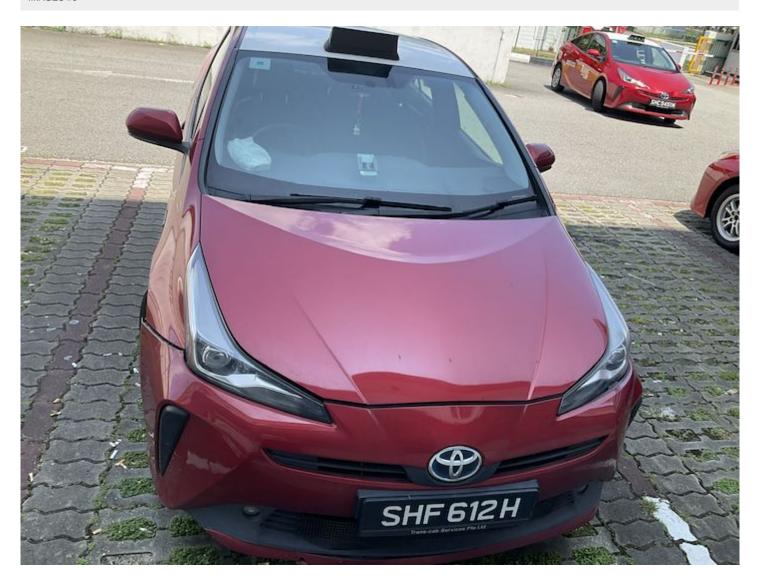
2















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

		ADDEND	им			
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENT	s:			
	Original Report No: _	SN072443D000G	_ Vehicle Registration No: _	SHF612H		
		YEOH SENG HENG				
	(*Vehicle Driver/Vehi	icle Owner) (*) Please delete as ap	ppropriate			
	Address:5	BEACH ROAD #09-4937 S(190005)	)	Singapore ( )		
	Contact (Tel):		Mobile No.: 88571060	E		
	Email Address: YE	OHSENGHENG34@GMAIL.COM	-			
	Date of Accident:	13/3/2024	_ Time of Accident:	S10HRS		
	Place of Accident:	CHANGI AIRPORT TERMINAL 1	TAXI QUEUE			
	Insurance Company:	INCOME INSURANCE LIMITE	D			
'D\	ADDITIONAL INCORN	NATION /AMENDMENTS:				
	I have made a report on the above-mentioned accident and would like to include additional information o make the following amendments:					
	AMEND DRIVE					
	Policyholder / Driver's Date:	s Signature 3/2024		connel's Signature E XIONG, SHAUN S8627695Z 13/3/2024		

GIARMC Addendum Form