

# 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 .....	30/09/2024 16:49 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	28/09/2024 18:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MCE INTO ECP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHF623B
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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
Vehicle Fuel .....	Petrol-Electric
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 .....	TAN SIEW BOEK
NRIC No .....	S1632671B
Date Of Birth .....	14/01/1964
Occupation .....	Indoor
Driving Pass Date .....	13/07/1982
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	42 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83592377
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 180C MARSILING ROAD #27-2238
Address complement .....	-
Postcode .....	733180
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 .....	P1
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002448999
Alt. Police Station Phone No .....	(Fax) +65-62446558
Police Station Address .....	20 Chai Chee Drive Singapore 469045
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? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SDX4882X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TAN SIEW BOEK  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK PAIN, GIVEN 5 DAYS MC.  
Injured person in which vehicle? ..... SHF623B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

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*[Handwritten signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time **30/09/24**

*Salvo*

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

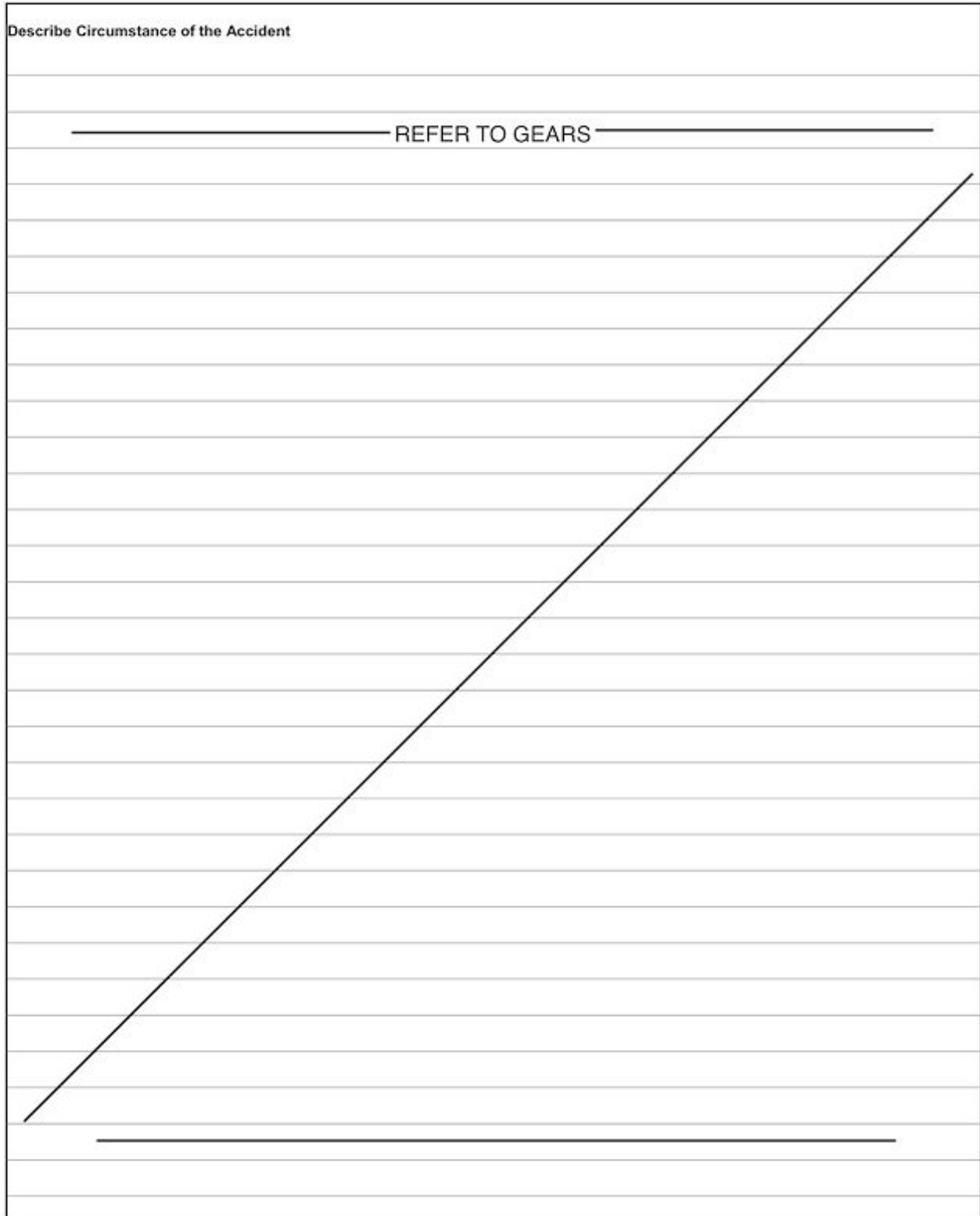
371400771

A - SHF623B  
B - SDX4882X

◁ A ⊞ B

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 **30/09/24**



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) **Loo Han Ho**  
**S7140077H2**




















**SINGAPORE  
POLICE FORCE**


T/20240930/2070

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3  
Report No. T/20240930/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/09/2024 16:00	Vide Report No.:	Station Diary No.: 39
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**Informant's Particulars**

Name of Informant: TAN SIEW BOEK	Address: 180C MARSILING ROAD #27-2238 SINGAPORE 733180
ID Type / ID No.: NRIC NO / S1632671B	Contact No.: Home/Office: Mobile: 83592377
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 60 Date of Birth: 14/01/1964	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Taxi driver	Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2024 18:45	Type of Location: Straight Road
Location:  MARINA COASTAL EXPRESSWAY			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDX4882X	Motor car	TOYOTA		Black	Slightly Damaged	2
SHF623B	Taxi	TOYOTA		Red	Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



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Report No. T/20240930/2070

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	DENNIS LOON WEI JIE	S9126366A	
<b>Related Vehicle</b>		<b>Contact No.</b>	
SDX4882X (Motor car)		97865730	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry</b>	
NIL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
NIL		NIL	
<b>No. of Days granted Medical Leave</b>		<b>Degree of</b>	
NIL		NIL	
<b>Driver</b>		<b>ID No.</b>	
Name	TAN SIEW BOEK	S1632671B	
<b>Related Vehicle</b>		<b>Contact No.</b>	
SHF623B (Taxi)		83592377	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry</b>	
OASIS FAMILY CLINIC		Class: 3 Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
30/09/2024		30/09/2024	
<b>No. of Days granted Medical Leave</b>		<b>Degree of</b>	
05		Slight	

**Brief Details.**

On the 28/09/2024 at about 1845hrs I was driving my taxi bearing, SHF623B along MCE expressway. There was a passenger in my taxi who was sited at the left rear passenger seat at that point of time. I was travelling on the fourth lane of the five-lane road. The traffic was moving slow at that point of time as there were ongoing road works. As I was travelling, just before Fort Road exit, suddenly I felt an impact at the rear of my vehicle. Due to the impact my taxi moved and entered the fifth lane. Both me and the other driver alighted from our vehicles. We made a check with our passengers and all of us did not require any medical attention at that point of time.

Both me and the other driver took photos of the accident. We then exchanged our particulars with each other. We decided to settle this issue through insurance. We then left from the said location,

On the same day after I reached home, I felt pain on my neck area, lower back head area and legs. However, the following day, the pain increased as such I decided to visit the doctor today and obtained a total of 5 days of MC.

I would like to inform that due to the accident, there are damages on the rear of my vehicle. I do have in-car camera installed in my taxi however, it is the front camera. I have already informed my taxi insurance company of the incident, and I was advised to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20240930/2070

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Report No. T/20240930/2070

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
G /  
SGT 3 SARVESHVERAN S/O  
JAGATHESAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/09/2024 16:00

Officer In Charge Of Case:  
TP / GIA /  
SUPT (1) PHNG KAR SOON  
Contact No.: 65476439

Classification Of Case:

NP168