

## 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 .....	24/01/2024 19:31 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/01/2024 10:20 (SGT)
Exact Location of Accident .....	MCE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB7648E
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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

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	TOH BUAN HUAT
NRIC No .....	S1582580D
Date Of Birth .....	10/05/1963
Occupation .....	Outdoor

Driving Pass Date .....	31/03/1982
Driving experience .....	41 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93638729
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 77 #06-81
Address complement .....	PUNGGOL CENTRAL
Postcode .....	828758
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	TAKAGI KEN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240123/2075

#### 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 .....	PLEASE E-MAIL TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKP6790Z
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) .....	-

# SKETCH PLAN

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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

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

## Sketch Plan

A - SHB7648E  
B - SKP6790Z

Describe Circumstance of the Accident

Declaration

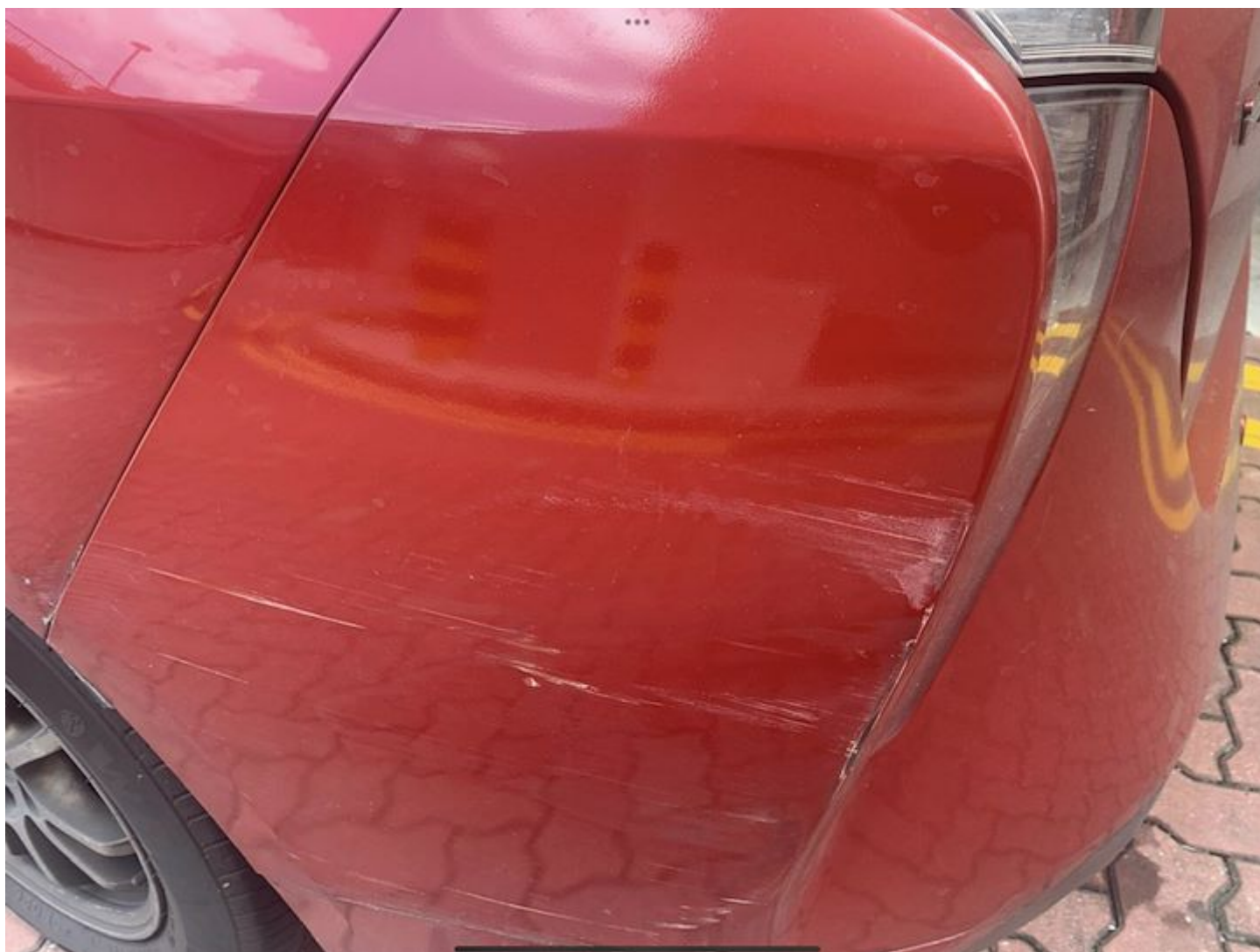
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

24/01/2024 & 1900HRS

Mohammad Ikhlas Bin Abdul Aziz  
Witnessed by Reporting Centre Personnel  
(Name as in NRCID card)



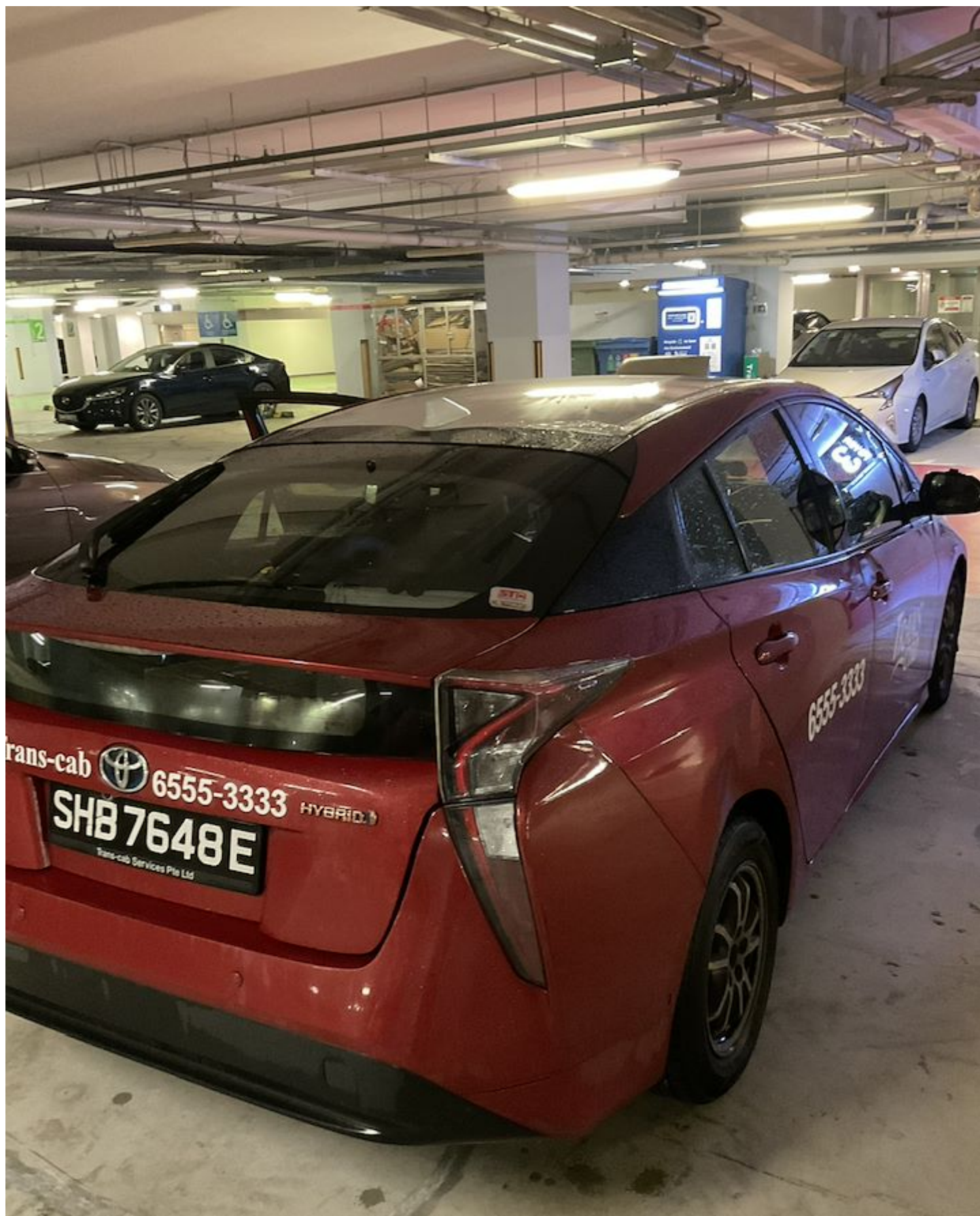




















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999



T/20240123/2075

1 of 3

Report No: T/20240123/2075

<b>REPORT OF A TRAFFIC ACCIDENT</b>		Vide Report No.:	Station Diary No.:
Date/Time Report Made: 23/01/2024 18:15			61
<b>Informant's Particulars</b>			
Name of Informant: TOH BUAN HUAT		Address: BLK 77 PUNGGOL CENTRAL #06-81 SINGAPORE 828758	
ID Type / ID No.:		Contact No.:	Mobile: 93638729
NRIC NO / S1582580D		Home/Office:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 10/05/1963	Type of Informant: Driver
Race: Chinese			Language:
Occupation: Taxi driver			Driving Licence Information: Class: 3
			Date of Expiry:

<b>General Information of the Accident</b>			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2024 10:20
Location: MARINA COASTAL EXPRESSWAY		Type of Location: Straight Road	
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light
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
SHB7648E	Motor car				Slightly Damaged	1
SKP6790Z	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999



T/20240123/2075

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Report No. T/20240123/2075

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 AMIRUL ASRI BIN  
MOHAMED REDHWANSignature Of Interpreter:  
Not applicableOfficer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT NEO ZHI YUAN  
Contact No.: 65476079

Signature Of Informant:

Date/Time:  
23/01/2024 18:15

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20240123/2075

2 of 3

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20240123/2075

**CONTINUATION OF REPORT**

Driver			
Name	TOH BUAN HUAT	ID No.	S1582580D
Related Vehicle	SHB7648E (Motor car)	Contact No.	93638729
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23/01/2024 at about 1020hrs I was traveling along Marina Coastal Expressway at the first lane going towards Maxwell Road to drop my passenger. While traveling at the Marina Coastal Expressway Tunnel there was a White Volvo bearing plate number SKP6790Z who was turning to the first lane. However, while he was merging to the first lane the White Volvo hit my Red TransCab Toyota Prius (SHB7648E) on the left rear bumper causing it to have some dents and scratches. After I feel the hit coming from my left rear, I then filter to the left wanting to stop however the White Volvo continue driving off. I have one passenger (Takagi Ken, 91290044) in my taxi when the incident happens and all of it was captured on my in-car camera. Upon seeing the White Volvo driving off I then continue to drive to my passenger destination, once arrived I then drop my passenger and check on the damages on my taxi. No ambulance nor police attendant to me. My passenger and I were not injured.