

# 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 20:46 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	29/09/2024 19:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIMS AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD9925G
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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 .....	CHUA GAIK SIEW LILY
NRIC No .....	S0089620I
Date Of Birth .....	19/09/1952
Occupation .....	Indoor
Driving Pass Date .....	13/03/1993
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	31 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98553083
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 492F TAMPINES STREET 45 #11-704
Address complement .....	-
Postcode .....	526492
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? .....	Yes
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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
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 ..... GY4298S  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... CHUA GAIK SIEW LILY  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... 72  
Injuries Sustained ..... NECK & HEAD PAIN. GIVEN 6 DAYS MC.  
Injured person in which vehicle? ..... SHD9925G  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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**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.

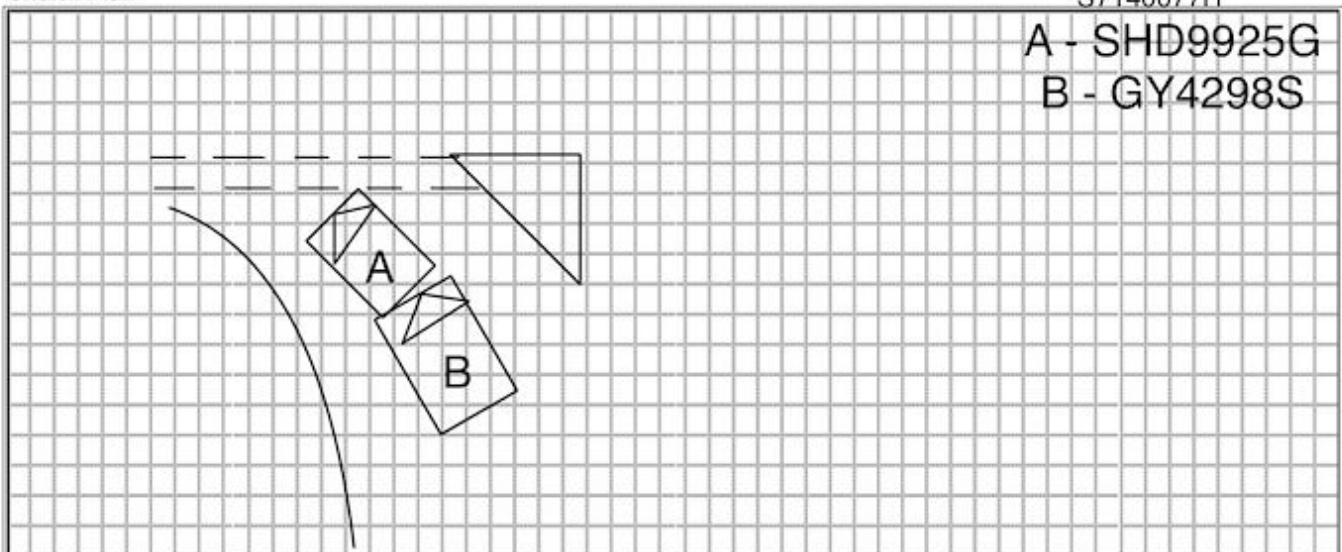
Policyholder's Signature / Date & Time

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

30/09/24

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

Sketch Plan



A - SHD9925G  
B - GY4298S


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**







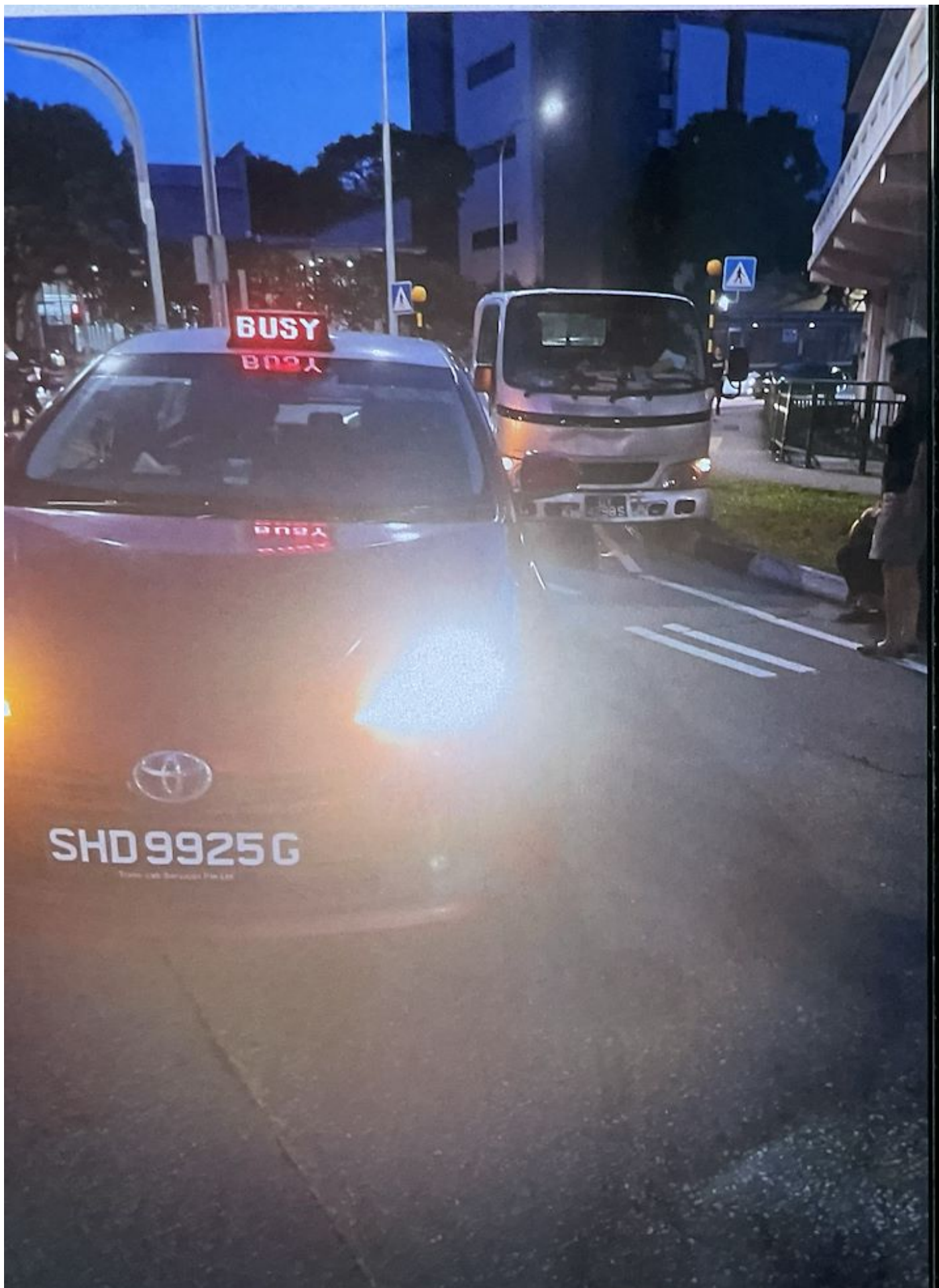




















**SINGAPORE  
POLICE FORCE**



T/20240930/2054

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20240930/2054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/09/2024 14:10		Vide Report No.: G/20240929/0177		Station Diary No.: 42
<b>Informant's Particulars</b>				
Name of Informant: CHUA GAIK SIEW LILY		Address: 492F TAMPINES STREET 45 #11-704 SINGAPORE 526492		
ID Type / ID No.: NRIC NO / S00896201		Contact No.: Home/Office: Mobile: 98553083		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 72	Date of Birth: 19/09/1952	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 29/09/2024 19:05	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GY4298S	Lorry			Silver		0
SHD9925G	Motor car					1

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



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20240930/2054

2 of 3

Report No. T/20240930/2054

## CONTINUATION OF REPORT

Driver		ID No.	S0089620I
Name	CHUA GAIK SIEW LILY		Contact No. 98553083
Related Vehicle	SHD9925G (Motor car)		Class: 3 Date of Expiry: NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL		
Date Treatment	29/09/2024	Date Discharge	30/09/2024
No. of Days granted Medical Leave	06	Degree of	NIL

### Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SHD9925G along Sims Ave towards Paya Lebar at the slip road. As I was about to move off, there was oncoming traffic which caused me to brake. The lorry behind me, GY4298S, moved off and collided onto the rear of my vehicle. We took pictures of the accident. Ambulance and traffic police was at scene. I have a passenger who is my sister namely, Bertie Chua, hp: 97703239. I then went to Changi General hospital and received 6 days of mc dated from the 29/09/24 till 04/10/24. Injuries are headache and neck pain.

There is inbuilt car camera in the vehicle. I was advised by the traffic police to lodge a police report.



**SINGAPORE  
POLICE FORCE**

T/20240930/2054

3 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20240930/2054

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
G /  
SR STAFF SGT ABDUL  
RAHMAN BIN MOHAMED ALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 65476367

NP168

Signature Of Informant:

Date/Time:  
30/09/2024 14:10

Classification Of Case: