# **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.

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   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 21/10/2024 16:38 (SGT) Reported by **Actual Driver** Date of Accident 21/10/2024 12:25 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(TUAS) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHB7996A

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 **OTHERS** Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

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

CC 1798 Vehicle Fuel Petrol First Regisration 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 KIM HUNG NRIC No S1813141B Date Of Birth 23/12/1967 Occupation Outdoor Driving Pass Date 27/12/1990 Driving License Pass Class Driving License Validity Valid Driving experience 33 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97218855 Alt. Phone Number Email Address CLAIMS@TRANSCAB.COM.SG Address **BLK 83 WHAMPOA DRIVE** Address complement #03-288 Postcode 320083 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

T/20241021/2040

REFER TO POLICE REPORT NO:

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

VIDEO SUBMITTED TO TRANSCAB

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YQ5690P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **CHEN GUIBO** Passport No/FIN G8912850T Contact Number (Phone) +65-88215155 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 KIM HUNG Gender Male Phone No (Phone) +65-97218855 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained STRAIN ON LOWER BACK, NECK AND GIDDY HEAD. Injured person in which vehicle? SHB7996A Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

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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.

- 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 or more of the above Purposes.

Jula

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 21/10/2024 16:30 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

YUNOS S099951

Sketch Plan

A - SHB7996A

B - YQ5690P

B - PIE(TUAS)

scribe Circumstance of the Accident	
REFER TO POLICE REPO	
T/20241021/2040	
eclaration	
We declare the foregoing particulars are true in every respect.	1/
Drown	X
X	

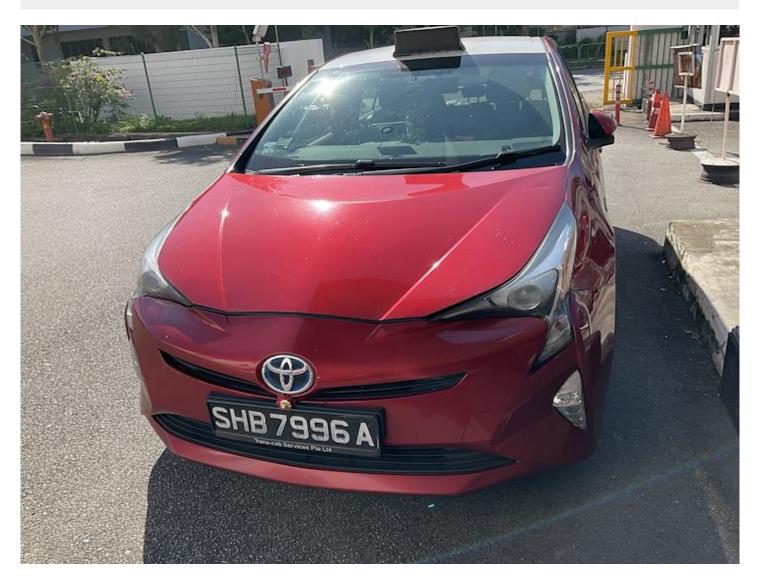
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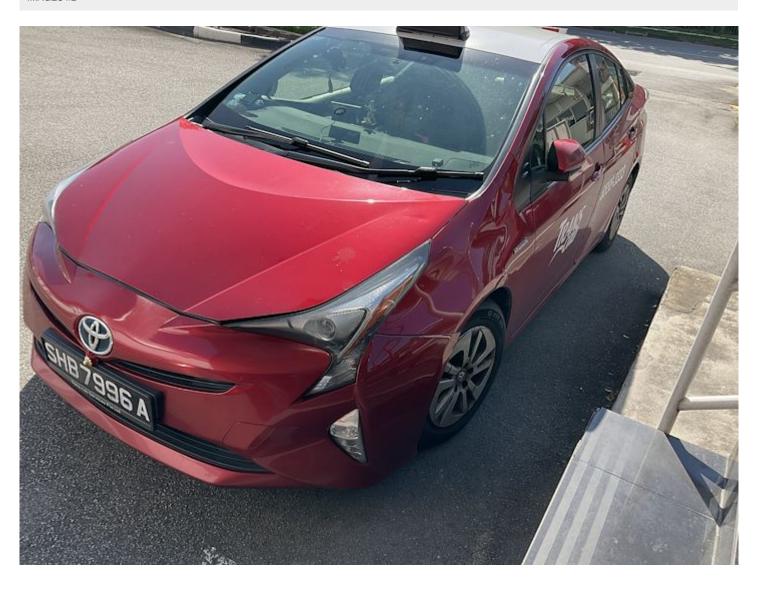
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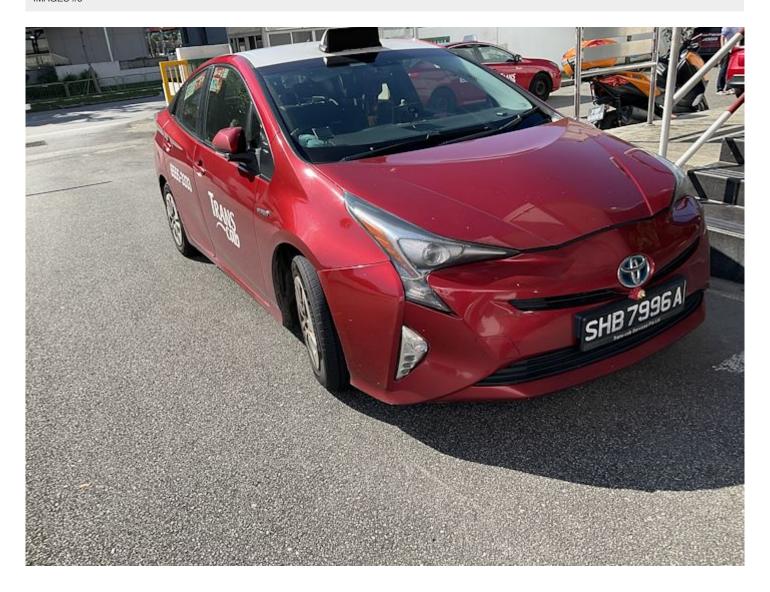
2

(Name as in NRIC/ID card)

MOHAMMAD YUNOS S099951



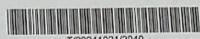












Date of Expiry:

Report No. T/20241021/2040

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

Tel No: 1800-4849999

Occupation:

Taxi driver

# REPORT OF A TRAFFIC ACCIDENT

Date/Tim 21/10/20	ie Report M 24 15:49	ade:	Vide Report No.:	Station Diary No.: 28
Informa	nt's Particu	ılars		
Name of TAN KIN	Informant: I HUNG		Address: APT BLK 83 WHAMPOA DRI	VE #03-288 SINGAPORE 320083
	/ ID No.: D / S181314	41B	Contact No.: Home/Office:	Mobile: 97218855
National SINGAP	ity: ORE CITIZ	EN	Email: kimhung3288@gmail.com	
Sex: Male	Age: 56	Date of Birth: 23/12/1967	Type of Informant: Driver	
Race: Chinese			Language: English	

Driving Licence Information:

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2024 12:25	Type of Location: Straight Road
Location: PAN-ISLAND	EXPRESSWAY			
Lamp Post N Weather:	umber: 331	Road Surface: Dry		
Clear Traffic Flow: Dual Carriage	e Wav	Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis		d To Rear		Anyone conveyed by ambulance: No

	ehicle Involve	Make	Model	Color	Conditio	No of Passenger
Vehicle No.	Type	Make	100000000000000000000000000000000000000	D-4	Slightly	1
SHB7996A	Motor car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Damaged	
YQ5690P	Lorry	ISUZU	NPR85UH5A 3.0 AMT D/AB	White		0



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

Tel No: 1800-4849999



Report No. T/20241021/2040

CONTINUATION OF REPORT

Details of Perso Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian (	roseir	na: NA
Driver			030 011 0	destriari	2103311	ig. iv.
Name	TAN KIM HUNG		ID No.		S1813141B	
Related Vehicle	SHB7996A (Motor car)			Contact No.		97218855
Hospital/Clinic	J J CLINIC & SURGERY		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date Treatment	21/10/2024 Date D		Date Dis			
No. of Days gran	ted Medical Leave	Degree	of	Sligh	t	
Driver						DOCADOSOT
Name	CHEN GUIBO		ID No		G8912850T	
Related Vehicle	YQ5690P (Lorry) NIL			Class of Driving Licence & Expiry		. 88215155
Hospital/Clinic						Class: NIL Date of Expiry: NIL
5 . T	NIL		Date D	ischarge	The second second	
Date Treatment	ited Medical Leave	NIL	Degre	e of	NIL	

On 21/10/2024 at about 12.25pm, I was performing cabby duties on board my taxi (Reg Plate: SHB7996A). During which, I was driving along PIE (towards Tuas), intending to ferry a passenger, who was seated at the rear passenger seat, from 26 Flora Drive to Plaza Singapura. Initially, I was driving on the 1st lane of the 3-lane road.

Before passing by the exit of Bedok North Ave 3, I noticed that there were orange cones on the roadside of the said lane. Thus, believing that there was roadworks ahead on the said lane, I decided to signal left and proceed to perform a lane change into the 2nd lane. Everything was in order.

When I managed to merge into the 2nd lane, the traffic in front of me came to a slight standstill. As such, I applied my brakes as well.

At this juncture, I felt an impact coming from the rear of my taxi. I checked my rear-view mirror and realized that a lorry (Reg Plate: YQ5690P) had collided onto the rear of my taxi.

After the collision, both vehicles were stationary, and the driver and I alighted from our respective vehicles. My passenger remained in the taxi, and she informed that she was not injured and did not require any medical attention. The driver of the lorry also did not have any visible injury, nor did he complain of any pain. I, on the other hand, I felt pain on my lower back



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

Tel No: 1800-4849999



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CONTINUATION OF REPORT

and the back of my neck. However, I did not call for any ambulance as I was still able to drive.

The driver of the lorry and I went on to exchange particulars and took photos of the accident scene before leaving separately.

Later, the pain became unbearable, and my company advised me to seek medical treatment. On the same day at about 2pm, I visited J J Clinic & Surgery where I sought outpatient treatment and was issued with 3 days MC from 21/10/2024 to 23/10/2024.

The damages to my taxi are crack lines of the rear bumper but my company informed me that there were extensive damages on the internal portion of my taxi. There is an in-car camera installed in my taxi and the footage has been retrieved by my company.

