

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	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
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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	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 your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol
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 KIM HUNG
NRIC No	S1813141B
Date Of Birth	23/12/1967
Occupation	Outdoor
Driving Pass Date	27/12/1990
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
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?	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO :
T/20241021/2040

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 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)	2

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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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

21/10/2024
16:30

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

YUNOS S099951

Sketch Plan

A - SHB7996A

B - YQ5690P

PIE(TUAS)

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :
T/20241021/2040

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

21102024 16:30



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

MOHAMMAD YUNOS
S099951

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**SINGAPORE
POLICE FORCE**


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

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Report No. T/20241021/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2024 15:49	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: TAN KIM HUNG			Address: APT BLK 83 WHAMPOA DRIVE #03-288 SINGAPORE 320083	
ID Type / ID No.: NRIC NO / S1813141B			Contact No.: Home/Office:	Mobile: 97218855
Nationality: SINGAPORE CITIZEN			Email: kimhung3288@gmail.com	
Sex: Male	Age: 56	Date of Birth: 23/12/1967	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
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 Number: 331				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHB7996A	Motor car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Slightly Damaged	1
YQ5690P	Lorry	ISUZU	NPR85UH5A 3.0 AMT D/AB	White		0



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Report No. T/20241021/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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 Discharge	21/10/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	CHEN GUIBO	ID No.	G8912850T
Related Vehicle	YQ5690P (Lorry)	Contact No.	88215155
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

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.



**SINGAPORE
POLICE FORCE**



T/20241021/2040

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Report No. T/20241021/2040

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.

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T/20241021/2040

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Report No. T/20241021/2040

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SR STAFF SGT MUHAMMAD
FAHMY BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

Date/Time:
21/10/2024 15:49

Classification Of Case: