

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 09:47 (SGT)
Reported by	Actual Driver
Date of Accident	19/10/2024 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT PANJANG ROAD TECK WHYE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF553U
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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	NG POI ENG
NRIC No	S0212148D
Date Of Birth	25/03/1951
Occupation	Outdoor
Driving Pass Date	15/05/1972
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	52 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81986414
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	34 SEGAR ROAD
Address complement	#07-35
Postcode	677723
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)	4
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

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 :
F/20241019/2062

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	GBB9682M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OH KIM ANN
NRIC No	S2628328J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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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
09:30

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

YUNOS S099951

Sketch Plan

<p>A - SHF553U B - GBB9682M</p>	
<p>BUKIT PANJANG ROAD</p>	

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :
F/20241019/2062

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 09:30

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

MOHAMMAD YUNOS
S099951

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**SINGAPORE
POLICE FORCE**



F/20241019/2062

1 of 2

POLICE REPORT (NP299)

Report No. F/20241019/2062

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 19/10/2024 19:41		Vide Report No.		Station Diary No. 37	
Name Of Informant NG POI ENG		Address 34 SEGAR ROAD #07-35 SINGAPORE 677723			
ID Type / ID No. NRIC NO / S0212148D		Contact No. Home/Office		Mobile 81986414	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 73	Date of Birth 25/03/1951	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 19/10/2024 18:40		Location Of Incident 1 JELEBU ROAD BUKIT PANJANG PLAZA SINGAPORE 677743			

Brief details

On 19/10/2024 at approximately 1640hrs, I was driving a Transcab with registration number SHF553U. As I was travelling along the road adjacent to Bukit Panjang Plaza, approaching the straight road towards Teck Whye Road near Lamppost 12, my vehicle came to a stop at the traffic light. Whilst stationary and waiting for the signal to turn green, a lorry bearing registration number GBB9682M suddenly collided with the rear of my vehicle. The impact resulted in a dented rear bumper and shattered glass.

Following the collision, we moved our vehicles to the side of the road to assess the situation. Fortunately,

Signature Of Officer Recording The Report:
F / SGT 3 KONG ZI YANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
SR STAFF SGT SHAHRUL SOPHAN BIN JUMAAT
Contact No.: 64849999

Signature Of Informant:

Date/Time:
19/10/2024 19:41

Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20241019/2062

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POLICE REPORT (NP299)

CONTINUATION OF REPORT


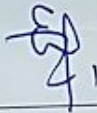
Report No. F/20241019/2062

no one was injured in the accident. We exchanged personal details and agreed to proceed with an insurance claim.

The driver of the lorry provided the following information:

Name: Oh Kim Ann

NRIC: S2628328J

<div>SINGAPORE POLICE FORCE</div> <div>SN 154</div> <div>Signature Of Officer Recording The Report: F / SGT 3 KONG ZI YANG</div> <div> SIGNATURE</div>	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2024 19:41
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SR STAFF SGT SHAHRUL SOPHIAN BIN JUMAAT Contact No.: 64849999	Classification Of Case: