

## 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 .....	28/10/2024 16:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/10/2024 19:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BENCOOLEN STREET
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD755P
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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 .....	OTHERS
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 - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1995
Vehicle Fuel .....	Diesel
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 .....	LOH SWEE KEONG
NRIC No .....	S0117064C
Date Of Birth .....	19/01/1953
Occupation .....	Outdoor
Driving Pass Date .....	05/03/1976
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	48 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97970403
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	BLK 19 JALAN SULTAN
Address complement .....	#09-186
Postcode .....	190019
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	1
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 .....	-

#### 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/20241028/2060

#### 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 .....	SNC1054G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90888925
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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.
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  
28/10/2024  
14:30

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

YUNOS S099951

Sketch Plan

<div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 100px;">NO COLLISION</div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 100px;">BENCOOLEN STREET</div>	<div style="text-align: center;"> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">A - SHD755P</div> <div style="font-size: 24px; font-weight: bold;">B - SNC1054G</div> </div>
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Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :  
F/20241028/2060

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 28102024 16:30



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

MOHAMMAD YUNOS  
S099951

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**SINGAPORE  
POLICE FORCE**

F/20241028/2060

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**POLICE REPORT (NP299)**

Report No. F/20241028/2060

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 28/10/2024 15:23	Vide Report No.	Station Diary No. 60
Name Of Informant LOH SWEE KEONG	Address 19 JALAN SULTAN #09-186 SINGAPORE 190019	
ID Type / ID No. NRIC NO / S0117064C	Contact No. Home/Office	Mobile 97970403
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 71
Institution/School Name	Date of Birth 19/01/1953	Race Chinese
Date/Time Of Incident 24/10/2024 19:20	Location Of Incident BENCOOLEN STREET SINGAPORE	

**Brief details**

On 24/10/2024, at around 1920hrs, I was driving my Transcab license plate "SHD755P" along Bencoolen Street. I was driving on the second lane when I observed that it was red light, I braked and managed to stop.

However, there was a vehicle in front of me "SNC1054G" and the driver came down from his vehicle to make a check on his vehicle. Subsequently, he came to inform that I had knocked into his vehicle. I wish to state that I did not hear or knocked into the vehicle.

Signature Of Officer Recording The Report: F / SGT 3 WU QIAN RONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2024 15:23
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SGT 3 KERK LI PING Contact No.: 64849999	Classification Of Case:

**SINGAPORE  
POLICE FORCE**

F/20241028/2060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20241028/2060

No one was injured, no damage to either vehicle.

We have exchanged our contact numbers.

I have informed my supervisors about it and I am lodging for record purposes.

Signature Of Officer Recording The Report:  
F / SGT 3 WU QIAN RONG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio North N.P.C /  
SGT 3 KERK LI PING  
Contact No.: 64849999

Signature Of Informant:

Date/Time:  
28/10/2024 15:23

Classification Of Case: