

## 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 09:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/10/2024 14:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVENUE 3
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB7539L
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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 .....	1798
Vehicle Fuel .....	-
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 .....	TOH CHIN SAN
NRIC No .....	S6900121A
Date Of Birth .....	09/01/1969
Occupation .....	Outdoor
Driving Pass Date .....	20/07/1989
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	35 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90053586
Alt. Phone Number .....	-
Email Address .....	CONSTANCE@CPAGLAR.COM.SG
Address .....	457B SENGKANG WEST ROAD
Address complement .....	#06-370
Postcode .....	792457
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 .....	Chain 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 .....	3
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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
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 ..... GBH3190Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... NG JUN XIAN  
NRIC No ..... S9470611D  
Contact Number ..... (Phone) +65-82822195  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SLK3690M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private hire  
Name of Driver ..... KONG GI FATT  
NRIC No ..... S1294918I  
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 ..... TOH CHIN SAN  
Gender ..... Male  
Phone No ..... (Phone) +65-90053586  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... NECK SPRAIN, SHOULDER ACHE, BACKACHE.  
Injured person in which vehicle? ..... SHB7539L  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****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 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

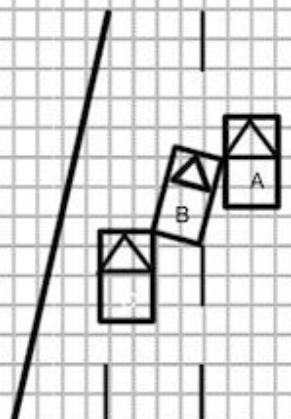
28/10/2024  
0830HRS

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

Tan Jie Xiong, Shaun  
S996707

Sketch Plan

A - SHB7539L  
B - GBH3190Z  
C - SLK3690M



ANG MO KIO AVENUE 3

Describe Circumstance of the Accident

REFER TO POLICE REPORT

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



28/10/2024  
0830HRS

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



Tan Jie Xiong, Shaun 2  
S996707





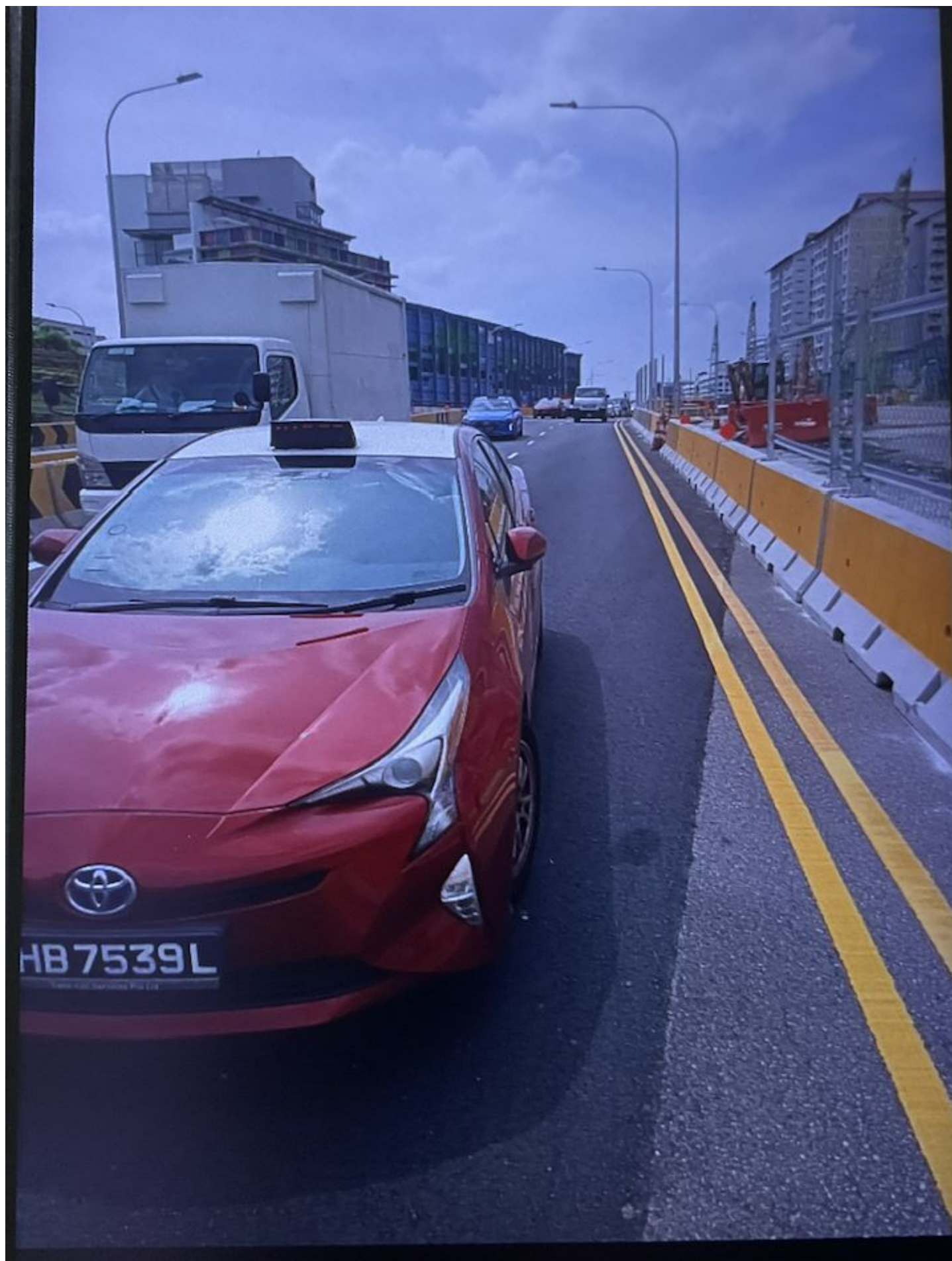




































# SINGAPORE POLICE FORCE



T/20241026/2066

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20241026/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2024 18:34	Vide Report No.:	Station Diary No.: 48
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### Informant's Particulars

Name of Informant: TOH CHIN SAN	Address: 457B SENGKANG WEST ROAD #06-370 SINGAPORE 792457		
ID Type / ID No.: NRIC NO / S6900121A	Contact No.: Home/Office: Mobile: 90053586		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 55	Date of Birth: 09/01/1969	Type of Informant: Driver
Race: Chinese	Language: Chinese		
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

### General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 26/10/2024 14:45	Type of Location: At the Bend
Location: ANG MO KIO AVENUE 3			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBH3190Z	Panel Van					0
SHB7539L	Taxi				Slightly Damaged	1
SLK3690M	Sedan car					0





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



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Report No. T/20241026/2066

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	Ng Jun Xian	ID No.	S9470611D
Related Vehicle	GBH3190Z (Panel Van)	Contact No.	82822195
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
Driver			
Name	TOH CHIN SAN	ID No.	S6900121A
Related Vehicle	SHB7539L (Taxi)	Contact No.	90053586
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	26/10/2024	Date Discharge	26/10/2024
No. of Days granted Medical Leave	03	Degree of	NIL
Driver			
Name	Kong Gi Fatt	ID No.	S1294918I
Related Vehicle	SLK3690M (Sedan car)	Contact No.	NIL
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 26/10/2024 at about 1445hrs, I was driving my vehicle (SHB7539L) with one female passenger (Ong Hui Sin, Irene, 84822207) along Ang Mo Kio Avenue 3 towards the direction of Hougang Avenue 2. There was a merging lane from 3 lane into 2-lane due to ongoing construction work at the area. I was driving on the rightmost lane of a 3-lane road just before the merging into 2-lanes. (Before entering the underpass) As I drove along the merging lane (rightmost lane). A van (GBH3190Z) came from the left and collided on the left side of my vehicle. There were damages on both of my left doors. I then stopped and make a check on passenger first and she informed me that she isn't injured and does not need any medical



**SINGAPORE  
POLICE FORCE**

T/20241026/2066

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Report No. T/20241026/2066

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**CONTINUATION OF REPORT**

attention. The Van (GBH3190Z) driver then informed me that he collided on my left was due to a vehicle (SLK3690M) from behind hit on him, and he swerved into my direction. We all exchange our particulars and shortly left the scene.

At that point of time there were no medical attention needed. Shortly after, I felt discomfort and pain on my neck, arms and back areas. I then seek medical treatment and was given a total of 3 days MC from 26/10/2024 to 28/10/2024. I would like to state that my vehicle in car-camera was faulty. I am lodging this report for insurance claim purposes.

I then asked my passenger if she can be my witness of this incident which she agreed.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20241026/2066

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Report No. T/20241026/2066

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
E /  
SGT 2 CHO VIN THAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/10/2024 18:34

Officer In Charge Of Case:  
TP / GIA /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Classification Of Case:

NP168