

# 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 .....        | 18/11/2024 11:17 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 16/11/2024 16:00 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | BARTLEY ROAD EAST      |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SHD648R |
|-----------------------------------|---------|

### 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 - Claiming third party |
| 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 .....   | YEOW KIAN HENG                |
| NRIC No .....  | S7139592H                     |
| Date Of Birth .....  | 04/11/1971                    |
| Occupation .....   | Outdoor                       |
| Driving Pass Date .....  | 20/09/2005                    |
| Driving License Pass Class .....                                   | 3                             |
| Driving License Validity .....                                     | Valid                         |
| Driving experience .....   | 19 YEARS AND 2 MONTHS         |
| Gender .....   | Male                          |
| Mobile Number .....  | (Phone) +65-87111944          |
| Alt. Phone Number .....  | -                             |
| Email Address .....  | CLAIMS@TRANSCAB.COM.SG        |
| Address .....  | BLK 114 JURONG EAST STREET 13 |
| Address complement .....   | #03-398                       |
| Postcode .....   | 600114                        |
| 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 ..... | Raining                  |
| Road Surface .....       | Wet                      |

#### 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? .....  | Yes |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| 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 ..... | Male    |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes                                     |
| Police Station Name .....                       | Jurong East Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008999999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-66655791                      |
| Police Station Address .....                    | No. 92 Boon Lay Way Singapore 609962    |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

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 ..... SD CARD WITH TRAFFIC POLICE

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SMC7763R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... UNKNOWN  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 3

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... UNKNOWN  
Gender ..... Female  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... UNKNOWN  
Injured person in which vehicle? ..... SMC7763R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 2

Name of injured person ..... UNKNOWN  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... UNKNOWN  
Injured person in which vehicle? ..... SMC7763R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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:

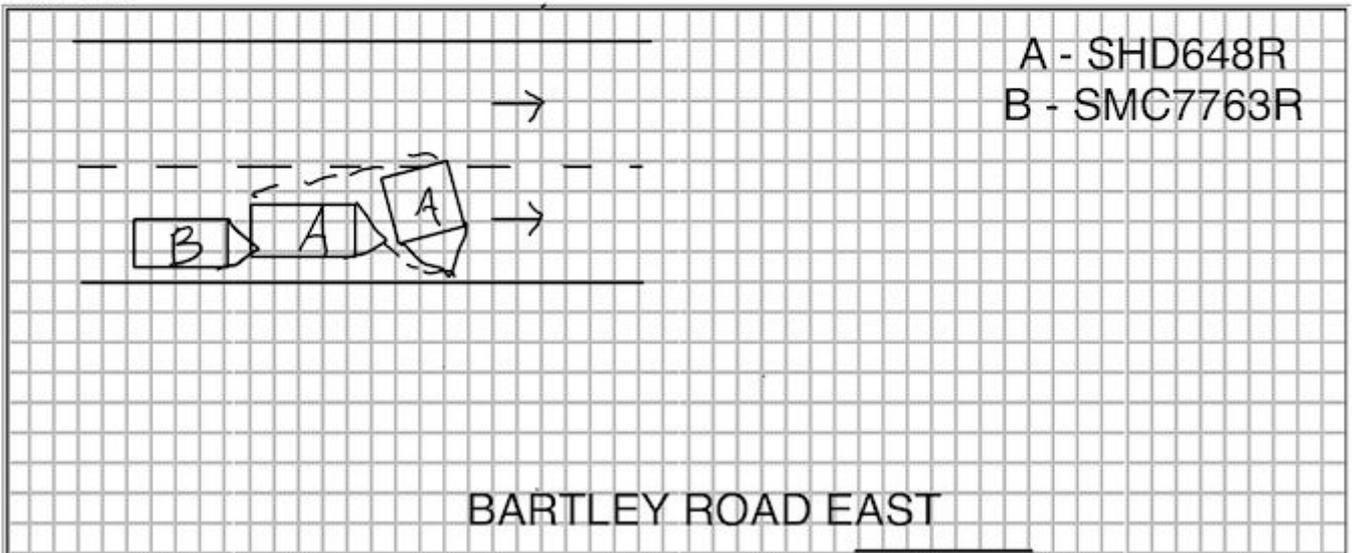
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
18/11/2024  
10:30

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
YUNOS S099951

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :  
T/20241116/2100

**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  
18112024 10:30

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

MOHAMMAD YUNOS  
S099951


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20241116/2100

1 of 3

Report No. T/20241116/2100

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>16/11/2024 23:43 | Vide Report No.:<br>G/20241116/0150 | Station Diary No.:<br>64 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>YEOW KIAN HENG     |            | Address:<br>114 JURONG EAST STREET 13 #03-398 SINGAPORE<br>600114 |                              |
| ID Type / ID No.:<br>NRIC NO / S7139592H |            | Contact No.:<br>Home/Office:                                      | Mobile: 87111944             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:  |                              |
| Sex:<br>Male                             | Age:<br>53 | Date of Birth:<br>04/11/1971                                      | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:   |                              |
| Occupation:<br>Taxi driver               |            | Driving Licence Information:<br>Class: 3                          | Date of Expiry:              |

**General Information of the Accident**

|  |                           |                                    |  |                                     |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>16/11/2024 16:00 | Type of Location:<br>Flyover        |
| Location:<br>BARTLEY ROAD EAST                               |                           |                                    |  |                                     |
| Lamp Post Number: V4F  |                           |                                    |  |                                     |
| Weather:<br>Raining  |                           | Road Surface:<br>Wet               |  |                                     |
| Traffic Flow:  |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type      | Make | Model | Color | Conditio          | No of Passenge |
|-------------|-----------|------|-------|-------|-------------------|----------------|
| SHD648R     | Taxi      |      |       |       | Seriously Damaged | 2              |
| SMC7763R    | Motor car |      |       |       |                   | 2              |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
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92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20241116/2100

2 of 3

Report No. T/20241116/2100

**CONTINUATION OF REPORT**

|                                   |            |                               |                                   |                                   |
|-----------------------------------|------------|-------------------------------|-----------------------------------|-----------------------------------|
| Driver Name                       |            | YEOW KIAN HENG                | ID No.                            | S7139592H                         |
| Related Vehicle                   |            | SHD648R (Taxi)                | Contact No.                       | 87111944                          |
| Hospital/Clinic                   |            | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 16/11/2024 | Date Discharge                | 16/11/2024                        |                                   |
| No. of Days granted Medical Leave | 14         | Degree of                     | Slight                            |                                   |
| Driver Name                       |            | Unknown Driver                | ID No.                            | NIL                               |
| Related Vehicle                   |            | SMC7763R (Motor car)          | Contact No.                       | NIL                               |
| Hospital/Clinic                   |            | NIL                           | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL        | Date Discharge                | NIL                               |                                   |
| No. of Days granted Medical Leave | NIL        | Degree of                     | NIL                               |                                   |

**Brief Details.**

On 16/11/2024, at about 1600hrs, along Bartley Road East towards Bishan, near to LP V4F, I was travelling on the right most lane of the 2-lane road in my Taxi. I then noticed a vehicle on my left who drove past me and splashed a large amount of water on my windscreen. I braked my vehicle to slow down because of the water which obscured my view of the road ahead. Shortly after, I felt an impact on the rear of my vehicle. I then lost control of my vehicle due to the impact and my vehicle spun out but did not hit the wall on my right. I then got out on the front passenger door and felt some dizziness. I spoke with the driver of the other vehicle and he asked if I was okay and called an ambulance for me. Shortly after the police arrived followed by the ambulance. I was interviewed by the police and refused conveyance to the hospital as I felt okay after a few moment.

The traffic police took my SD card of my vehicle dash camera and told me to lodge a police report.

I then went home after the incident and proceeded to Ng Teng Fong General Hospital to see a doctor. I went through a CT scan on my back checked my limbs and eyes for injuries. My primary injury was the pain that I feel on the back of my neck. I was given MC for a total of 14 days from 16/11/2024 to 29/11/2024.

The damages to my vehicle include the following:

1. Rear right of the vehicle severe dents.
2. Rear right tail light severely damaged and dislodged.
3. Rear right tyre of vehicle punctured.



**SINGAPORE  
POLICE FORCE**



T/20241116/2100

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20241116/2100

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
D /  
SGT 2 GOH YUAN ZE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/11/2024 23:43

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MUHAMMAD GHAZALI BIN  
ABDUL RAZAK  
Contact No.: 65476367

Classification Of Case:

NP168



SINGAPORE  
POLICE FORCE

SN 34

SIGNATURE