SN0724BI000B / Income Insurance Limited
ENTRY DATE & TIME: 18/11/2024 11:17 (SGT)
SUBMITTED BY: Mohammad Yunos Bin Abdul Samad
VERSION: 1 (18/11/2024 11:17 (SGT))

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 witholding 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 Regisration 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

REFER TO POLICE REPORT NO :
T/20241116/2100

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.**
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.

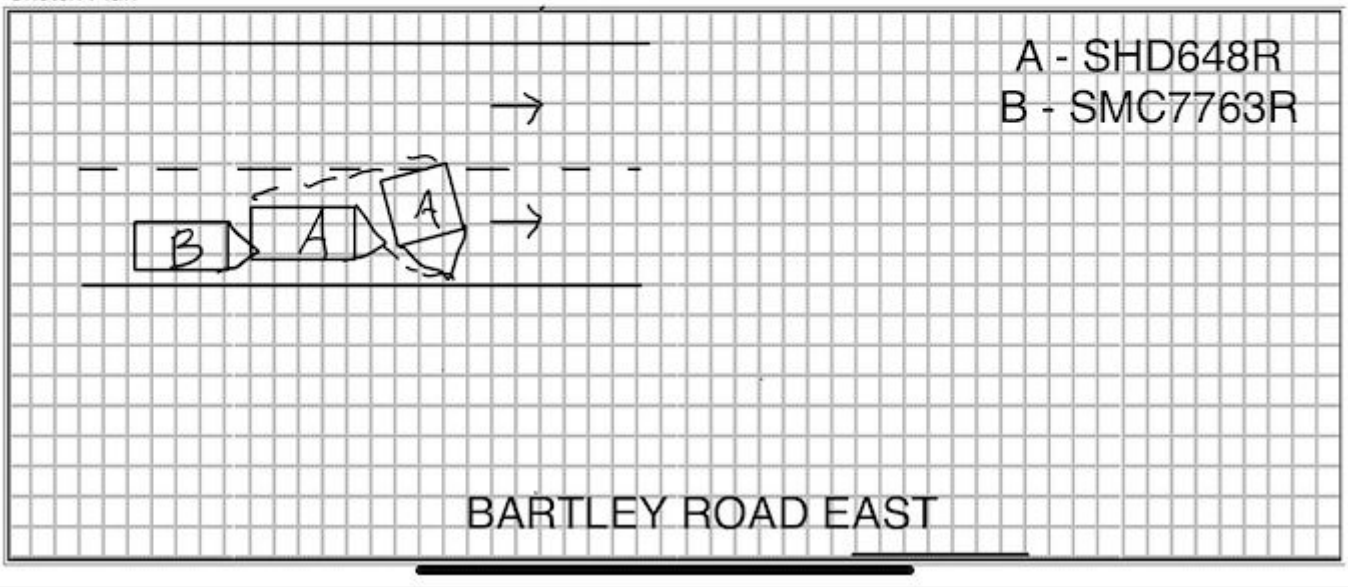
(collectively the "**Purposes**")

(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	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
	18/11/2024 10:30	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

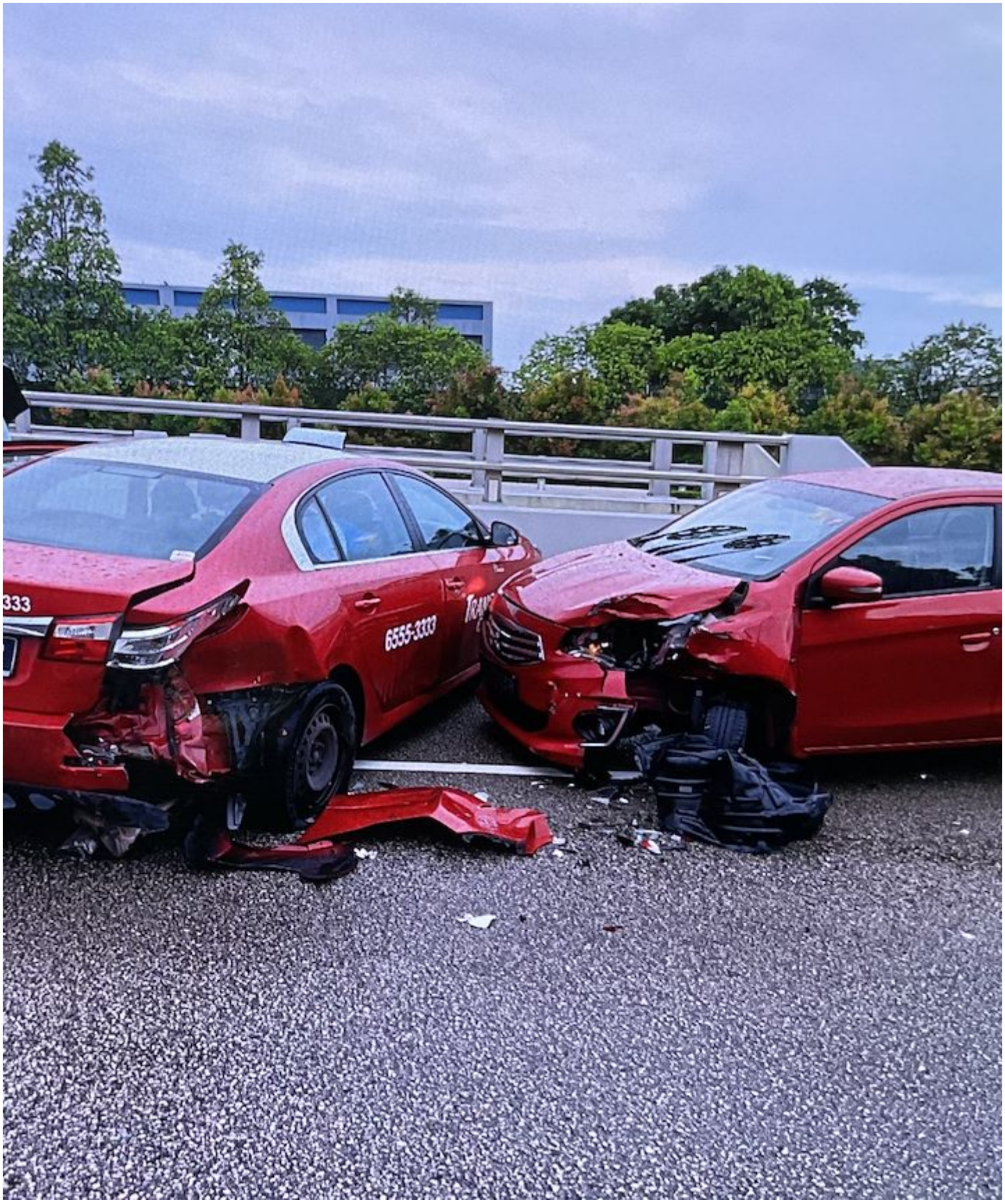
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MOHAMMAD YUNOS
S099951

2

IMAGES

IMAGES #2



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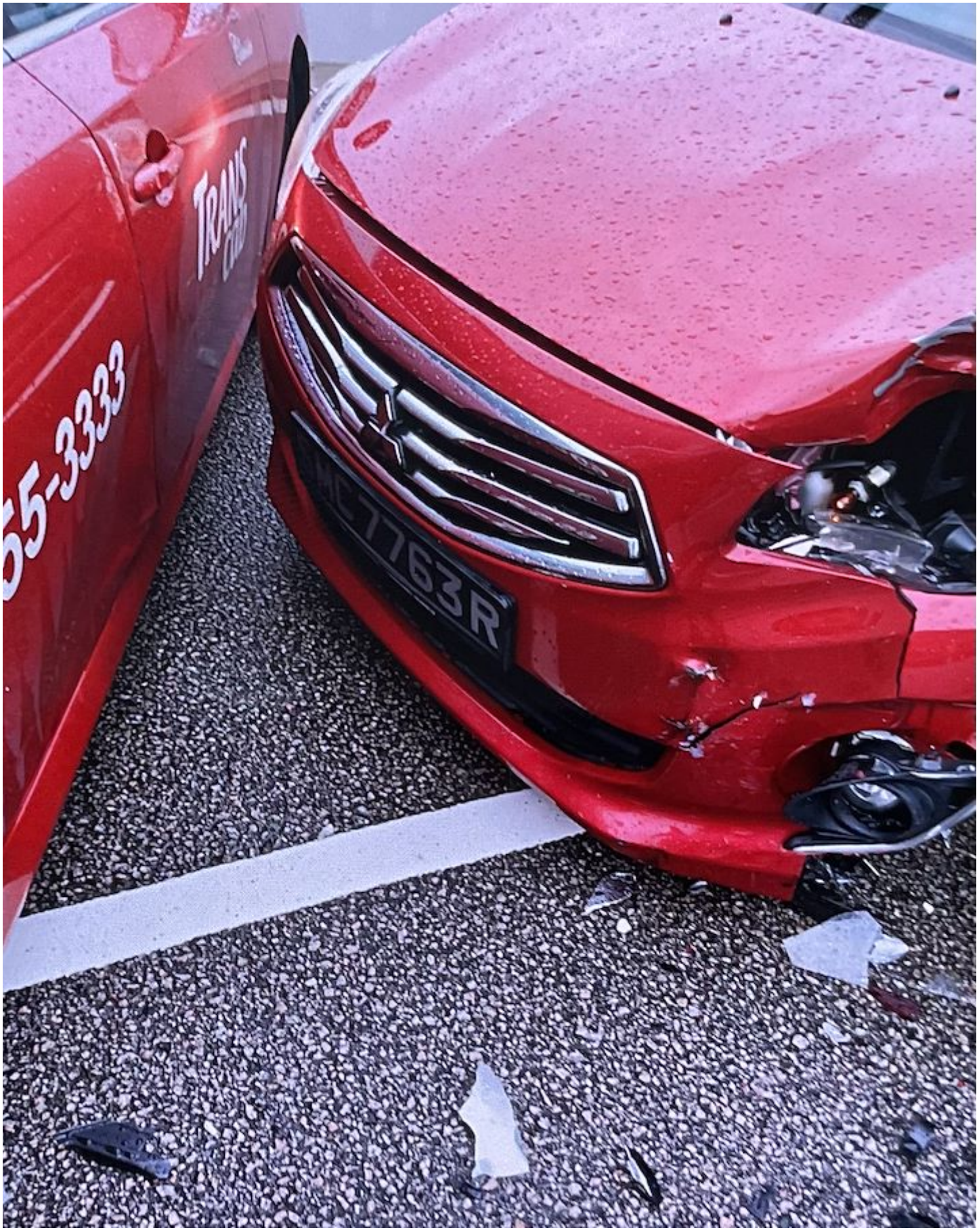

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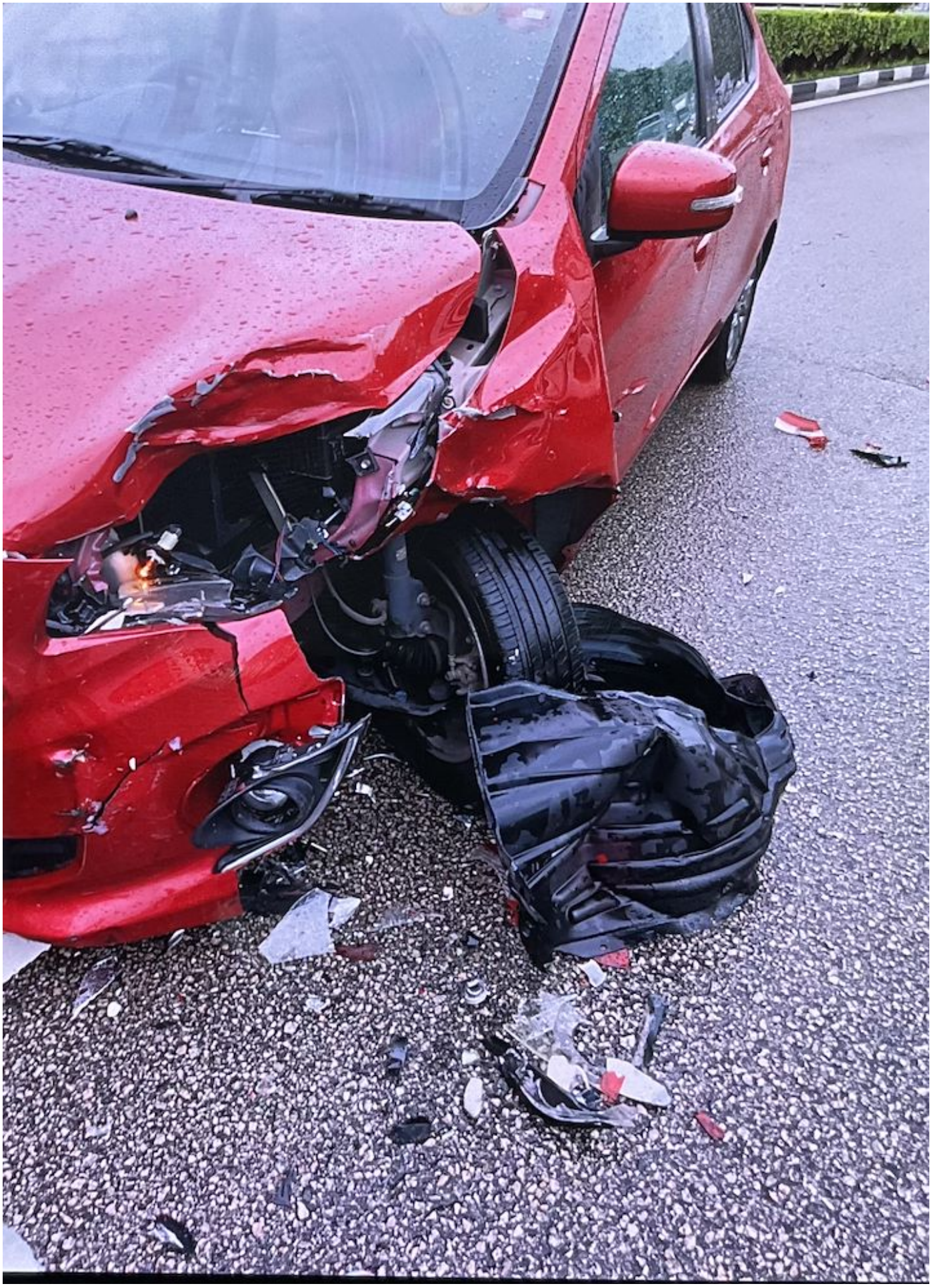

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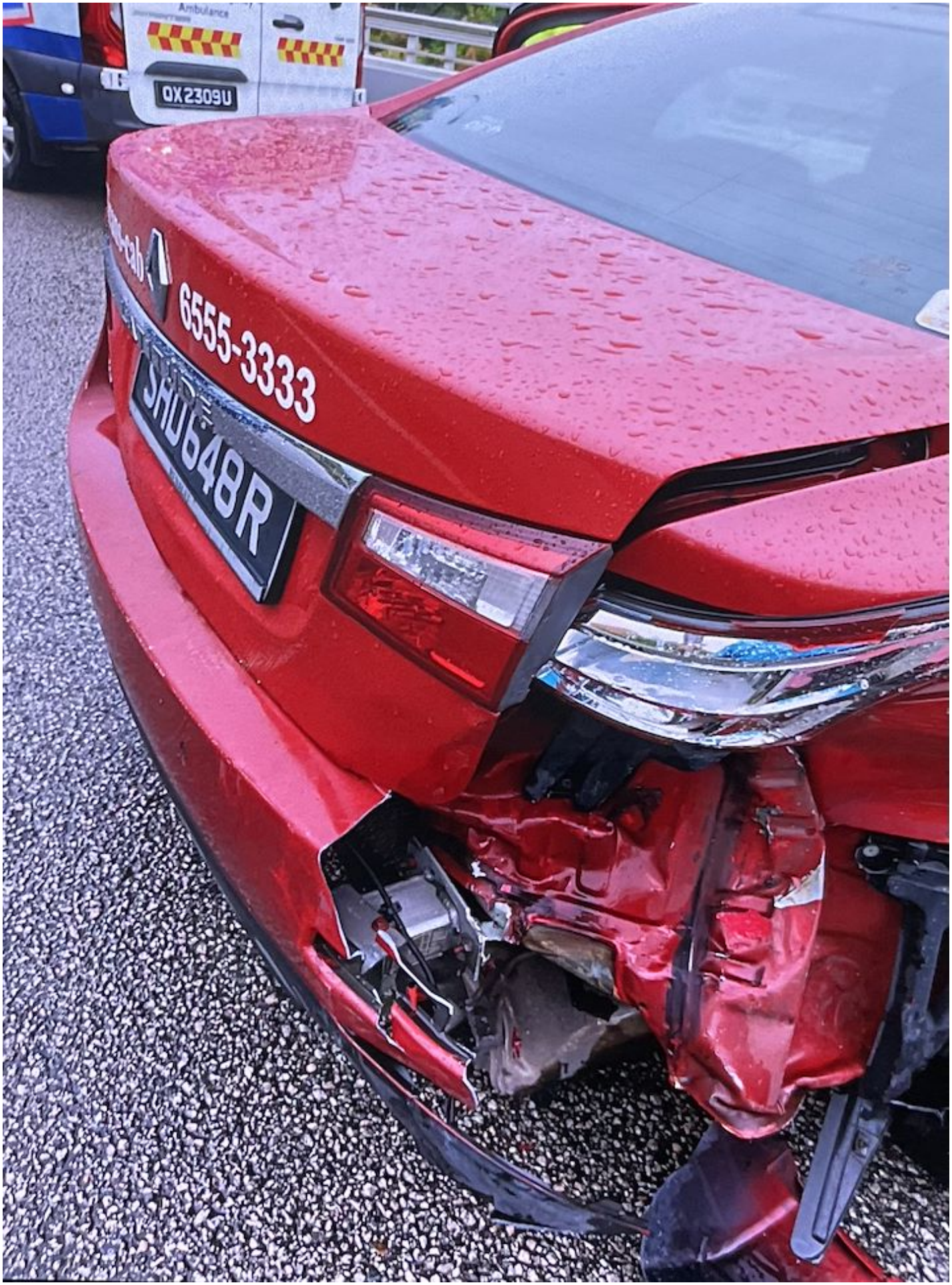

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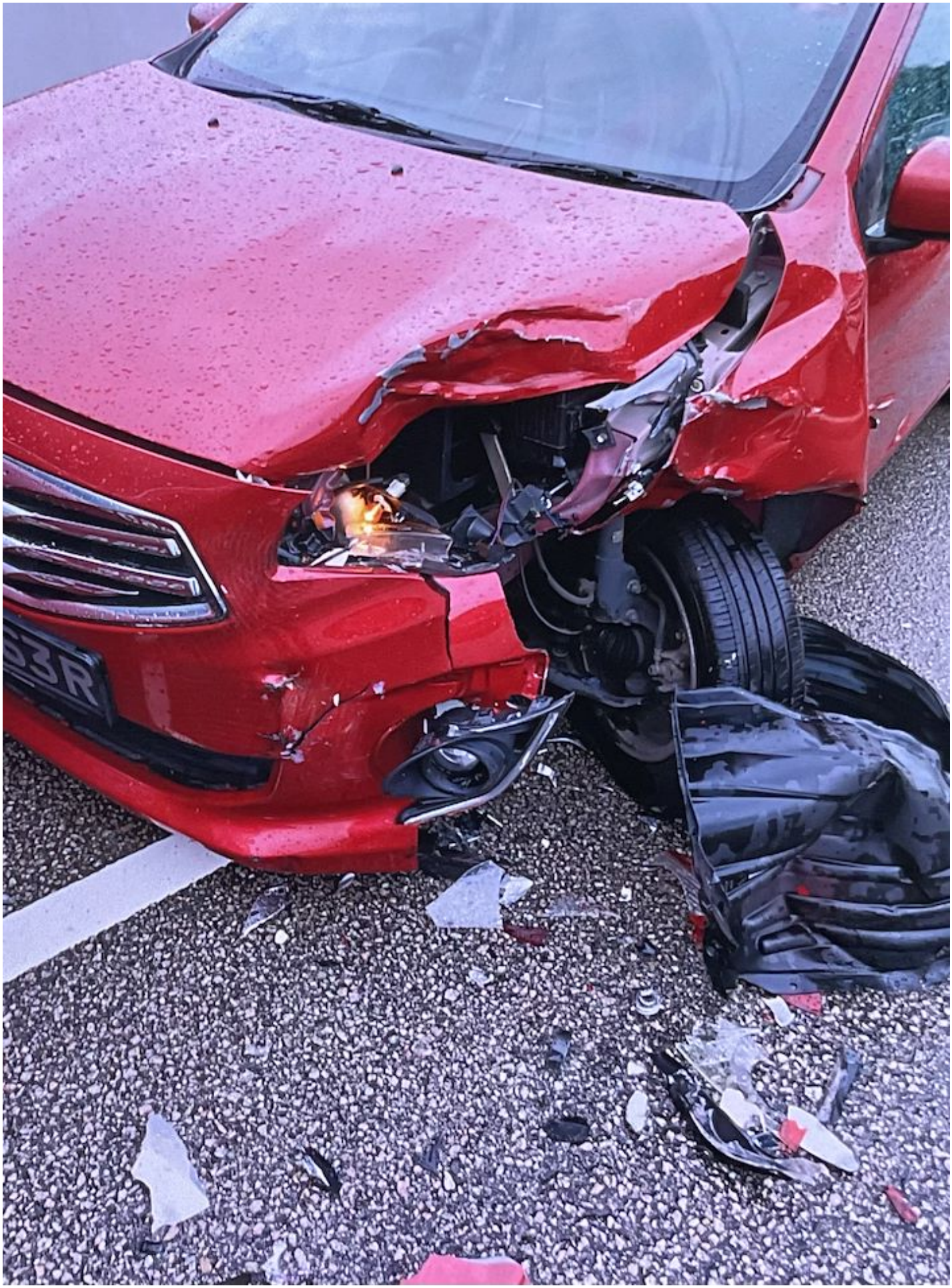

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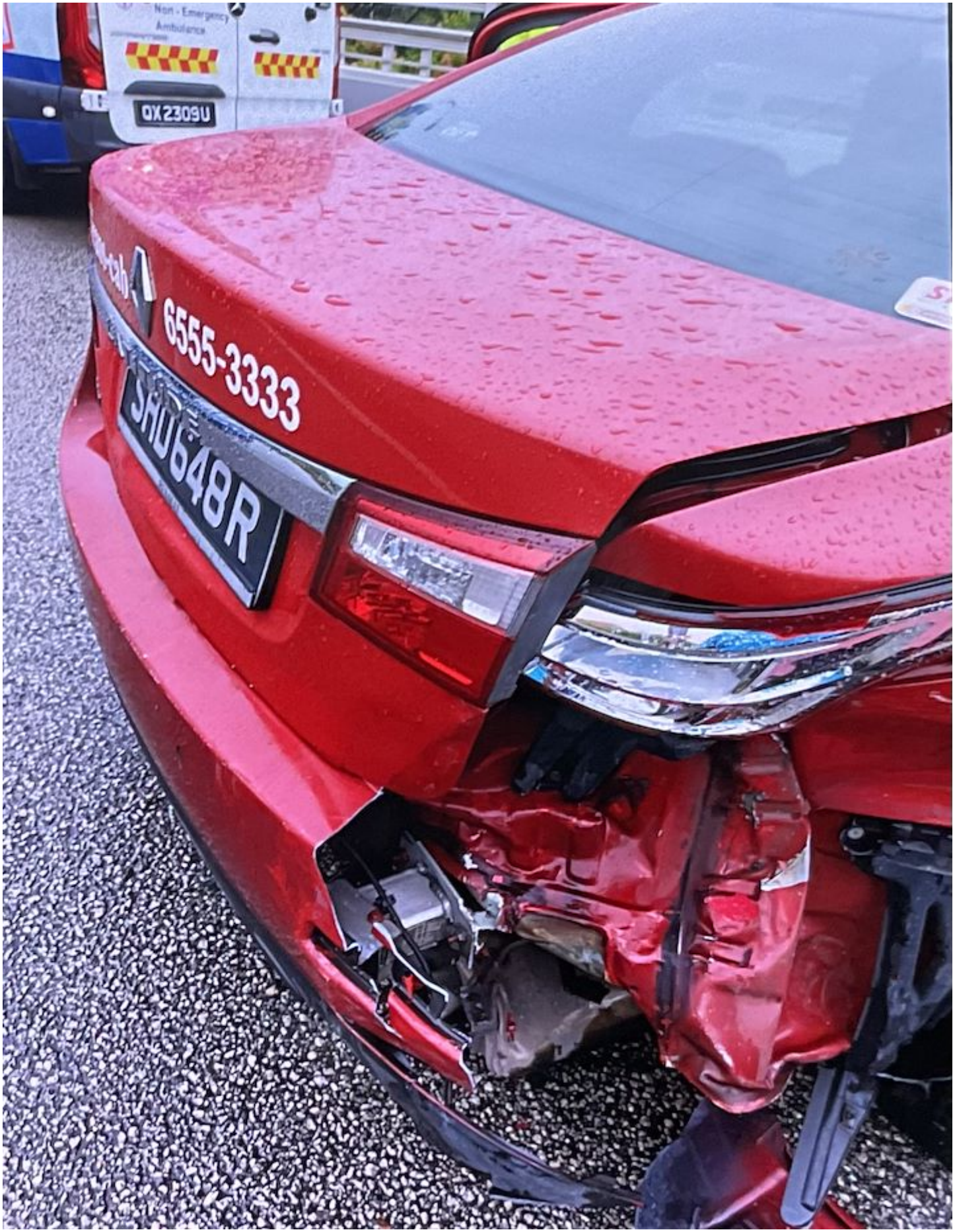


SINGAPORE POLICE FORCE

T/20241116/2100

Report No. T/20241116/2100

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

REPORT OF A TRAFFIC ACCIDENT

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

Informant's Particulars

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

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2024 16:00	Type of Location: Flyover

Location:

BARTLEY ROAD EAST

Lamp Post Number: V4F

Weather: Raining	Road Surface: Wet	
Traffic Flow:	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	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 POLICE FORCE

T/20241116/2100

Report No. T/20241116/2100

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

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 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 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

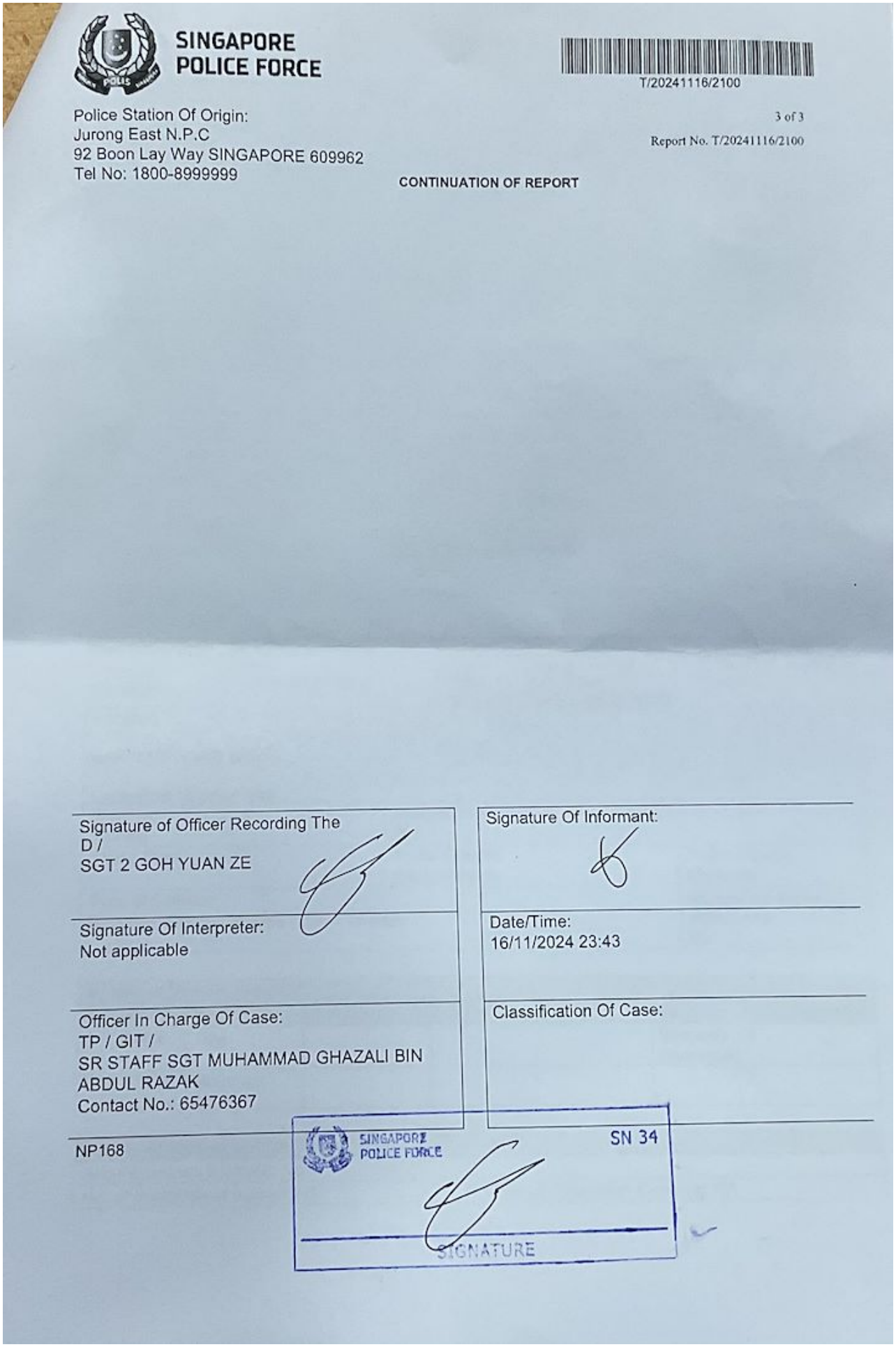
Brief Details.

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 severly 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

3 of 3

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