

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	20/11/2024 13:06 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON TURNING LEFT TO SERANGOON CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5591S
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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@TRASCAB.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	-
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	TAN CHOON KIAT
NRIC No	S1456348B
Date Of Birth	24/10/1960
Occupation	Indoor
Driving Pass Date	23/04/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91505655
Alt. Phone Number	-
Email Address	ZHEWEI.KEK@TRANSCAB.COM.SG
Address	BLK 404 YISHUN AVENUE 6
Address complement	#08-1232
Postcode	760404
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS IN THE SLIP ROAD GOING TO TURN TO SERANGOON CENTRAL, I WAS SLOWING DOWN AND STOP TO GIVEWAY TO VEHICLE ON MAJOR ROAD. SUDDENLY THERES A TAXI BEARING PLATE NUMBER SHA2432Z COLLIDED ONTO MY REAR. I HAVE VIDEO FOOTAGE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2432Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN CHOON KIAT
Gender	Male
Phone No	(Phone) +65-91505655
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK INJURY GIVEN 5 DAYS MC
Injured person in which vehicle?	SHC5591S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

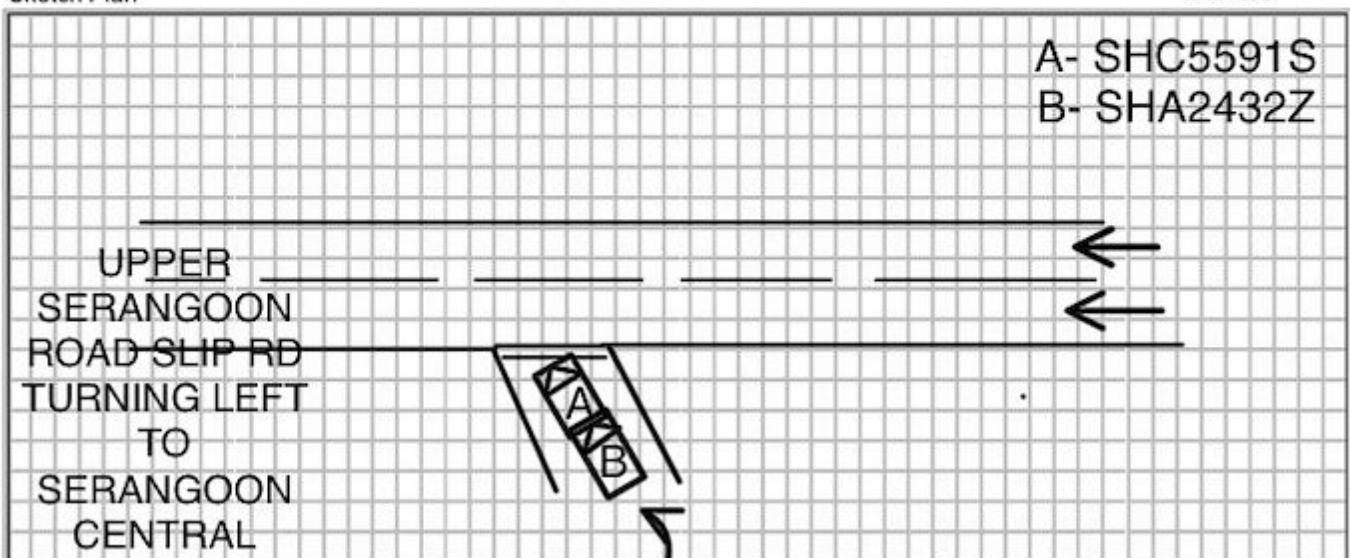
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) Muhammad Farhan Bin Ghazali
S997038

Sketch Plan



Describe Circumstance of the Accident

REFER TO CIRCUMSTANCES OF ACCIDENT

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

20/11/24

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

Muhammad Farhan Bin Ghazali
S997038

2











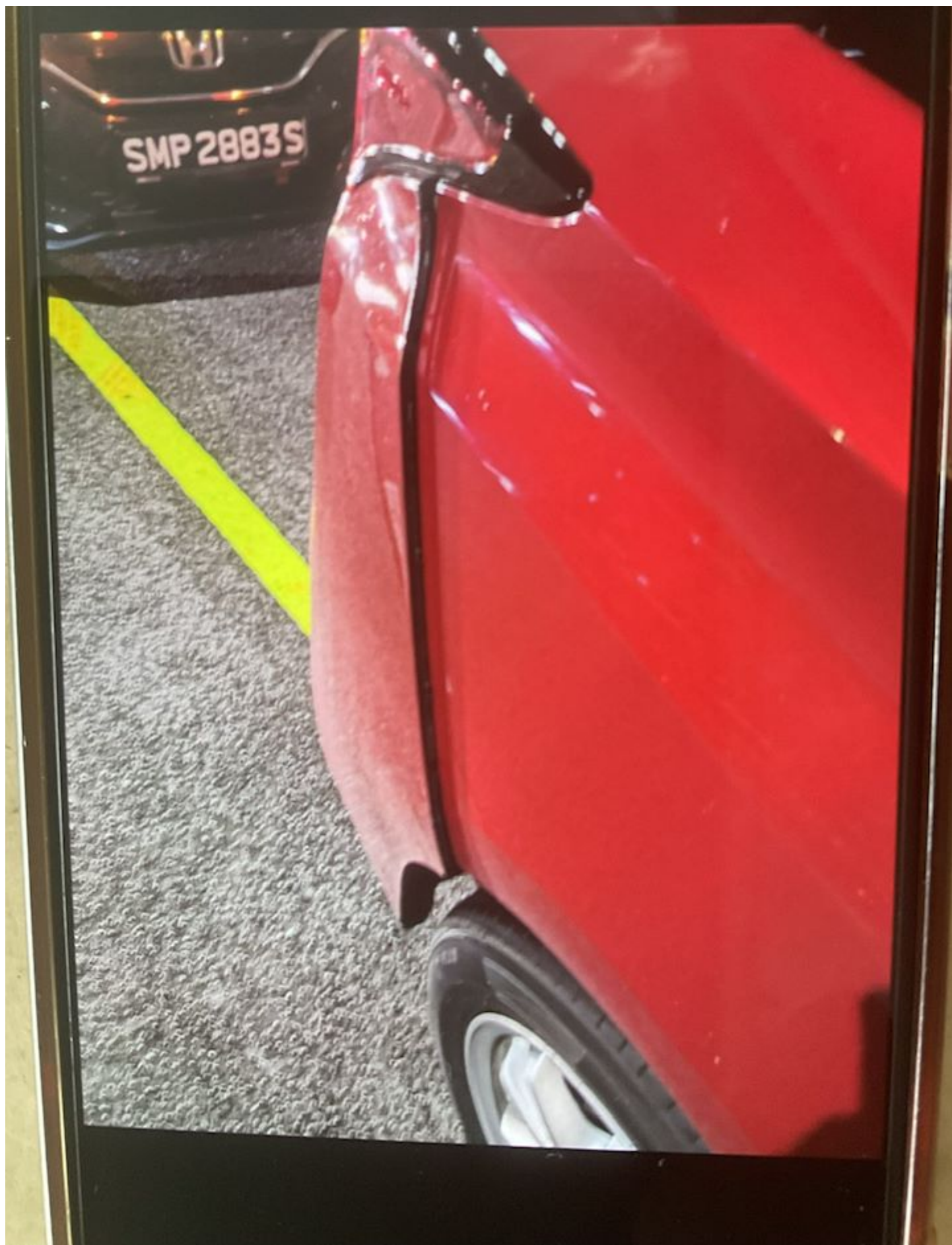














**SINGAPORE
POLICE FORCE**



T/20241120/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20241120/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2024 11:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN CHOON KIAT			Address: 404 YISHUN AVENUE 6 #08-1232 SINGAPORE 760404		
ID Type / ID No.: NRIC NO / S1456348B			Contact No.: Home/Office: Mobile: 91509655		
Nationality: SINGAPORE CITIZEN			Email: TTCKK2@HOTMAIL.COM		
Sex: Male	Age: 64	Date of Birth: 24/10/1960	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 19:10	Type of Location: Slip Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		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	Condition	No of Passenger
SHA2432Z	Motor car	TOYOTA	PRIUS	Blue	Slightly Damaged	0
SHC5591S	Motor car	TOYOTA	PRIUS	Red	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241120/7022

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241120/7022

CONTINUATION OF REPORT

Driver			
Name	TAN CHOON KIAT		ID No. S1456348B
Related Vehicle	SHC5591S (Motor car)		Contact No. 91509655
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	20/11/2024	Date Discharge	20/11/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On 19/11/2024 at about 1910Hrs, i was driving my taxi SHC5591S along Upp Serangoon Road Slip Road towards Serangoon central. At the point of time, i was stationary at the give way line giving way to the main Traffic. Few second later, suddenly i felt a great impact from behind. I alighted my taxi and discover that a taxi SHA2432Z cannot stop on time and rear ended my taxi rear portion.
My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20241120/7022

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241120/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
20/11/2024 11:11

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

Classification Of Case:

NP168