

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 14:19 (SGT)
Reported by	Actual Driver
Date of Accident	17/11/2024 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5997A
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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	Petrol
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	KOH CHIN HUA
NRIC No	S0182047H
Date Of Birth	12/12/1954
Occupation	Outdoor
Driving Pass Date	10/04/1972
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	52 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90103929
Alt. Phone Number	-
Email Address	CLAIMS@TRANSCAB.COM.SG
Address	519C TAMPINES CENTRAL 8
Address complement	#11-75
Postcode	523519
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	Clear
Road Surface	Dry

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)	4
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	MOHAMMADE SYAHRUM BIN ABDUL MALIK
Gender	Male

PASSENGER 2

Name	ASIF BIN MOHAMMAD SYAHRUM
Gender	Male

PASSENGER 3

Name	NUR AZURA BINTE ZAKARIAH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO :
T/20241118/2019

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 VIDEO SUBMITTED TO TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ8417J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver QUEK JINGCONG BENJAMIN
NRIC No S9702723D
Contact Number (Phone) +65-83969876
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 KOH CHIN HUA
Gender Male
Phone No (Phone) +65-90103929
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained ACHING ON THE NECK, SHOULDER AND BACK
Injured person in which vehicle? SHD5997A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person MOHAMMAD SYAHRUM BIN ABDUL MALIK
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? SHD5997A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person ASIF BIN MOHAMMAD SYAHRUM
Gender Male
Phone No -

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SHD5997A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	NUR AZURA BINTE ZAKARIAH
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SHD5997A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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
18/11/2024
14:30

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

YUNOS S099951

Sketch Plan

A - SHD5997A
B - SKQ8417J

CTE

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO :
T/20241118/2019

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

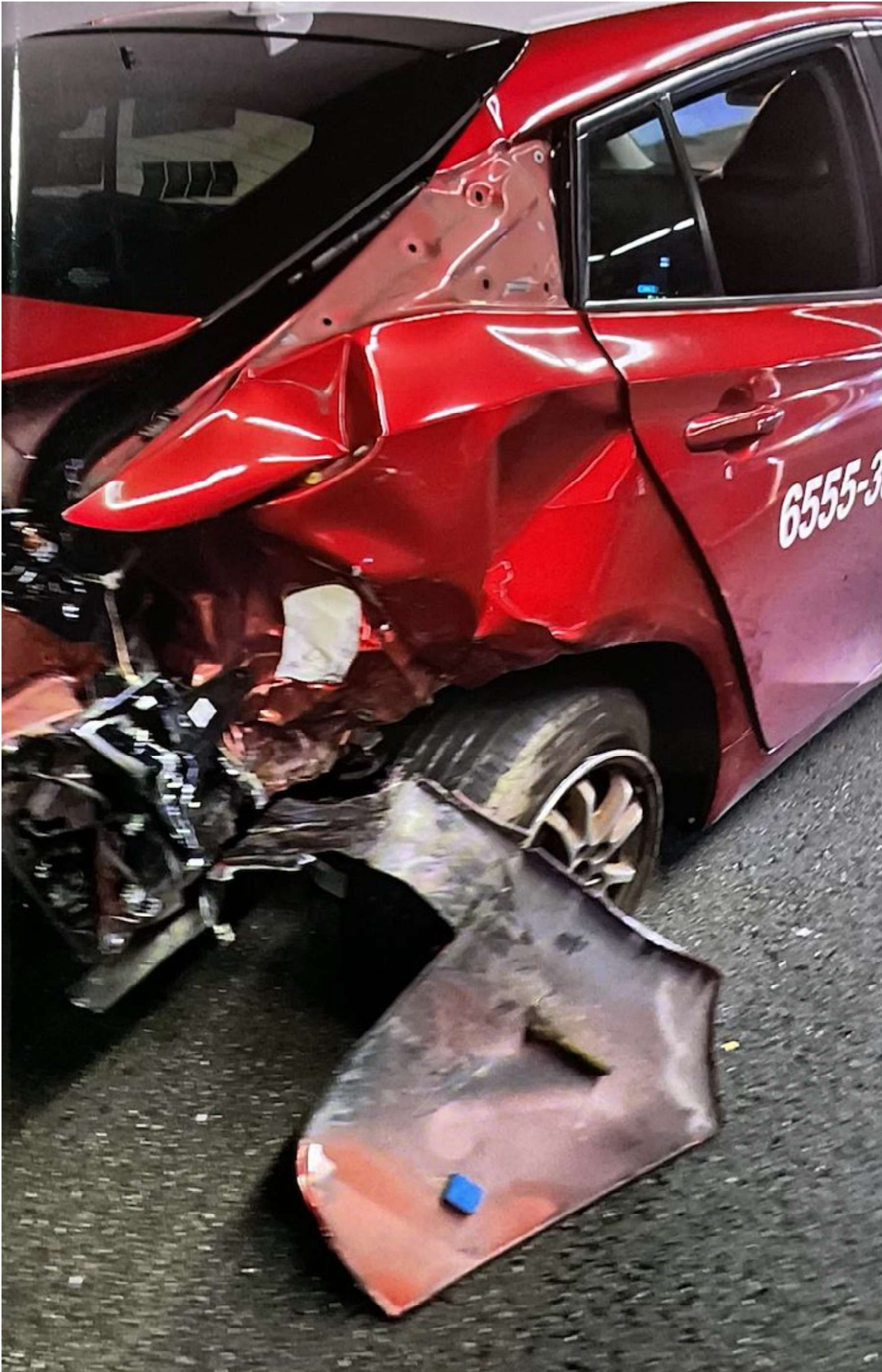
Driver's Signature (if driver is not the policyholder) / Date
& Time
18112024 14:30

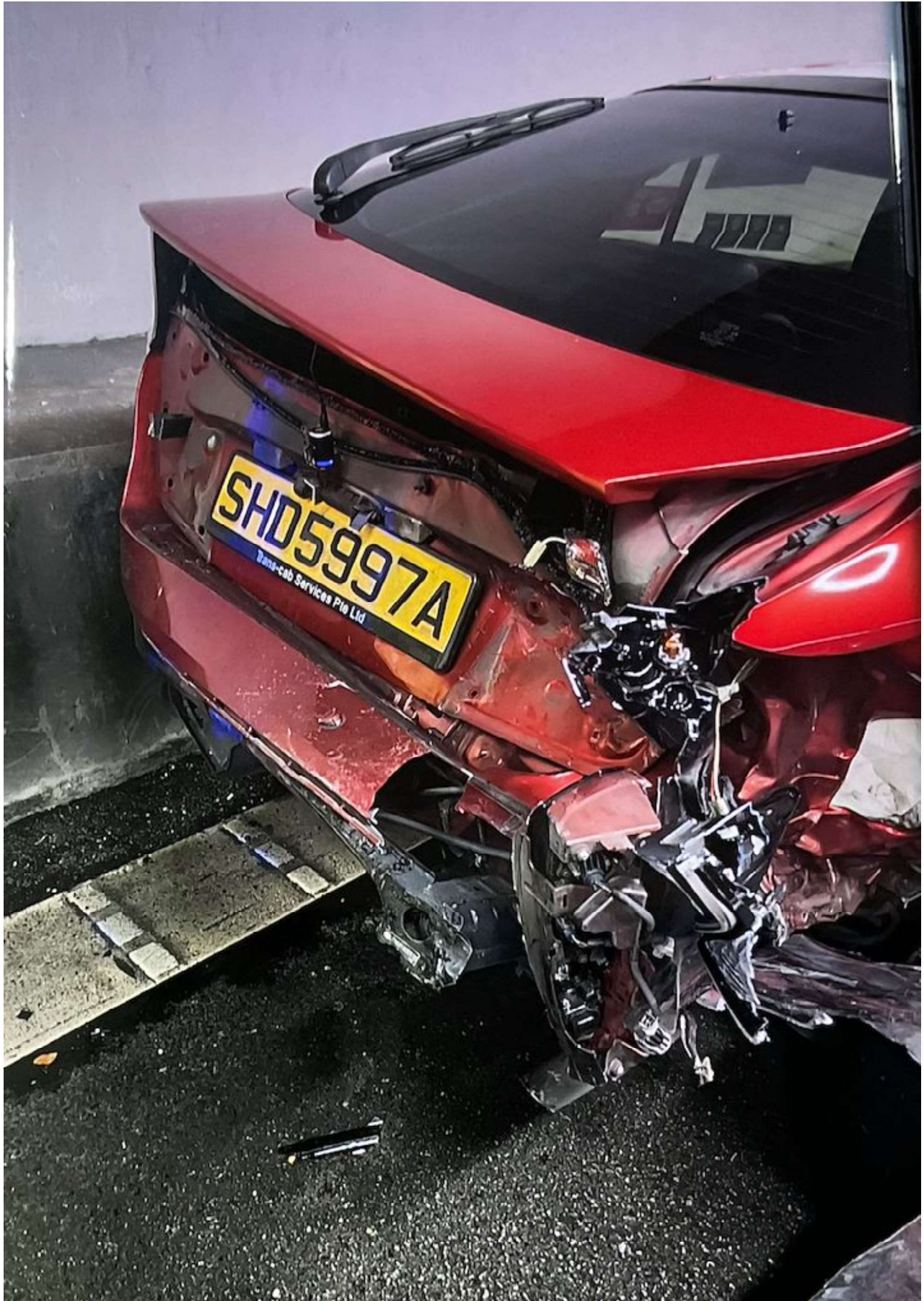
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

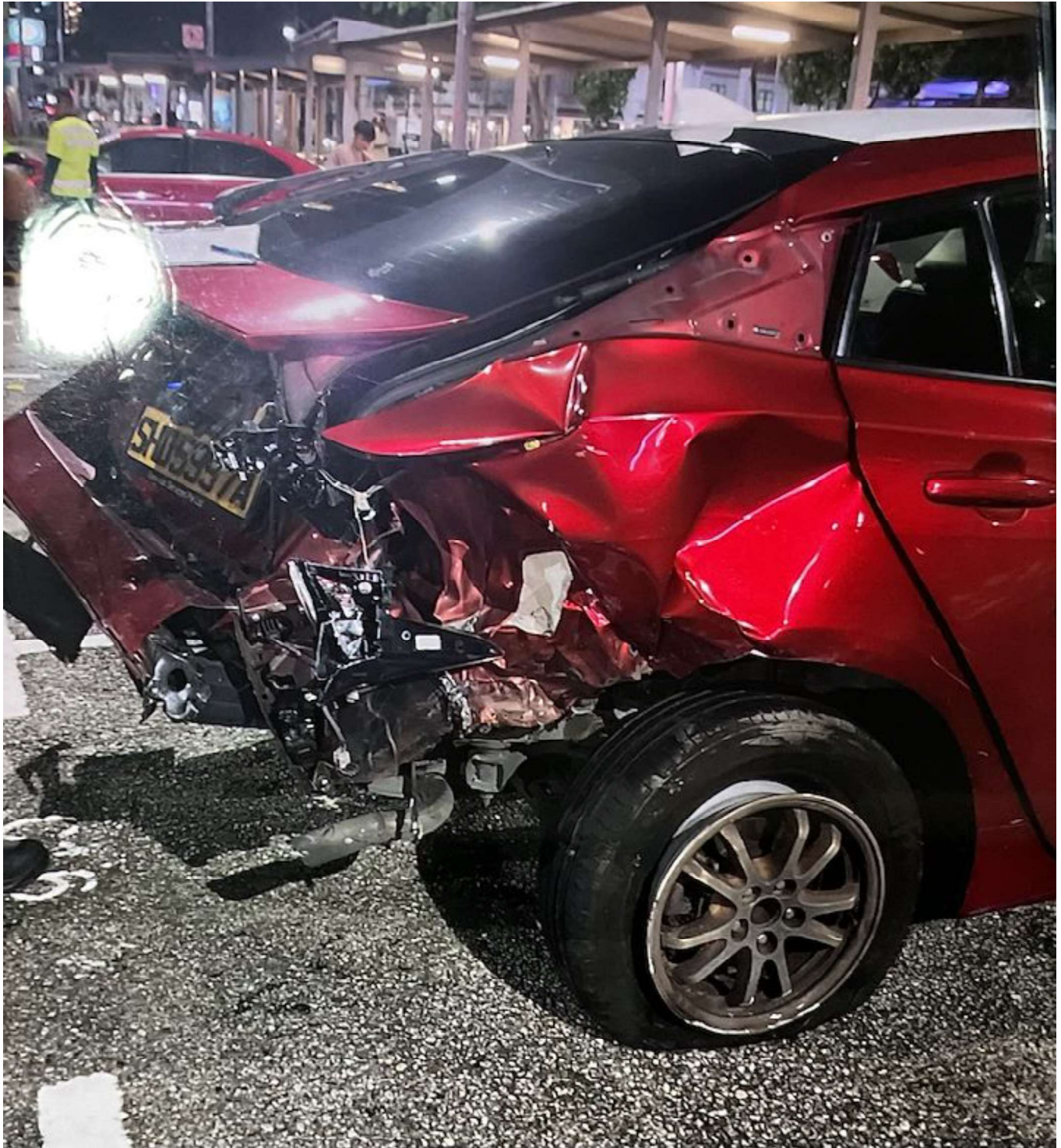
MOHAMMAD YUNOS
S099951

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20241118/2019

1 of 4

Report No. T/20241118/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 11:27	Vide Report No.: E/20241117/0155	Station Diary No.: 22
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Informant's Particulars

Name of Informant: KOH CHIN HUA			Address: 519C TAMPINES CENTRAL 8 #11-75 SINGAPORE 523519	
ID Type / ID No.: NRIC NO / S0182047H			Contact No.: Home/Office: Mobile: 90103929	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 69	Date of Birth: 12/12/1954	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2024 20:20	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry			
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5997A	Motor car				Seriously Damaged	3
SKQ8417J	Motor car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241118/2019

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20241118/2019

CONTINUATION OF REPORT

Driver			
Name	KOH CHIN HUA	ID No.	S0182047H
Related Vehicle	SHD5997A (Motor car)	Contact No.	90103929
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	MOHAMMAD SYAHRUM BIN ABDUL MALIK	ID No.	S9027784G
Related Vehicle	SHD5997A (Motor car)	Contact No.	NIL
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	ASIF BIN MOHAMMAD SYAHRUM	ID No.	T2204732E
Related Vehicle	SHD5997A (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	Slight
Passenger			
Name	NUR AZURA BIN ZAKARIAH	ID No.	S9311300D
Related Vehicle	SHD5997A (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	Slight



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20241118/2019

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Report No. T/20241118/2019

CONTINUATION OF REPORT

Driver			
Name	QUEK JINGCONG BENJAMIN		ID No. S9702723D
Related Vehicle	SKQ8417J (Motor car)		Contact No. 83969876
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 the above mentioned date, time and location, I was driving my taxi (SHD5997A) with 3 passengers on board along CTE towards Ang Mo Kio and I was in the tunnel and it is a 4-lane expressway. I was driving along lane 3 when suddenly a car collided onto the rear of my vehicle. I stopped my vehicle and made a check and noticed that the car collided onto the rear right of my vehicle and caused serious damage to my taxi. Subsequently, Traffic Police and Ambulance came to scene and conveyed my 3 passengers. My SD card was taken by Traffic Police.

After the accident, on 18/11/2024, I felt unwell and went to clinic and received a 5-day MC.

My MC No: 17318949027628709
My passenger MC No: PNH-2024-026845



**SINGAPORE
POLICE FORCE**



T/20241118/2019

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Report No. T/20241118/2019

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Signature of Officer Recording The
G/
SGT 3 WONG QING JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/11/2024 11:27

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

NP168