

## 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 .....	29/07/2024 09:03 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/07/2024 18:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GATEWAY DRIVE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC5262S
-----------------------------------	----------

#### 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 .....	1800

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5140725663-01

#### DRIVER

Name of Driver .....	EVELYN TAN SEOK LENG
NRIC No .....	S2171950A
Date Of Birth .....	09/11/1958
Occupation .....	Indoor

Driving Pass Date .....	16/06/1987
Driving experience .....	37 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-81553003
Alt. Phone Number .....	-
Email Address .....	EVETAN1312@GMAIL.COM
Address .....	BLK 17 MASILING LANE #02-253
Address complement .....	-
Postcode .....	730017
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? .....	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 .....	Woodlands West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003639999
Alt. Police Station Phone No .....	(Fax) +65-63640997
Police Station Address .....	1 Woodlands St 12 Singapore 738622
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 .....	SKZ9419A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	RAHIM MD MOSHIUR
Contact Number .....	(Phone) +65-81776194
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 .....	EVENLY TAN SEOK LENG
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK INJURY, NUMBNESS ON RIGHT AND BACK. GIVEN 7 DAYS MC
Injured person in which vehicle? .....	SHC5262S
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.

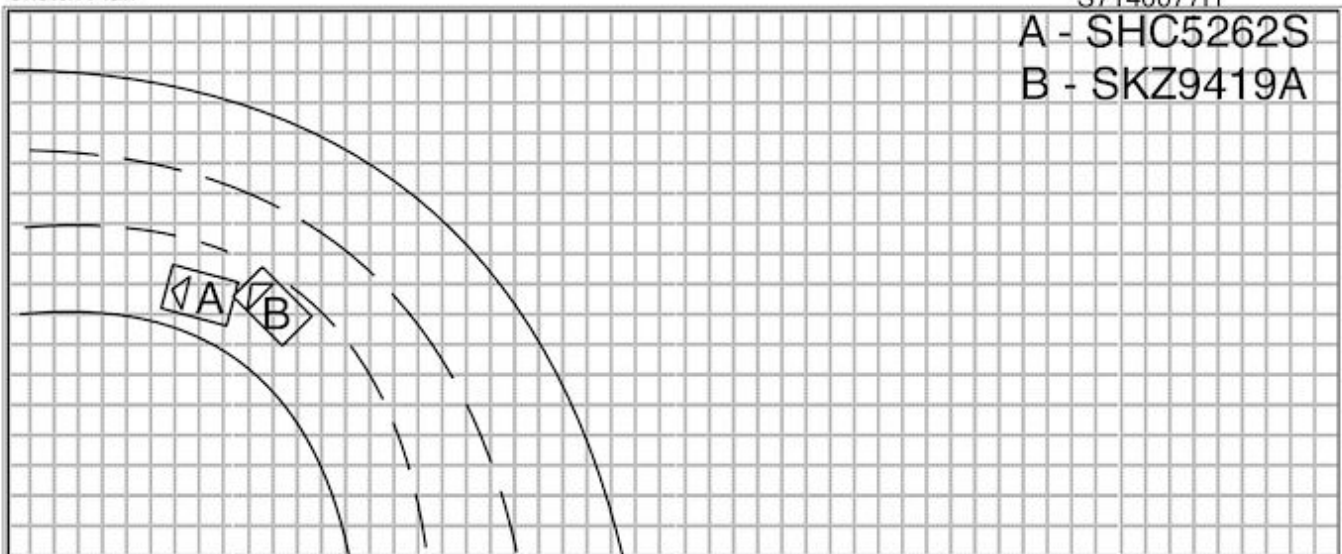
Policyholder's Signature / Date & Time

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

29/07/24

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) Loo Han Ho  
S7140077H

Sketch Plan



A - SHC5262S

B - SKZ9419A

Describe Circumstance of the Accident

\_\_\_\_\_ REFER TO GEARS \_\_\_\_\_

**Declaration**

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

Policyholder's Signature / Date & Time

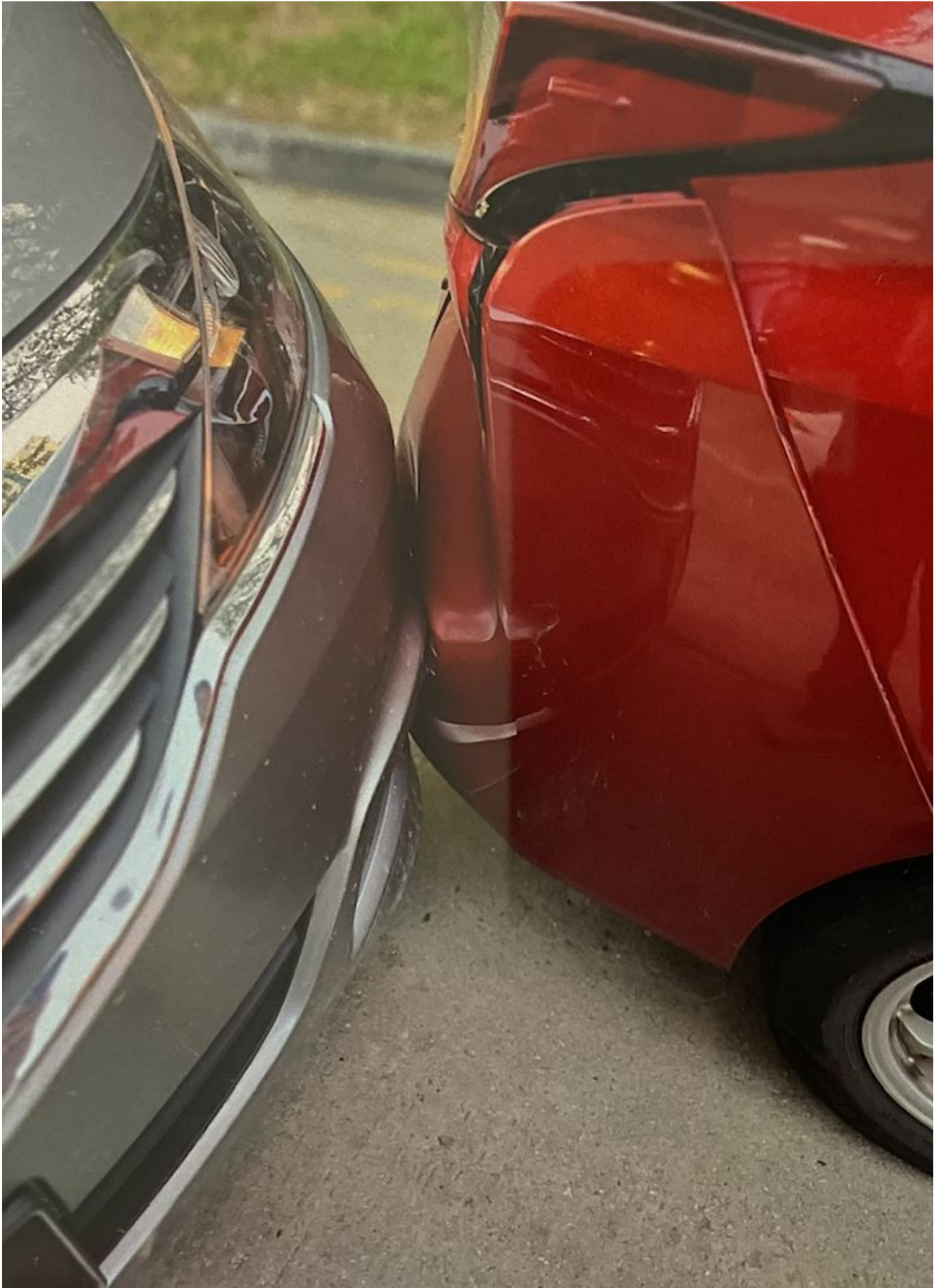
Driver's Signature (if driver is not the policyholder) / Date & Time

29/07/24

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

Loo Han Ho  
S7140077H2



























**SINGAPORE  
POLICE FORCE**



T/20240727/2032

1 of 3

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Report No. T/20240727/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/07/2024 10:44		Vide Report No.:		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: EVELYN TAN SEOK LENG			Address: APT BLK 17 MARSILING LANE #02-253 SINGAPORE 730017		
ID Type / ID No.: NRIC NO / S2171950A			Contact No.: Home/Office: Mobile: 81553003		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 65	Date of Birth: 09/11/1958	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 Others	Drink Drive: No	Date/Time of Accident: 25/07/2024 18:20	Type of Location: Bend
Location: GATEWAY DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHC5262S	Motor car				Slightly Damaged	0
SKZ9419A	Motor car				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20240727/2032

2 of 3

Report No. T/20240727/2032

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	EVELYN TAN SEOK LENG	ID No.	S2171950A
<b>Related Vehicle</b>		<b>Contact No.</b>	
SHC5262S (Motor car)		81553003	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry</b>	
WOODLANDS HEALTH CAMPUS		Class: 3 Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
26/07/2024		26/07/2024	
<b>No. of Days granted Medical Leave</b>		<b>Degree of</b>	
07		Slight	
<b>Driver</b>		<b>ID No.</b>	
Name	RAHMAN MD MOSHIUR	ID No.	G8938371X
<b>Related Vehicle</b>		<b>Contact No.</b>	
SKZ9419A (Motor car)		81776194	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry</b>	
NIL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
NIL		NIL	
<b>No. of Days granted Medical Leave</b>		<b>Degree of</b>	
NIL		NIL	

**Brief Details.**

On the 26/07/2024 at about 6:20pm, I was driving along Gateway drive going towards Boon Lay Way. I stopped at a traffic light before the Boon Lay Way as it was red light, and I stopped at the traffic light. I suddenly felt a bang onto my taxi from the back. I came out from my taxi(SHC5262S), I realised a car(SKZ9419A) had hit onto the rear right side of my taxi.

We check our vehicles, take photo and exchange details. There was a dent and scratches at the right rear end. The bonnet at the rear right side was also damaged. I felt some discomfort and went to the clinic who referred me to the hospital. I went to Woodlands Health Campus Hospital and was given 7 days MC. I diagnosed with a neck injury, numbness in my right arm and back area. I also felt giddy.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999



T/20240727/2032

3 of 3

Report No. T/20240727/2032

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
L /  
SI MOHAMAD FAIZAL BIN  
SIKEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SUPT (1) PHNG KAR SOON  
Contact No.: 65476439

NP168

Signature Of Informant:

Date/Time:  
27/07/2024 10:44

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07247T0002 Vehicle Registration No: SHC5262S  
 Name (as shown in NRIC): EVELYN TAN SEOK LENG NRIC/FIN/Passport No: S2171950A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 17 MASILING LANE #02-253 730017 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81553003  
 Email Address: CLAIMS@TRANSCAB.COM.SG  
 Date of Accident: 26/07/2024 Time of Accident: 18:20  
 Place of Accident: GATEWAY DRIVE  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO INSERT THE CORRECT EMAIL AS -  
CLAIMS@TRANSACAB.COM.SG

  
 Policyholder / Driver's Signature  
 Date: 29/07/2024

  
 Reporting Centre Personnel's Signature  
 Name: STEVE LOO  
 NRIC/FIN No.: S990020  
 Date: \_\_\_\_\_