

## 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 .....	10/08/2024 12:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	07/08/2024 19:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVE 1 TOWARDS CTE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC5379P
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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@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 .....	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 .....	FINAN FABIAN LAI FOO WAH
NRIC No .....	S7406867G
Date Of Birth .....	21/02/1974
Occupation .....	Outdoor
Driving Pass Date .....	28/08/1998
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	26 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90726709
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Address .....	710 YISHUN AVE 5
Address complement .....	03-98
Postcode .....	760710
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 - Major/Minor Rd
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 .....	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

REFER TO POLICE REPORT NO T/20240808/7030. I WOULD LIKE TO STATE THAT THE THIRD PARTY VEHICLE NO. IS SNH4292P NOT SNH4292H WHICH WAS STATED IN THE 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 .....	SNH4292P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	GARY
Contact Number .....	(Phone) +65-98589117
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 .....	FINAN FABIAN LAI FOO WAH
Gender .....	Male
Phone No .....	(Phone) +65-90726709
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & SHOULDER PAIN. 5 DAYS MC
Injured person in which vehicle? .....	SHC5379P
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.



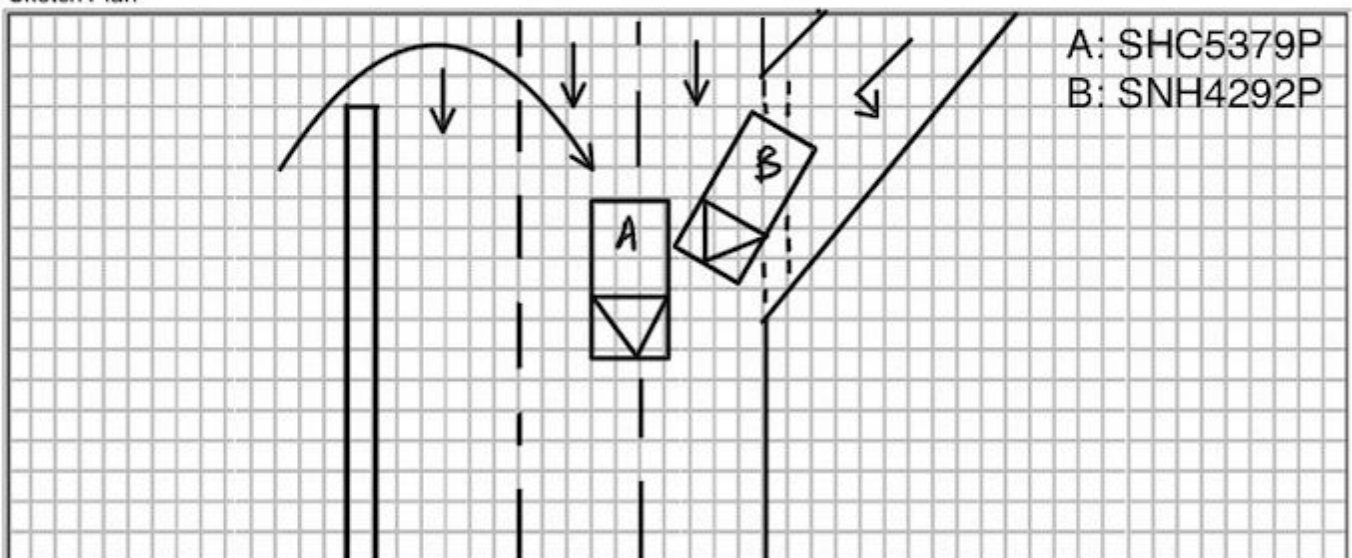
MUHAMMAD FADLY SUKIMAN

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)

10/08/24@1153HRS

**Sketch Plan**

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO.  
T/20240808/7030

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

10/08/24@1153HRS

MUHAMMAD FADLY SUKIMAN

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













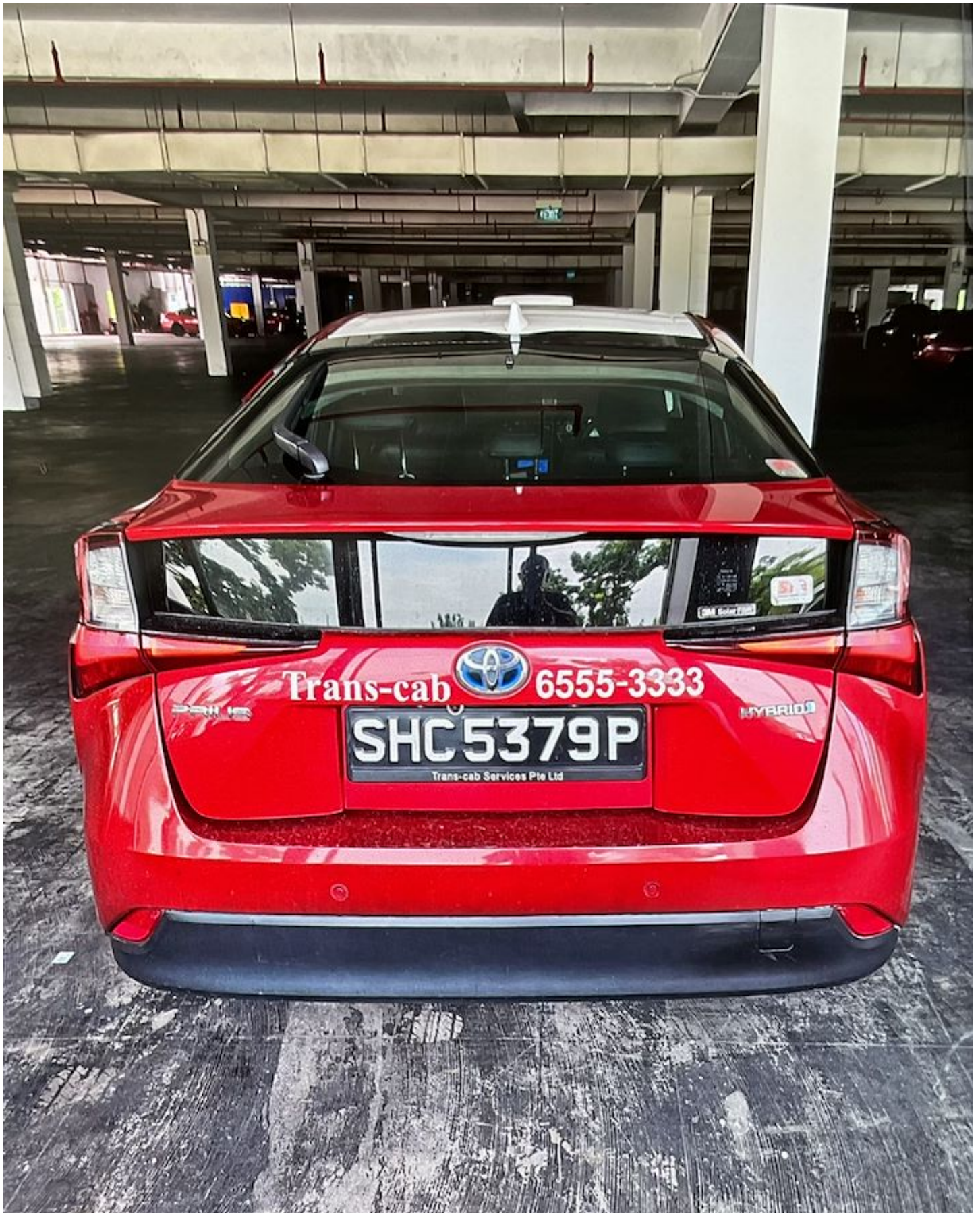






















# SINGAPORE POLICE FORCE

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



T/20240808/7030

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Report No. T/20240808/7030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2024 12:14	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: FINAN FABIAN LAI FOO WAH			Address: 710 Yishun ave 5 #03-98 SINGAPORE 760710		
ID Type / ID No.: NRIC NO / S7406867G			Contact No.: Home/Office: Mobile: 90726709		
Nationality: SINGAPORE CITIZEN			Email: finanfabian@gmail.com		
Sex: Male	Age: 50	Date of Birth: 21/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 07/08/2024 19:05	Type of Location: T-Junction
Location: LI HWAN VIEW			
Weather: Clear		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5379P	Motor car					0
SNH4292H	Motor car					0

### Details of Person Involved

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





# SINGAPORE POLICE FORCE

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



T/20240808/7030

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Report No. T/20240808/7030

## CONTINUATION OF REPORT

Driver		ID No.		S7406867G	
Name	FINAN FABIAN LAI FOO WAH		Contact No.	90726709	
Related Vehicle	SHC5379P (Motor car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Date Treatment	08/08/2024	
Date Discharge		NIL			
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight		

**Brief Details.**

On 7/8/2024 at about 1905hrs, I was driving SHC5379P along Ang Mo Kio Ave 1 towards CTE. I was driving past Lorong Chuan when one vehicle SNH4292P dash out of the slip road without stopping and collided into the left side passenger door. We stop to exchange phone numbers only and take photos. I have a in car camera and will be submitting to my company. I also visited on 8/8/24 and received 5 days MC from 8/8/24 to 12/8/24.

**SINGAPORE  
POLICE FORCE**

T/20240808/7030

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

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Report No. T/20240808/7030

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP168

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

Date/Time:  
08/08/2024 12:14

Classification Of Case: