

## 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 Authorised 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 ability.
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 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 Report	25/07/2016 09:44
Date Of Accident	22/07/2016 19:55
Exact Location Of Accident	CTE (SLE) after Jalan Bahagia
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5346J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	LATITUDE-2.0 D dCi (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi

<b>Insurance Company</b>	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

<b>Driver</b>	
Name of Driver	TEO CHOONG MENG
NRIC No	S1435943E
Date Of Birth	07/09/1960
Occupation	Outdoor
Date Of Driving Pass	01/04/1981
Driving Experience	35 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-91093155
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 WHAMPOA ROAD #06-125
Postcode	320114
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - Hirer
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Drizzling
Road Surface	Wet

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Whampoa Neighbourhood Police Post
Police Station Address	ROAD: Blk 29 Jalan Bahagia , POSTCODE: 320029 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

Please refer to Police Report - T/20160723/2091

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG8301Z
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Name of Driver	JUNAI DI BIN ABDULLAH
NRIC/Passport Number	S7818508B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ5156E
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	

Name of Driver	CHEN RENCHUAN JOSHUA
NRIC/Passport Number	S8202456E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name	
Phone Number	
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJM7854U
Vehicle Make/Model/Colour	TOYOTA ALLION
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name	
Phone Number	
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SHA1500S
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name	
Phone Number	
Email Address	

**DETAILS OF INJURED PERSON 1**

Name	TEO CHOONG MENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5346J
Were seat belts worn?	Yes

Was injured conveyed to hospital by ambulance? No

Address

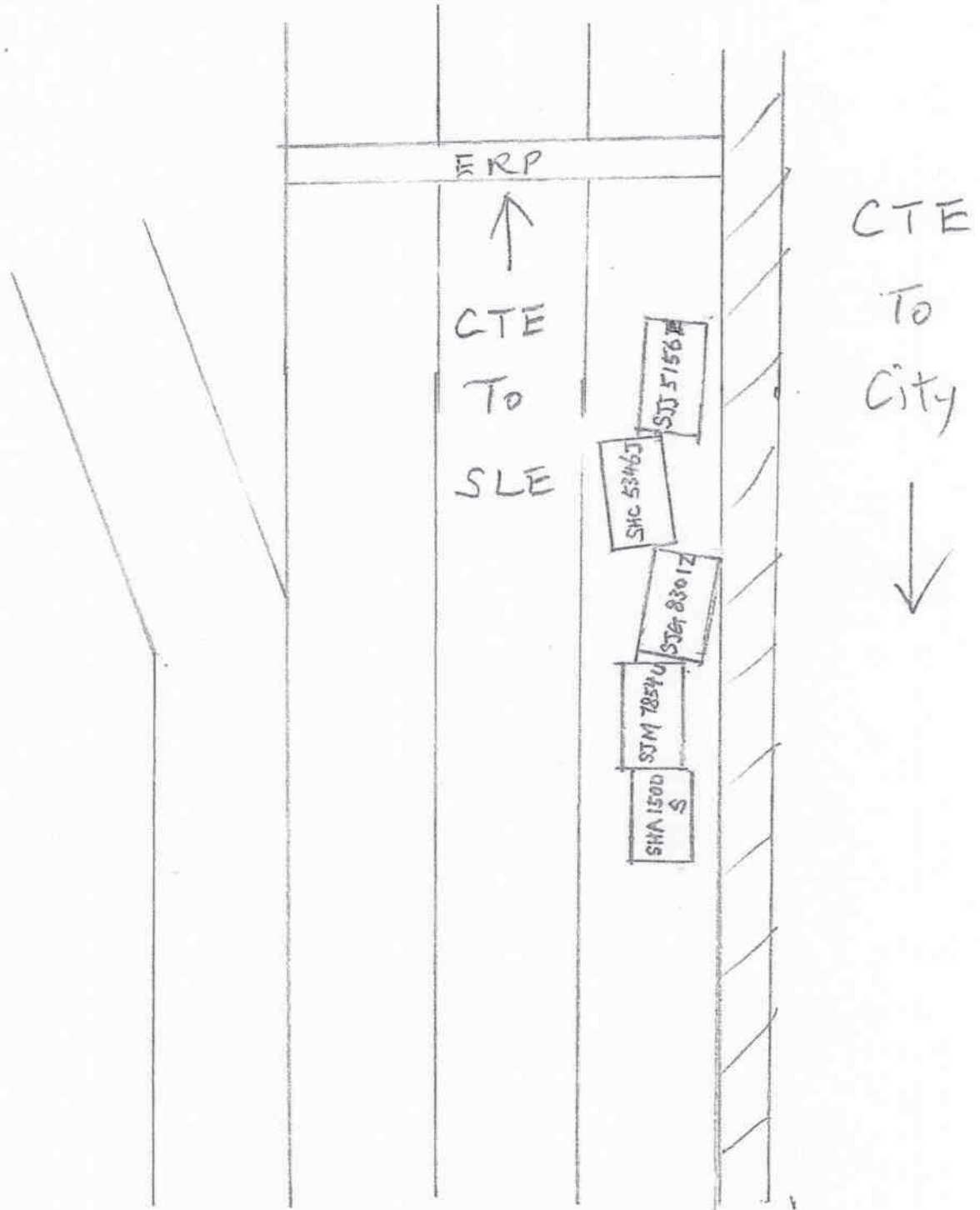
Postcode



1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

Witnessed by Reporting Centre  
Personnel

- PLS SEE ATTACHMENT -



Date : 22 July 2016  
Time : 19:55 pm

Accident Sketch Plan Pg.1

## Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT

## Declaration

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

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20160723/2091

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

1 of 3

Report No. T/20160723/2091

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2016 14:35		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: TEO CHOONG MENG			Address: APT BLK 114 WHAMPOA ROAD #06-125 SINGAPORE 320114		
ID Type / ID No.: NRIC NO / S1435943E			Contact No.: Home/Office: Mobile: 91093155		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 07/09/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/07/2016 19:55	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE Towards SLE, Before ERP, After Jln Bahagia exit				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHA1500S	Car	HYUNDAI		Blue		0
SHC5346J	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	2 3 <i>2/3</i>
SJG8301Z	Car	TOYOTA		White		0
SJJ5156E	Car	TOYOTA		Black		0





**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

Report No. T/20160723/2091

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SJM7854U	Car	TOYOTA		Grey		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO CHOONG MENG	ID No.	S1435943E
Related Vehicle	SHC5346J (Car)	Contact No.	91093155
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2016	Date Discharge	23/07/2016
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 22/07/2016 at about 1955hrs, I was driving my taxi (SHC5346J), traveling along CTE towards SLE. While traveling along the extreme right lane, the cars in front gradually slowed down and stopped after Jln Bahagia. I managed to break and stopped behind the vehicle (SJJ5156J)

However, the vehicle behind (SJG8301Z) did not stop in time and hit the rear of my vehicle and as a result my vehicle surged forward and hit the rear of (SJJ5156J)

I exited my vehicle and realized that it was a chain collision involving 5 other vehicles. At that point of time no one was injured and my passenger does not require medical attention.

The next day I went to see a doctor as my back and shoulder was in discomfort and was given 5 days of medical leave.

Damages on my taxi as follows:

- 1) Dent and scratch on the front right bumper
- 2) Dent and scratch on my rear right bumper.



**SINGAPORE  
POLICE FORCE**



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Report No. T/20160723/2091






Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt TAY THIAM CHEK ANDY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2016 14:35
Officer In Charge Of Case: TP / GIA / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168 	 Signature :  Singapore Police Force

Text size + -

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

### Vehicle Details

Vehicle No.: SHC5346J

Vehicle to be Exported: Yes

Intended De-registration Date: 25 Jul 2016

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2014

Engine No.: M9R8839C001964

Chassis No.: VF1ABL15AUC279355

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 30 Sep 2014

First Registration Date: 30 Sep 2014

Transfer Count: 0

Actual ARF Paid: \$12,498.00

### Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Sep 2022

PARF Rebate Amount: \$9,373.00

### Intended COE Rebate Details

COE Expiry Date: 29 Sep 2022

COE Category: A - Car (up to 1600cc & 97kW (130bhp))

COE Period(Years): 8

PQP Paid: \$50,704.00

COE Rebate Amount: \$39,154.00

**Total Rebate Amount: \$48,527.00**

### Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 25 Jul 2016

OK