

## 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	20/11/2017 12:13
Date Of Accident	17/11/2017 22:45
Exact Location Of Accident	CTE TUNNEL - AFTER KRAMAT ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5150B
<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-62866666

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	TAN CHOON HAI
NRIC No	S1418649B
Date Of Birth	25/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97812802
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 119 POTONG PASIR AVE 1 #06-1026
Postcode	350119
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171118/2062

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1218H
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	LIEW
NRIC/Passport Number	
Contact Number	98240632
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 SDF77A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver SULIN

NRIC/Passport Number

Contact Number 98200010

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 TAN CHOON HAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5150B

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name SNG SANG HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5150B

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

## SKETCH PLAN

CTE Tunnel - After Kramat Road Exit	A					A= S1D S150B
	B					B= SHA 1218H
	C					C= S05 97A
		↑	↑	↑	↑	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171118/2062

1 of 4

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20171118/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/11/2017 13:00	Vide Report No.:	Station Diary No.: 74
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**Informant's Particulars**

Name of Informant: TAN CHOON HAI	Address: APT BLK 119 POTONG PASIR AVENUE 1 #06-1026 SINGAPORE 350119		
ID Type / ID No.: NRIC NO / S1418649B	Contact No.:	Mobile: 97812802	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 25/03/1960	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
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: 17/11/2017 22:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE Tunnel after Kramat Road exit				
Weather: Clear		Road Surface: Dry	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 Passenger
SDF77A	Car	MERCEDES BENZ	CLK 200 K A	Black	Slightly Damaged	3
SHA1218H	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Slightly Damaged	2
SHD5150B	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171118/2062

2 of 4

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No: T/20171118/2062

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SULIN	ID No.	NIL
Related Vehicle	SDF77A (Car)	Contact No.	98200010
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIEW	ID No.	NIL
Related Vehicle	SHA1218H (Car)	Contact No.	98240632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	SNG SANG HONG	ID No.	S7174849I
Related Vehicle	SHD5150B (Car)	Contact No.	97501380
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2017	Date Discharge	18/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171118/2062

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

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Report No. T/20171118/2062

## CONTINUATION OF REPORT

Driver			
Name	TAN CHOON HAI	ID No.	S1418649B
Related Vehicle	SHD5150B (Car)	Contact No.	97812802
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2017	Date Discharge	18/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 17/11/2017 at about 10:44pm, I was driving (SHD5150B - Red Transcab) along CTE towards Ang Mo Kio on the left most lane (Lane 4). After the exit of Kramat Road, traffic flow was slow as there were a lot of vehicle on the road.

The vehicle in front of me slowed down as such I reduced my speed to almost stopping when suddenly there was a bang as the vehicle behind me (SHA1218H - Blue Comfort taxi) had hit onto my rear bumper. A few seconds later, I felt another bang. Another vehicle (SDF77A - Black Mercedes Benz) had hit onto the rear bumper of the Blue Comfort taxi.

After checking if my wife was okay, I quickly came out of my vehicle to see what happened and discovered a collision between 3 cars including my vehicle. No one was seriously injured and we exchanged name and contact numbers. After exchanging details, all the vehicles involved left the scene.

In the evening, I felt pains on my back and decided to make a check with the doctor the following day on 18/11/2017. The doctor gave me 5 days of medical leave and gave my wife 4 days of medical leave.

I am here to lodge a Police report for record purposes.