

## 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	21/11/2017 17:48
Date Of Accident	21/11/2017 10:15
Exact Location Of Accident	TANJONG PAGAR ROAD TOWARDS MAXWELL MARKET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD0059R
Insured/Policyholder	
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
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	CHERN WEI PONG
NRIC No	S7140086G
Date Of Birth	14/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97967310
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 642 ANG MO KIO AVENUE 5 #02-3051
Postcode	560642
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	SIDE SWIPE
Weather Conditions	RAINING
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 263 TAMPINES STREET 21 #01-128 , <b>POSTCODE:</b> 520263 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7839999 - <b>FAX NO:</b> 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T20171121/2092

#### 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	YM7763X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEE KUENG HOCK
NRIC/Passport Number	S1535143H
Contact Number	81613329
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
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Email Address

Name CHERN WEI PONG

## Injuries Sustain

SHD0059R

YES

NO

Address

Postcode

**SKETCH PLAN**

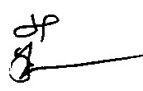
**IMPORTANT NOTICE**

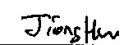
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies 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. 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:

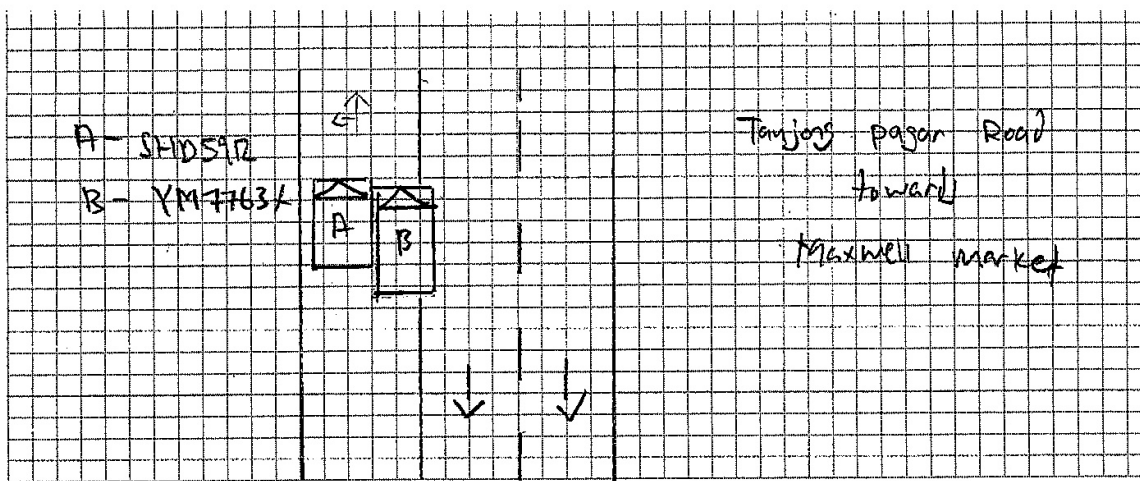
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

- Please refer to 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.:



**SINGAPORE  
POLICE FORCE**



T/20171121/2092

1 of 3

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

Report No. T/20171121/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2017 14:47	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: CHERN WEI PONG			Address: APT BLK 642 ANG MO KIO AVENUE 5 #02-3051 SINGAPORE 560642		
ID Type / ID No.: NRIC NO / S7140086G			Contact No.: Home/Office: Mobile: 87870092		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 14/11/1971	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: 21/11/2017 10:15	Type of Location: Straight Road
Location: Along Road 1 TANJONG PAGAR ROAD  towards Maxwell Market				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHD59R	Car	RENAULT		Red	Seriously Damaged	0
YM7763X	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20171121/2092

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Report No. T/20171121/2092

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	CHERN WEI PONG	ID No.	S7140086G
Related Vehicle	SHD59R (Car)	Contact No.	87870092
Hospital/Clinic	SUNSHINE CLINIC FAMILY PARCTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2017	Date Discharge	21/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LEE KUENG HOCK	ID No.	S1535143H
Related Vehicle	YM7763X (Lorry)	Contact No.	81613329
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

**Brief Details.**

On 21.11.2017 at about 1015hrs, I was travelling inside my taxi alone along Tanjong Pagar Rd towards Maxwell market direction on lane 1 of a 2 lane road. As I was travelling, a lorry YM7763X side swipe from my right from the right rear passenger's door to the front bumper. I was in a daze, however do not required any Ambulance Service. The other driver wrote down his particulars and thereafter left the scene.

I waited for the tow truck to tow away my vehicle and I proceeded to Sunshine Clinic Family Practice & Surgery to seek medical treatment and was given 5 days of out patient leave. I have front built-in car camera.

Handwritten signature and ID number: S7140086G



**SINGAPORE  
POLICE FORCE**



T/20171121/2092

Police Station Of Origin:  
Tampines East NPP  
263 Tampines Street 21 #01-138  
SINGAPORE 520263  
Tel No: 1800-7839999

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Report No. T/20171121/2092

**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:

G /

Staff Sgt TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2017 14:47

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Classification Of Case:

SN 102

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





Accident Photo

