

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	27/11/2017 12:37
Date Of Accident	25/11/2017 10:30
Exact Location Of Accident	THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5911C
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-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	IBRAHIM BIN MOHAMED SAID
NRIC No	S1328727I
Date Of Birth	18/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83872069
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 348 UBI AVE 1 #03-1061
Postcode	400348
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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171125/2053

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	SLT4074M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CATHAY TOI
NRIC/Passport Number	S7641840C
Contact Number	90617371
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 SBT3353H
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver NOMORA KAZOS
NRIC/Passport Number G32429297I
Contact Number 91556638
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 IBRAHIM BIN MOHAMED SAID
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC5911C
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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.
- (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

Thomson Road

A = SHC 5011C
B = SLI 4074M
C = SGT 3353M

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.:



**SINGAPORE
POLICE FORCE**



T/20171125/2053

1 of 4

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20171125/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2017 13:47		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: IBRAHIM BIN MOHAMED SAID			Address: APT BLK 348 UBI AVENUE 1 #03-1061 SINGAPORE 400348		
ID Type / ID No.: NRIC NO / S13287271			Contact No.: Home/Office: Mobile: 88202847		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 18/11/1958	Type of Informant: Driver		
Race: Indian			Language:		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: 25/11/2017 10:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
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
SBT3353H	Car	HONDA		Silver	Slightly Damaged	0
SHC5911C	Taxi	RENAULT		Red	Slightly Damaged	2
SLT4074M	Car	SUZUKI		Blue	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
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T/20171125/2053

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Tel No: 1800-4499999

Report No. T/20171125/2053

CONTINUATION OF REPORT

Driver			
Name	NOMORA KAZOS	ID No.	G32429297I
Related Vehicle	SBT3353H (Car)	Contact No.	91556638
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
Driver			
Name	IBRAHIM BIN MOHAMED SAID	ID No.	S1328727I
Related Vehicle	SHC5911C (Taxi)	Contact No.	88202847
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/11/2017	Date Discharge	25/11/2017
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	CATHAY TOI	ID No.	S7641840C
Related Vehicle	SLT4074M (Car)	Contact No.	90617371
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 the 25/11/2017 at about 1030hrs I was travelling together with two other passengers on my taxi bearing, (SHC5911C) along Thomson road. I was on the second lane of the three lane road. The traffic was heavy at the point of time as such I was travelling very slowly. Suddenly I saw the vehicle in front of mine bearing, (SBT3353H) stopped. As such I applied the brakes. Suddenly I felt an impact at the back of my taxi. The impact has caused the head of my taxi to hit onto the rear of the vehicle in front of me. I then alighted from my vehicle and noticed that a vehicle, (SLT4074M) had hit onto the rear of my taxi. After which both the vehicle drivers who were in front and at the back of my vehicle had also alighted.

We then took pictures and exchanged particulars and left the said location as the traffic was very heavy. I then alighted my passengers at their destination and started to feel dizzy and had slight pain at my neck as such I decided to visit the doctor. I then went to Mount Alvernia Hospital and obtained a total of six



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3 of 4

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CONTINUATION OF REPORT

days of MC. I would like to inform that due to the accident my taxi had sustained damages at the front and at the rear. The vehicle, (SBT3353H) had damages at the rear and the vehicle, (SLT4074M) had damages at the front. I am not sure if there was camera at the incident location. I have also not installed in-built camera in my taxi.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHC5911C
Vehicle to be Exported	Yes
Intended De-registration Date	27 Nov 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2014
Engine No.	M9R8839C002381
Chassis No.	VF1ABL15AUC281241
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	↓ 998.00
Original Registration Date	2 Jan 2015
First Registration Date	13 Jan 2015
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	22 Jan 2023
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	22 Jan 2023
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$52,486.00
COE Rebate Amount	\$33,809.00
Total Rebate Amount	\$43,182.00
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 27 Nov 2017