

## 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 15:48
Date Of Accident	26/11/2017 23:15
Exact Location Of Accident	NEW UPPER CHANGI RD TOWARDS BEDOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9281E
<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

### 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	EFFENDI MUSTAFA
NRIC No	S2621827F
Date Of Birth	05/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1979
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91783319
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 638 BEDOK RESERVOIR ROAD #06-43
Postcode	410638
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20171127/2006

#### 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	SJS948Y
Vehicle Make/Model/Colour	
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	
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Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name EFFENDI MUSTAFA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9281E

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

**SKETCH PLAN**


**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 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.

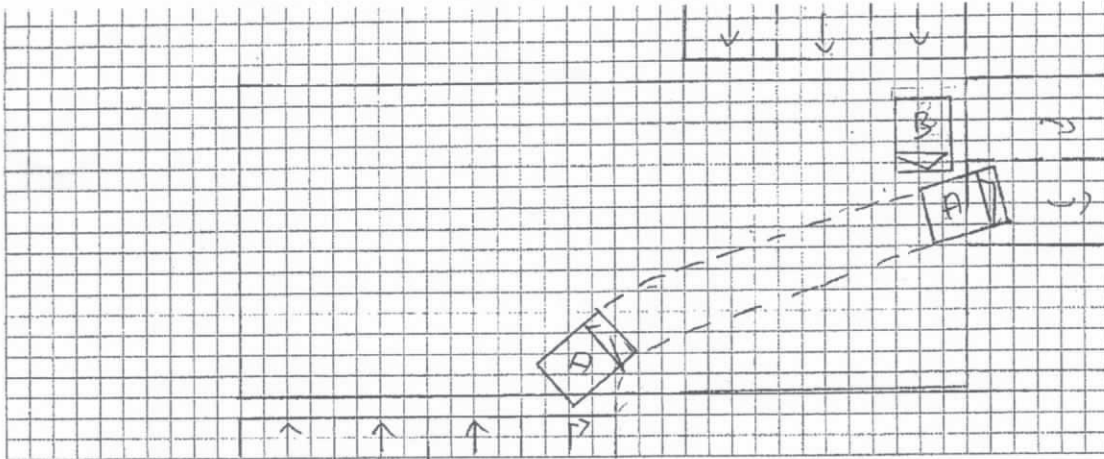
Policyholder's Signature  
Date & Time:

  
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

Handwritten text in the center of the grid area:

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.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171127/2006

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

1 of 3

Report No. T/20171127/2006

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 02:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: EFFENDI MUSTAFA		Address: APT BLK 638 BEDOK RESERVOIR RD #06-43 HDB-BEDOK SINGAPORE 410638	
ID Type / ID No.: NRIC NO / S2621827F		Contact No.: Home/Office: Mobile: 91783319	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 05/10/1961	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/11/2017 23:15	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SHD9281E	TAXI	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1
SJS948Y	Car	KIA	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR	Silver	Seriously Damaged	2

## POLICE REPORT Pg. 1



POLICE FORCE

T/20171127/2006

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

Report No. T/20171127/2006

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EFFENDI MUSTAFA	ID No.	S2621827F
Related Vehicle	SHD9281E (TAXI)	Contact No.	91783319
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/11/2017	Date Discharge	27/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG JING XUAN	ID No.	S9404542H
Related Vehicle	SJS948Y (Car)	Contact No.	NIL
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 ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG UPPER CHANGI IN MY TAXI(SHD9281E) IN THE FIRST LANE FROM THE RIGHT, TO SEND MY PASSENGER TO HIS LOCATION. AS I WAS TURNING TO BEDOK ROAD, A CAR(SJS948Y), SUDDENLY CAME OUT FROM THE OPPOSITE ROAD AND CAUSED A COLLISION BETWEEN THE FRONT OF HIS VEHICLE AND THE LEFT SIDE OF MY VEHICLE. THERE WAS A BUS THAT WAS OBSTRUCTING MY VISION OF SJS948Y SO I DID NOT SEE HIM COMING OUT, I BELIEVE IT WAS THE SAME FOR HIM. ALSO, WHEN SJS948Y DRIVE CROSS THE ROAD, THE AMBER LIGHT HAD TURNED TO RED.

AFTER THE COLLISION, I WAS CONVEYED BY THE AMBULANCE TO CHANGI GENERAL HOSPITAL AND WAS GRANTED 3 DAYS OF MEDICAL LEAVE.

I WISH TO STATE THAT I DO NOT HAVE A CAMERA IN MY VEHICLE.



**SINGAPORE  
POLICE FORCE**

T/20171127/2006

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

3 of 3  
Report No. T/20171127/2006

## 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:

TP /  
ZENG ZI CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Insp NORHIDAWATI BINTE AHMAD  
Contact No.: 65476310

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/11/2017 02:43

Classification Of Case:

**SINGAPORE  
POLICE FORCE**



POLICE REPORT Pg. 1



TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	: T/20171127/2006	Name	: Effendi Mustafa
Accident Date/Time	: 26/11/2017 @ 2315hrs	Address	: Blk 638 Bedok Reservoir Road #06-43
Vehicle(s) Involved	: SHD9281E SJS948Y	NRIC No	: S2621827F
		Tel No	: 91783319
		Date	: 27/11/2017

Dear Sir / Madam

Accident involving two vehicles SHD9281E and SJS948Y  
along New Upper Changi Road on 26/11/2017 at 2315hrs hours

With reference to the above, I have on 27/11/2017 (date) 0243 hours (time) make a police report at Traffic Police Division HQ (Police Station/NPP/NPC)  
In NP 168 – T/20171127/2006


On 27/11/2017 (date), 1630 hours (time) at Ang Mo Kio North NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
I noticed that there was a dent at the front left tyre rim which was not included in the report.

Yours Faithfully,

  
(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: SGT (2) T150305 LEE MING RONG
Date and Time	: 27/11/2017 @ 1635hrs
Station Dairy No	: 71
Signature	: 

Ang Mo Kio North,  
51 Ang Mo Kio Ave 3  
Singapore 569734  
Tel: 4849999

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Company
Owner ID	3878K
<b>Vehicle Details</b>	
Vehicle No.	SHD9281E
Vehicle to be Exported	Yes
Intended De-registration Date	27 Nov 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Red
Manufacturing Year	2011
Engine No.	Z20S1446987K
Chassis No.	KL1LA69RJBB067004
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,811.00
Original Registration Date	16 Dec 2011
First Registration Date	16 Dec 2011
Transfer Count	0
Actual ARF Paid	\$13,811.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	15 Dec 2019
PARF Rebate Amount	\$9,667.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	15 Dec 2019
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
QP Paid	\$39,041.00
COE Rebate Amount	\$9,997.00
<b>Total Rebate Amount</b>	<b>\$19,664.00</b>
<b>Message</b>	
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