

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	04/12/2017 11:24
Date Of Accident	01/12/2017 23:15
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9402Z
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	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	TENG FOOK SENG
NRIC No	S0265649C
Date Of Birth	05/09/1946
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1971
Driving Experience	46 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82605905
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 336 HOUGANG AVE 7 #12-371
Postcode	530336
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 - HEAD TO REAR
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171202/2048

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	SHD6967E
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	PANG KEA TEN
NRIC/Passport Number	S1612014F
Contact Number	96264250
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 TENG FOOK SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9402Z

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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

Sketch Plan diagram on a grid. The diagram shows a vertical line with a triangle at the top, labeled 'A' and 'B'. To the left of the line, the text 'P/E Controls Texas' is written. To the right of the line, the text 'A= SHD 94012' and 'B= SHD 687-E' is written. Below the line, there are four small circles arranged horizontally.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section. The text 'pls see attach police report' is written in the first line.

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/20171202/2048

1 of 4

Report No. T/20171202/2048

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2669999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 12:46	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: TENG FOOK SENG			Address: APT BLK 336 HOUGANG AVENUE 7 #12-371 SINGAPORE 530336	
ID Type / ID No.: NRIC NO / S0265649C			Contact No.: Home/Office:	Mobile: 82605905
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 71	Date of Birth: 05/09/1946	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information: Date/Time of Accident:					Type of Location:
Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:		Straight Road
No					
01/12/2017 23:15					
Location:					
Along Road 1					
PAN ISLAND EXPRESSWAY					
PIE towards Tuas, before paya lebar exit, Lane 1					
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Not Controlled		Moderate	
Type of Collision:				Anyone conveyed by ambulance:	
Between Moving Vehicles - Head To Rear				No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SHD6967E	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SHD9402Z	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	2

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171202/2048

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Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20171202/2048

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Pang Kea Ten	ID No.	S1612014F
Related Vehicle	SHD6967E (Car)	Contact No.	96264250
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	TENG FOOK SENG	ID No.	S0265649C
Related Vehicle	SHD9402Z (Car)	Contact No.	82605905
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and place, after I had picked up two passengers from Changi Airport Terminal 1, I was traveling along PIE towards Tuas. As I was approaching the exit of Paya Lebar, While on lane 1, the traffic started to slow down due to traffic building up. During this time, I too slowed my vehicle down but suddenly, I was hit from the rear by the said vehicle SHD6967E, which is a blue comfort delgro taxi. I then came to a complete stop and proceeded out of the vehicle to make a check. I made a check on my passengers as well and they were fine. I also made a check on my damaged and my rear bumper and came out. We then decided to shift our vehicles to the road shoulder before exchanging particulars. I had also moved my bumper to the side of the road shoulder during this time. We did not call for ambulance and no traffic police was at our location as well.

I wish to state that my two passengers are my witnesses. Their particulars are as follows:

- 1) Goh Song Huat - HP: 91197072
- 2) Choo Meng Yueh

I also wish to state that I have gotten 4 days MC (MC/46390) at this point with 'Pow Family Clinic & Surgery' due to pain at my neck and back area. I also wish to state that my taxi has an in-car dashcam but it is only front facing. The vehicle that hit me, SHD6967E has an in-car dashcam that has captured the whole incident. I wish to state that my rear bumper is currently still along side the road shoulder as I could not bring it along due to me having my passengers in the car as well as their luggage in the boot of the car.

POLICE REPORT Pg. 1



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POLICE FORCE**

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Report No. T/20171202/2048

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

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T/20171202/2048

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Report No. T/20171202/2048

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:

F /

Sgt 2 ASHLEY ANDREW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2017 12:46

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

SN 030

Authentication Stamp

NP168

Signature:

Singapore Police Force