

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 12:03
Date Of Accident	02/12/2017 15:30
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9694H
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 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	ALIAS BIN SURADI
NRIC No	S1274892B
Date Of Birth	14/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1985
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90178057
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 34 WHAMPOA WEST #05-41
Postcode	330034
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171202/2131

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	SFY7342P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG PENCK KING
NRIC/Passport Number	S7376995G
Contact Number	92398815
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 ALIAS BIN SURADI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB9694H

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)**

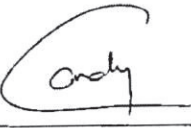
I understand, acknowledge, agree and consent that:

- (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

please see attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police report

DECLARATION

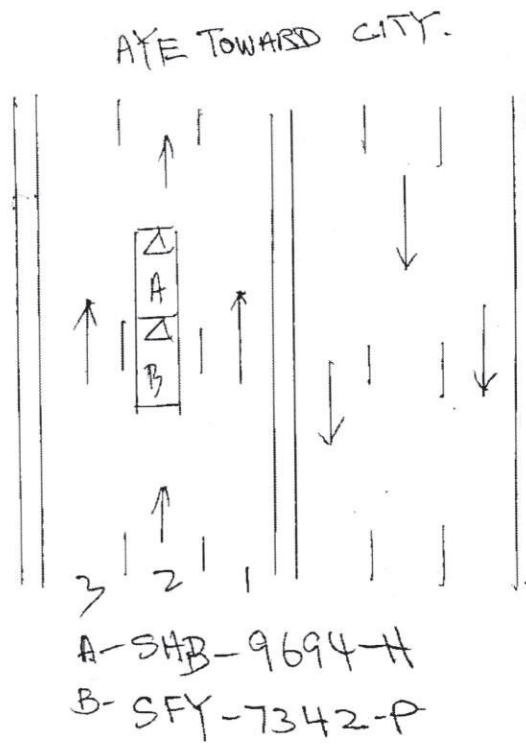
I/We declare the foregoing particulars are true in every respect.

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.:

Accident Sketch Plan Pg. 1



2/12/2018 Time 15.30

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171202/2131

1 of 3

Report No. T/20171202/2131

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 18:32		Vide Report No.:		Station Diary No.: 34
Informant's Particulars				
Name of Informant: ALIAS BIN SURADI		Address: APT BLK 34 WHAMPOA WEST #05-41 SINGAPORE 330034.		
ID Type / ID No.: NRIC NO / S1274892B		Contact No.: Home/Office: Mobile: 90178057		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 14/09/1957	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 15:30	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS CITY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Year	Colour	No. of Passengers
SFY7342P	Car					0
SHB9694H	Car					0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171202/2131

2 of 3

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Changkat NPP

109 Tampines Street 11 #01-261

SINGAPORE 521109

Tel No: 1800-7819999

CONTINUATION OF REPORT

Brief Details.

On 2/12/2017 at about 3.30pm, I was travelling on the 2nd lane along AYE towards City in my taxi (SHB9694H).

As the traffic was moving slowly, the car behind me (SFY7342P) suddenly hit the rear of my taxi.

I got down and verified that my passenger was not hurt.

I sustained back pain and a swollen leg.

I went to see a doctor at Neptune Healthcare Medical & Surgery and obtained a 3-day MC.

There was no in-car camera in my taxi at that time.

The damages to my vehicle are: rear bumper dented.

The driver's particulars:

Ng Penck King

S7376995G

Blk 101 Henderson Crescent #08-04

HP: 92398815



**SINGAPORE
POLICE FORCE**



T/20171202/2131

3 of 3

Report No. T/20171202/2131

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 /
Sgt 2 WONG TARYN ESMERELDA XIN YI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2017 18:32

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG GECILIA
Contact No.: 65476655

Classification Of Case:

SN 107

Authentication Stamp
NP168



Signature:

Singapore Police Force