

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 | 11/12/2017 13:11 |
| Date Of Accident | 09/12/2017 16:45 |
| Exact Location Of Accident | CANTONMENT ROAD TOWARDS KEPPEL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHC5629T |
| 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 | LIM PUAY HENG |
| NRIC No | S1463327H |
| Date Of Birth | 07/03/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/04/1982 |
| Driving Experience | 35 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84325358 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 276 CHOA CHU KANG AVE 2 #10-303 |
| Postcode | 680276 |
| 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 | 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) | 4 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHOA CHU KANG NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7629999 - FAX NO: 67636615 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171209/2126

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 | SLJ7522U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | TAN SWEE LEONG |
| NRIC/Passport Number | S7207852G |
| Contact Number | 97609972 |
| 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 PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5629T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM PUAY HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5629T

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:

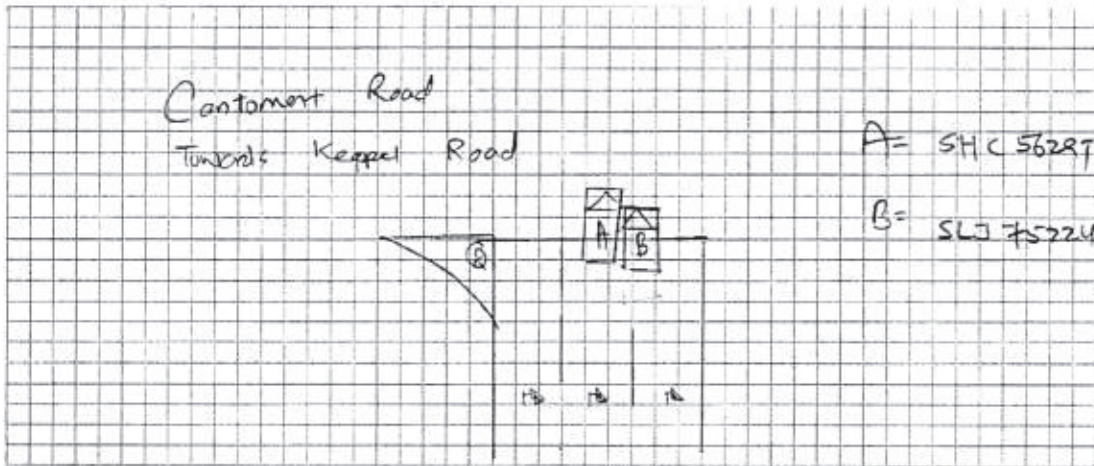
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171209/2126

1 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20171209/2126

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 09/12/2017 21:43 | | Vide Report No.: | | Station Diary No.: 43 | |
| Informant's Particulars | | | | | |
| Name of Informant: LIM PUAY HENG | | | Address: APT BLK 276 CHOA CHU KANG AVENUE 2 #10-303 SINGAPORE 680276 | | |
| ID Type / ID No.: NRIC NO / S1463327H | | | Contact No.: Home/Office: Mobile: 84325358 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 07/03/1961 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3,4A | | Date of Expiry: |

| | | | | |
|---|------------------|---|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/12/2017 16:45 | Type of Location: X-Junction |
| Location: Along Road 1 CANTONMENT ROAD KEPPEL ROAD X Junction of Cantonment road to Keppel 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 Rear | | | | Anyone conveyed by ambulance: No |

| Vehicle No. | Type | Make | Model | Color | Condition of Vehicle | Damage |
|-------------|------|------|-------|-------|----------------------|--------|
| SHC5629T | Car | | | | Slightly Damaged | 3 |
| SLJ7522U | Car | | | | Slightly Damaged | 0 |

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

POLICE REPORT Pg. 1

**POLICE FORCE**

T/20171209/2126

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

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Report No. T/20171209/2126

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-------------------|------------------|--|------------------------------------|
| Name | LIM PUAY HENG | | ID No. | S1463327H |
| Related Vehicle | SHC5629T (Car) | | Contact No. | 84325358 |
| Hospital/Clinic | CCK FAMILY CLINIC | | Class of Driving Licence & Expiry Date | Class: 3,4A Date of Expiry: NIL |
| Date Treatment | 09/12/2017 | Date Discharge | NIL | |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight | |
| Name | TAN SWEE LEONG | | ID No. | S7207852G |
| Related Vehicle | SLJ7522U (Car) | | Contact No. | 97609972 |
| 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 9/12/2017 at 1645hrs, I was stationary on the 2nd lane of a 3 lane road along Cantonment road due to red traffic. I was at the X junction of Cantonment Road and I intend to turn right onto Keppel Road. When the traffic turned green, I proceeded and made the right turn. Suddenly, I felt an impact from the back. Vehicle SLJ7522U which travelling on the 1st lane collided onto the right rear all the way to the front of my vehicle. I suspect that the driver wanted to proceed straight into PSA Gantry and collided onto my vehicle however the driver deny that he wanted to turn right into Keppel Road. One of the passenger in my vehicle complained of giddiness and shoulder pain.



**SINGAPORE
POLICE FORCE**



T/20171209/2126

3 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

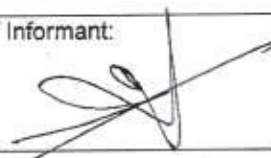
Report No. T/20171209/2126

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: J/ Sgt 2 NUR RAQIB BIN RASMAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 09/12/2017 21:43 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 | Classification Of Case: |
| Authentication Stamp NP168 | |

POLICE REPORT Pg. 1



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

TRAFFIC POLICE
AMENDMENT

NP 168 No: T/20171209/2126 Name: Lim Puay Heng
Accident Date/Time: 09/12/2017/1645 Address: Blk 276 Choa Chu Kang Ave
Vehicle(s) involved: SHC 5629T 2 #10-303 S(680276)
SLJ7522U NRIC No: S1463327H
Tel No: 84325358
Date: 10/12/2017

Dear Sir / Madam

I wish to amend as follows:

In addition to the traffic accident report made on the 09/12/17, I would like to add in the following information. At that point of accident, there were three passengers sitting inside my taxi SHC 5629T.

One elderly man, Mohamed Hussain Abdul Khader S2186174Z was sitting beside the driver seat. Another elderly woman who is the wife was sitting on the left rear passenger seat. There was another lady sitting behind the driver seat, whom is Mohamed Hussain's daughter.

Due to the collision, the daughter of Mohamed Hussain informed me that she felt pain on her shoulder and neck as well as felt giddiness due to the sudden impact of the collision, on the right side of my taxi.

~~That is all.~~ I wish to state that upon the collision, I also felt very giddy and neck/shoulder pain. That is all.

Yours faithfully