

## 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             | 27/12/2017 16:50     |
| Date Of Accident           | 27/12/2017 13:40     |
| Exact Location Of Accident | ANG MO KIO AVENUE 10 |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHF687S                    |
| <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-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       | KWAH KIAT SOON        |
| NRIC No              | S7130363B             |
| Date Of Birth        | 27/07/1971            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 16/04/2001            |
| Driving Experience   | 16 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93875918  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                               |
|---|-------------------------------|
| Address   | BLK 40 BEO CRESCENT<br>#05-10 |
| Postcode  | 160040                        |
| 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  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TAMPINES NORTH NPP  |
| Police Station Address                    | ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171227/2093

#### Attachment(s)

|   |              |
|---|--------------|
| Are accident photos available for attachment? | YES          |
| Was there any video captured by Car Camera?   | YES          |
| Remarks/ Reasons:                             | FILE TOO BIG |
| Was there any audio recorded?                 | NO           |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SKW3687Y    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KWAH KIAT SOON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHF687S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**


**IMPORTANT NOTICE**


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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

## SKETCH PLAN

## 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/20171227/2093

1 of 3

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20171227/2093

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>27/12/2017 15:43 | Vide Report No.: | Station Diary No.:<br>31 |
|--|------------------|--------------------------|

## Informant's Particulars

|  |  |                              |                              |
|--|--|------------------------------|------------------------------|
| Name of Informant:<br>KWAH KIAT SOON     | Address:<br>APT BLK 40 BEO CRESCENT #05-10 SINGAPORE 160040  |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S7130363B | Contact No.:<br>Home/Office: Mobile: 93875918                |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:   |                              |                              |
| Sex:<br>Male                             | Age:<br>46   | Date of Birth:<br>27/07/1971 | Type of Informant:<br>Driver |
| Race:<br>Chinese                         | Language:<br>English   |                              | Institution / School Name:   |
| Occupation:<br>Taxi Driver               | Driving Licence Information:<br>Class: 3,4,5 Date of Expiry: |                              |                              |

## General Information of the Accident

|  |                      |   |  |                                     |
|--|----------------------|---|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>27/12/2017 13:40 | Type of Location:<br>X-Junction     |
| Location:<br><br>ANG MO KIO AVENUE 10                        |                      |   |  |                                     |
| Traffic light at Ang Mo Kio Ave 10                           |                      |   |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry                        |  | Road Speed Limit:                   |
| Traffic Flow:  |                      | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                      |   |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make    | Model                                    | Color  | Condition | No. of Passenger |
|-------------|------|---------|--|--------|-----------|------------------|
| SHF687S     | Car  | RENAULT | LATITUDE<br>2.0L DCI<br>AUTO D/AB<br>4DR | Red    |           | 0                |
| SKW3687Y    | Car  | TOYOTA  | TOYOTA<br>COROLLA<br>ALTIS 1.6L<br>CVT   | Silver |           | 0                |



**SINGAPORE  
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T/20171227/2093

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461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20171227/2093

## CONTINUATION OF REPORT

|                                   |                                   |  |                                     |
|-----------------------------------|-----------------------------------|--|-------------------------------------|
| <b>Details of Person Involved</b> |                                   |  |                                     |
| Any Pedestrian Involved: No       |                                   |  |                                     |
| No. of Pedestrians Injured: NIL   |                                   | Use of Pedestrian Crossing: NA         |                                     |
| <b>Details of Person Involved</b> |                                   |  |                                     |
| Name                              | KWAH KIAT SOON                    | ID No.                                 | S7130363B                           |
| Related Vehicle                   | SHF687S (Car)                     | Contact No.                            | 93875918                            |
| Hospital/Clinic                   | W Y TEH FAMILY CLINIC AND SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 27/12/2017                        | Date Discharge                         | 27/12/2017                          |
| No. of Days granted Medical Leave | 03                                | Degree of Injury                       | NIL                                 |

**Brief Details.**

On 27/12/2017 at about 1340hrs, I was driving my taxi along Ang Mo Kio Avenue 10 on lane 2. My taxi was in a stationary position at the cross junction waiting for the traffic light to turn green.

Out of sudden, I felt an impact coming from the rear of my taxi. I realised a car (SKW3687Y) hit onto the rear bumper of my taxi resulted to dent and scratches.

No one was injured at that point of time. I did not exchange particulars with the driver. I took photos of the accident scene using my mobile phone.

My company in-car CCTV captured the footage of the accident.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 3 days of medical leave from 27/12/17 to 29/12/17.





**SINGAPORE  
POLICE FORCE**



T/20171227/2093

Police Station Of Origin:  
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461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3

Report No. T/20171227/2093

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 MUHAMMAD ISA BIN MD RASHID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/12/2017 15:43

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SINGAPORE  
POLICE FORCE  
Contact No: 65476430

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE