

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 for said.

ACCIDENT STATEMENT

Date Of Report	02/01/2018 14:47
Date Of Accident	26/12/2017 00:15
Exact Location Of Accident	PIE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5935J
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	BIDIN BIN ABDUL RAHIM
NRIC No	S1643533C
Date Of Birth	18/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1966
Driving Experience	50 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82091559
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 190 PASIR RIS ST 12
Postcode	#03-30
Was driver an employee of the Insured's Company	510190
If No, Relationship of the Driver with the Insured	NO
Vehicle Registration Number of Driver's Own Vehicle	OTHER - HIRER
Vehicle	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171230/2052

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	SGD6152B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKK6830T
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 BIDIN BIN ABDUL RAHIM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC5935J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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

NK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police report

DECLARATION

1/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/20171230/2052

1 of 3

Report No. T/20171230/2052

Police Station Of Origin:
Pasir Ris N. P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 12:52	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars		
Name of Informant: BIDIN BIN ABDUL RAHIM		Address: APT BLK 190 PASIR RIS STREET 12 #03-30 SINGAPORE 510190
ID Type / ID No.: NRIC NO / S1643533C		Contact No.: Home/Office: Mobile: 82091559
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 53	Date of Birth: 18/01/1964
Race: Malay		Type of Informant: Driver
Occupation: Taxi driver		Language: English
		Institution / School Name:
		Driving Licence Information: Class:
		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/12/2017 00:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS AIRPORT, ALONG STEVENS ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5935J	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Sgd 6152B / SKK 68307

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171230/2052

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Report No. T/20171230/2052

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	BIDIN BIN ABDUL RAHIM	ID No.	S1643533C
Related Vehicle	SHC5935J (Car)	Contact No.	82091559
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/12/2017	Date Discharge	29/12/2017
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On 26/12/2017 at about 0015hours, I was driving alone in my taxi bearing a registration number, SHC9535J. I was driving along Pan Island Expressway towards Airport, along Stevens Road.

On I was driving on the second lane. Suddenly I felt an impact coming from the rear of my vehicle. Due to the impact, I lost control of the vehicle and swerved all the road shoulder on the left. I lost conscious then. When I woke up, I saw that there were other vehicles on the left and right of my vehicles. I do not know what happened and what had collided me from the rear.

I was then conveyed to Tan Tock Seng Hospital by ambulance. I was given 18 days of Hospitalization Leave. I had suffered injuries on my head, chest and also on the right side of my arm. I was then informed by Traffic Police to make a traffic accident report. I do not know what happened but I have an in-vehicle camera installed. I do not know what are the damages to my vehicle.

**SINGAPORE
POLICE FORCE**

T/20171230/2052

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20171230/2052

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 ALIF BIN AZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2017 12:52
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	 SIGNATURE
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/20171230/2052	Name	: BIDIN BIN ABDUL RAHIM
Accident Date/Time	: 26/12/2017 at 0015hrs	Address	: APT BLK 190 PASIR RIS STREET 12 #03-30
Vehicle(s) Involved	: SHC5935J	NRIC No	: S1643533C
		Tel No	: 82091559
		Date	: 03/01/2018

Dear Sir / Madam

Accident involving Moving vehicles, head to rear along PIE towards Airport, along Stevens road on 26/12/2017 at 0015 hours

With reference to the above, I have on 30/12/2017 (date) 1252 hours (time) make a police report at Pasir Ris NPC (Police Station/NPP/NPC)
In NP 168 – T/20171230/2052

On 03/01/2018 (date), 1340 hours (time) at Ang Mo Kio North NPC (Police Station/NPP/NPC), I make the following amendments to the above report; I would like to add TP IO Yunos (HP: 90610605). informed me that the other 2 vehicles involved in the accident, bear the registration plate of SGD6152B and SKK6830T. I am adding this in my report for insurance claims purpose.

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

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

Name / Rank No	: SC/Sgt Ko Yu Lun Shaun
Date and Time	: 03/01/2018 at 1345hrs
Station Dairy No	: 24
Signature	

Singapore Police Force