MTC S18000513 / Trans-Cab Services Pte Ltd - HQ
ENTRY DATE & TIME: 02/01/2018 14:47
SUBMITTED BY: ANDREA

**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 04/01/2018 18:27**

# 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 witholding 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 | 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<br>#03-30 |
| Postcode | 510190 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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

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 liability**.
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.

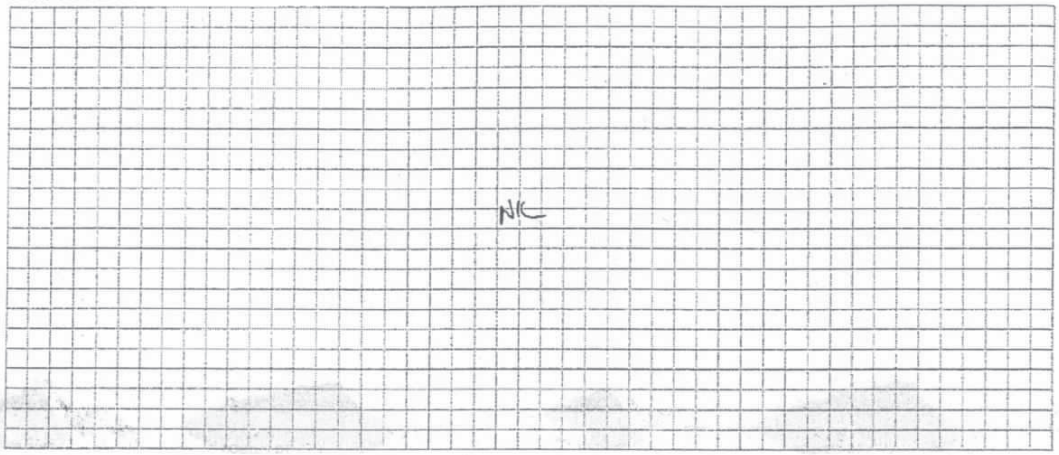
   (e) the information so collected under (d) above may be shared / disclosed:

   (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<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

**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<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

SINGAPORE POLICE FORCE

T/20171230/2052



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: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 30/12/2017 12:52 | | 45 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>BIDIN BIN ABDUL RAHIM | | | Address:<br>APT BLK 190 PASIR RIS STREET 12 #03-30 SINGAPORE 510190 | |
| ID Type / ID No.:<br>NRIC NO / S1643533C | | | Contact No.:<br>Home/Office: Mobile: 82091559 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>53 | Date of Birth:<br>18/01/1964 | Type of Informant:<br>Driver | |
| Race:<br>Malay | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>Taxi driver | | | Driving Licence Information:<br>Class: | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No | Date/Time of Accident:<br>26/12/2017 00:15 | Type of Location:<br>Straight Road |
|---|---|---|---|---|

Location:
Along Road 1
PAN ISLAND EXPRESSWAY

TOWARDS AIRPORT, ALONG STEVENS ROAD

| Weather:<br>Clear | Road Surface:<br>Wet | Road Speed Limit: |
|---|---|---|
| Traffic Flow:<br>Dual Carriage Way | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | | Anyone conveyed by ambulance:<br>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 | |
|---|---|
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

SGD 6152B / SKK6830T

SINGAPORE POLICE FORCE

T/20171230/2052



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<br>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 0015hous, 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 rod 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 injures 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



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

**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:<br>G /<br>Sgt 2 MUHAMMAD ALIF BIN AZALI | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>30/12/2017 12:52 |
| Officer In Charge Of Case:<br>TP / GIT / | Classification Of Case: |
| Contact No.: | |

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

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 Signature

Singapore Police Force