

### 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 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	29/01/2018 17:52
Date Of Accident	26/01/2018 18:25
Exact Location Of Accident	PEIRCE ROAD TOWARDS HOLLAND RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7970Z
<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-62876666

#### Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (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	MAH MENG CHYE
NRIC No	S1817153H
Date Of Birth	12/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97298512
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 20 EUNOS CRESCENT #05-2965
Postcode	400020
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	MARINE PARADE N.P.C
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20180127/2045 & T/20180129/2134

#### 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	XD7971X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG
NRIC/Passport Number	
Contact Number	90804050
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MAH MENG CHYE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB7970Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

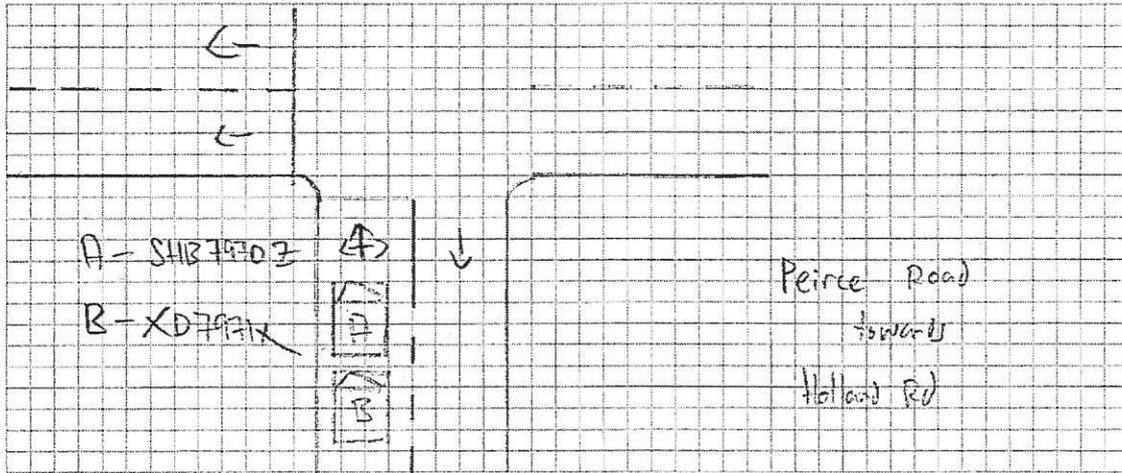
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to 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/20180127/2045

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20180127/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2018 11:17		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: MAH MENG CHYE			Address: APT BLK 20 EUNOS CRESCENT #05-2965 SINGAPORE 400020		
ID Type / ID No.: NRIC NO / S1817153H			Contact No.:		Mobile: 97298512
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 12/05/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 18:25	Type of Location: T-Junction	
Location: Along Road 1 PEIRCE ROAD					
At the traffic light junction					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD7970Z	Taxi			Red	Slightly Damaged	0
XD7971X	Lorry				No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20180127/2045

## CONTINUATION OF REPORT

Driver			
Name	MAH MENG CHYE	ID No.	S1817153H
Related Vehicle	SHD7970Z (Taxi)	Contact No.	97298512
Hospital/Clinic	C&K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2018	Date Discharge	27/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	ANG	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 26/01/2018 at about 1825hrs, I was driving along Peirce Road after dropping my passengers off at Dempsey. I came to a stop behind a stationary car at a red light junction.

Suddenly, I felt an impact from my rear and realized that a lorry had hit onto my vehicle.

Both myself and the lorry driver alighted from our vehicles and took photos. We exchanged particulars however I wish to inform that I am not sure where I had placed the slip of paper.

As we did not want to block the traffic, I continued on with my journey. After a while, I drove home and rest.

On 27/01/2018, I woke up and felt pain on my neck and my back. I was also feeling giddy. I then decided to visit the doctor. I visited C&K Family Clinic Pte Ltd and was given 7 days of Medical Leave from dates 27/01/2018 to 02/02/2018.

I then called my operator who then informed me to come down to the office on Monday to lodge an accident report as they are closed for the weekend.

I do not have any in vehicle camera in my taxi.



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T/20180127/2045

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20180127/2045

CONTINUATION OF REPORT



**SINGAPORE  
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T/20180127/2045

Police Station Of Origin:  
Marine Parade N.P.C  
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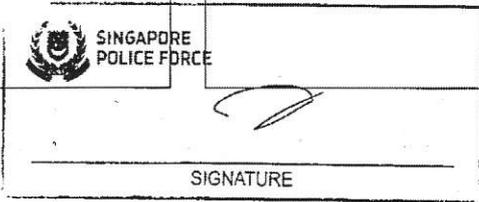
Report No. T/20180127/2045

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 3 NUR AMERA KHAIRYANI BINTE ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2018 11:17
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	 <p>SIGNATURE</p>



**SINGAPORE  
POLICE FORCE**



T/20180129/2134

1 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20180129/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2018 18:31	Vide Report No.: T/20180127/2045	Station Diary No.: 149
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Informant's Particulars			
Name of Informant: MAH MENG CHYE		Address: APT BLK 20 EUNOS CRESCENT #05-2965 SINGAPORE 400020	
ID Type / ID No.: NRIC NO / S1817153H		Contact No.: Home/Office:                      Mobile: 97298512	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 12/05/1967	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 18:25	Type of Location: T-Junction
Location: Along Road 1 PEIRCE ROAD  AT TRAFFIC LIGHT JUNCTION, TOWARDS HOLLAND ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB7970Z	Car					0
XD7971X	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20180129/2134

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20180129/2134

CONTINUATION OF REPORT

**Brief Details.**

Ref: T/20180127/2045, I wished to state that the correct vehicle number for my vehicle should be SHB7970Z and not as stated. The correct location of incident should be Along Peirce Road towards Holland Road.



SINGAPORE  
POLICE FORCE



T/20180129/2134

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
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3 of 3  
Report No. T/20180129/2134

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: F / Staff Sgt LOH ZHIMING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2018 18:31
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	