

## 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	05/03/2018 11:19
Date Of Accident	02/03/2018 21:00
Exact Location Of Accident	PIE TOWARDS AIRPORT AFTER BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9944B
<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	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	REPORTING ONLY
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 KOK LENG
NRIC No	S6830379F
Date Of Birth	10/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91925655
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 431C YISHUN AVE 1
Postcode	#05-587 763431
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20180302/2195

#### 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	GBG5375A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	MOHAMED YUSUF S/O ABDUL JABBAR
NRIC/Passport Number	S7098069Z
Contact Number	
Address	BLK 266 TAMPINES STREET 21 #04-12
Postcode	520266
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGW9231L
-----------------------------	----------

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	O YANG ZHI WEI, JUSTIN
NRIC/Passport Number	S9920771Z
Contact Number	
Address	BLK 36 LORONG S TOA PAYOH #17-345
Postcode	310036
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJS2056H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	UNKNOWN
NRIC/Passport Number	S9435703I
Contact Number	
Address	BLK 176D EDGEFIELD PLAINS #05-196
Postcode	824176
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	O YANG ZHI WEI, JUSTIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGW9231L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN

A - S11X9944B	D	PIE towards Airport After Bedok north Ave 3
B - G8G 5375A	C	
C - SGW 0231L	B	
D - SJS2056H	A	
	↑ ↑ ↑ ↑	

## 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/20180302/2195

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20180302/2195

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS2056H	Car	TOYOTA	VIOS E AUTO	White		0

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I HAD JUST MERGED ONTO THE PIE FROM BEDOK NORTH AVENUE 3, I WAS DRIVING ON THE EXTREME LEFT LANE. AS I WAS DRIVING, A VAN BY THE REGISTRATION PLATE NUMBER GBG5375A CUT INTO MY LANE FROM LANE 2 AND JAMMED THE BRAKES INFRONT OF ME. AS HE HAD CUT INTO MY LANE ABRUPTLY, LEAVING VERY LITTLE SAFETY DISTANCE BETWEEN US, I COULD NOT BRAKE IN TIME AS THE VAN JAMMED THE BRAKES, CAUSING A COLLISION BETWEEN THE FRONT OF MY TAXI AND THE REAR OF THE VAN GBG5375A.

AFTER THE COLLISION, I GOT OFF MY VEHICLE AND REALISED THAT 4 CARS: GBG5375A, SGW9231L, SJS2056H INCLUDING MY OWN, WERE INVOLVED IN THE ACCIDENT. I THEN CHECKED ON THE DAMAGES ON THE VEHICLES AS WELL AS THE WELL-BEING OF THE DRIVERS AND FOUND THAT THE DRIVER OF SGW9231L, WAS INJURED. SOMEONE THEN CALLED THE AMBULANCE AND THEY CONVEYED HIM TO THE HOSPITAL. WHEN THE TRAFFIC POLICE ARRIVED, THEY TOLD ME TO REPORT TO IO PHILIP AT TRAFFIC POLICE HQ.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180302/2195

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3


Report No. T/20180302/2195

**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:  
TP /  
ZENG ZI CONG 

Signature Of Informant:



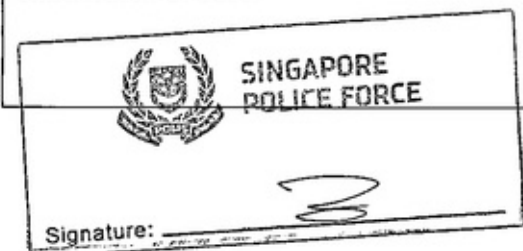
Signature Of Interpreter:  
Not applicable

Date/Time:  
02/03/2018 23:34

Officer In Charge Of Case:  
TP / GIT /  
Insp NORHIDAWATI BINTE AHMAD  
Contact No.: 65476310

Classification Of Case:

Authentication Stamp  
NP168



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180302/2195

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3  
Report No. T/20180302/2195

**REPORT OF A TRAFFIC ACCIDENT**

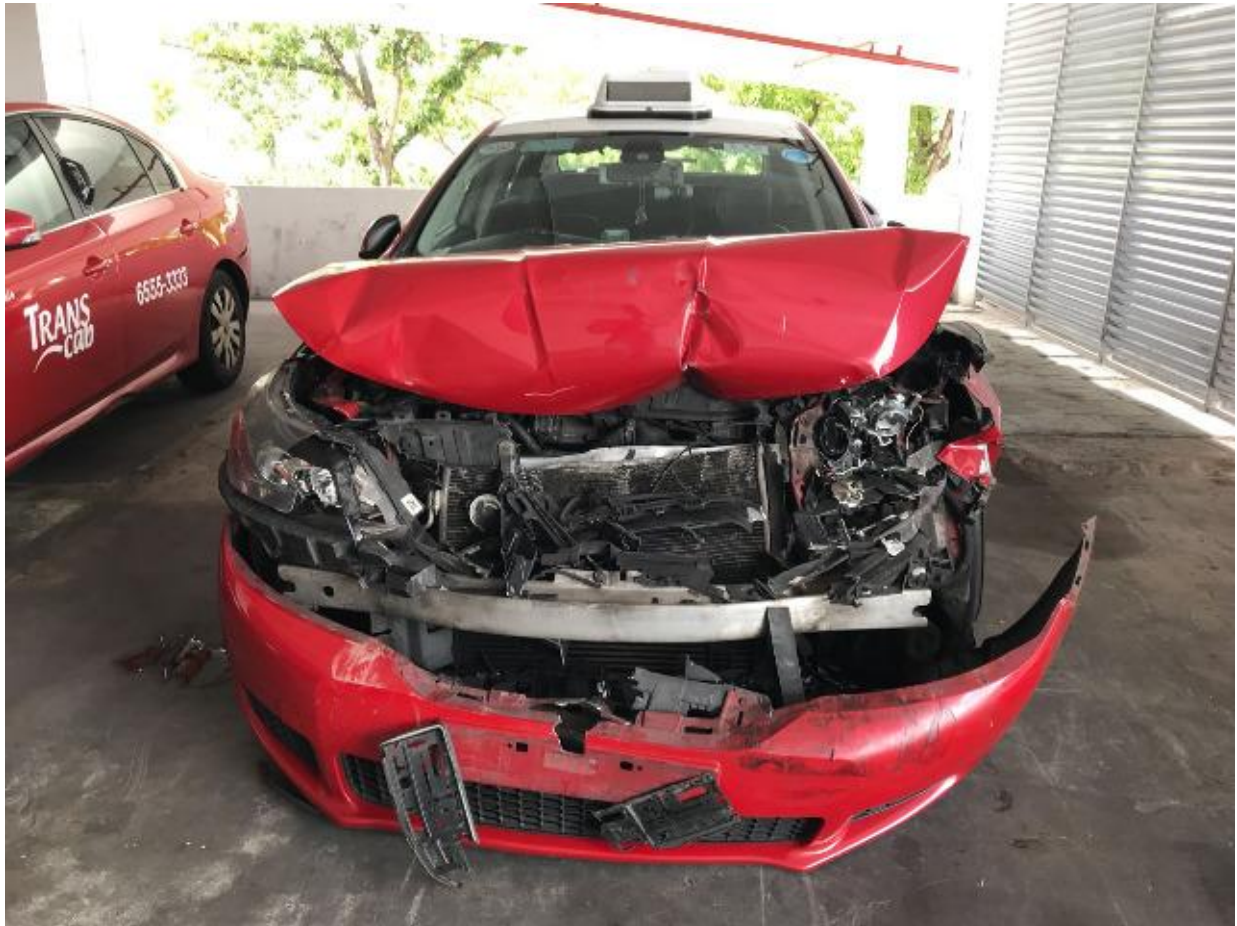
Date/Time Report Made: 02/03/2018 23:34		Vide Report No.: G/20180302/0177		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM KOK LENG			Address: APT BLK 431C YISHUN AVE 1 #05-587 SINGAPORE 763431		
ID Type / ID No.: NRIC NO / S6830379F			Contact No.: Home/Office: Mobile: 91925655		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/08/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/03/2018 21:00	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS AIRPORT, 5.76KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION - 4 CARS				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5375A	Car	FIAT	ROBLO CARGO MAXI 1.6 MTJ AMT GLAZE	White		0
SGW9231L	Car	TOYOTA	COROLLA AXIO 1.5 A	White		0
SHD9944B	TAXI	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

