

## 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	19/03/2018 08:47
Date Of Accident	17/03/2018 16:30
Exact Location Of Accident	HAVELOCK ROAD TOWARDS NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7693Z
<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	CHEVROLET
Model	EPICA-2.0 (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	NG CHEE OON
NRIC No	S2505367B
Date Of Birth	27/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86183395
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 747 WOODLANDS CIRCLE #11-706
Postcode	730747
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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/20180317/2128

#### 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	SLQ940E
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

NG CHEE OON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7693Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN**

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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/20180317/2128

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

1 of 3

Report No. T/20180317/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/03/2018 17:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG CHEE OON			Address: APT BLK 747 WOODLANDS CIRCLE #11-706 HDB- WOODLANDS SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S2505367B			Contact No.: Home/Office: Mobile: 86183395		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 27/12/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/03/2018 16:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 HAVELOCK ROAD NEW BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7693Z	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	0
SLQ940E (Not Accurate)	Car	MERCEDES BENZ	GLC250 4MATIC (R18 LED)	Blue		0



**SINGAPORE  
POLICE FORCE**



T/20180317/2128

2 of 3

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

Report No. T/20180317/2128

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG HAVELOCK ROAD ON THE 2ND LANE ON THE RIGHT, STARTING TO MAKE A RIGHT TURN ONTO <sup>New Bridge Road</sup> ~~EU TONG SENG STREET~~ WHEN SUDDENLY, A CAR BEARING THE PLATE NUMBER SLQ940E THAT WAS ON THE FIRST LANE, WAS GOING STRAIGHT DESPITE THE LANE TO BE ONLY FOR TURNING RIGHT. SLQ940E THEN COLLIDED WITH THE AS I WAS TURNING ANFRONT RIGHT SECTION OF MY VEHICLE D HE WAS GOING STRAIGHT. AFTER COLLIDING WITH MY TAXI, SLQ940E SLOWED DOWN FOR ABIT AND SPED OFF AGAIN, NOT STOPPING OR LEAVING ANY CONTACT INFORMATION AND PARTICULARS. I THEN CALLED 999 FOR POLICE ASSISTANCE AND THE POLICE THAT CAME ON SCENE TOOK MY STATEMENT AND TOLD ME TO GO TO TRAFFIC POLICE HQ TO FIND IO KEN LEE. I WILL BE SEEING THE DOCTOR LATER AS I DO NOT FEEL VERY WELL INSIDE.

I HAVE A IN CAR CAMERA IN MY VEHICLE AND HAVE GIVEN THE SD CARD TO THE IO.



**SINGAPORE  
POLICE FORCE**

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



T/20180317/2128

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Report No. T/20180317/2128

**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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

17/03/2018 17:52

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_





T/20180317/2172

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Report No. T/20180317/2172

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20180317/2128 X

Report Number T/20180317/2172

Vide Report Number T/20180317/2128

Date/Time of Report Made 17/03/2018 22:48

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant NG CHEE OON

ID Type/ ID No. NRIC NO / S2505367B

Home/Office

Mobile 86183395

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 17/03/2018 16:30

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





T/20180317/2172

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Report No. T/20180317/2172

**Continuation of CSF For NP168**

Name	NG CHEE OON	ID No.	S2505367B
Related Vehicle	NIL	Contact No.	86183395
Hospital/Clinic	ACCESS MEDICAL BEDOK SOUTH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Facts.**

I would like to add that I went to Access Medical (East Coast) on 17/03/2018 for treatment and was given 3 days of medical leave.



T/20180317/2172

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Report No. T/20180317/2172

### Sketch Plan

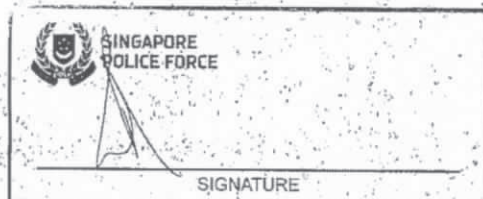
Informant is not able to provide sketch plan

**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.

Case Sensitivity	No
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Officer-In-Charge of Case TP / AEIT /  
YEO GEAK ENG CECILIA

Classification of Case: 1) INJURY / OTHERS



## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHB7693Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	20 Mar 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1424538K
Chassis No.:	KL1LA69RJBB078418
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,395.00
Original Registration Date:	29 Jun 2012
First Registration Date:	29 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$14,395.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2020
PARF Rebate Amount:	\$10,076.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	28 Jun 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$47,515.00
COE Rebate Amount:	\$13,495.00
<b>Total Rebate Amount:</b>	<b>\$23,571.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 20 Mar 2018

OK