

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	27/03/2018 13:22
Date Of Accident	26/03/2018 17:30
Exact Location Of Accident	UPPER BOON KENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD18J
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	SEE HAK KEE
NRIC No	S1186225Z
Date Of Birth	15/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1956
Driving Experience	61 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92965619
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 70A TELOK BLANGAH HEIGHTS #09-509
Postcode	#09-509
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180327/2050

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	SKQ2770C
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 SEE HAK KEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD18J

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:

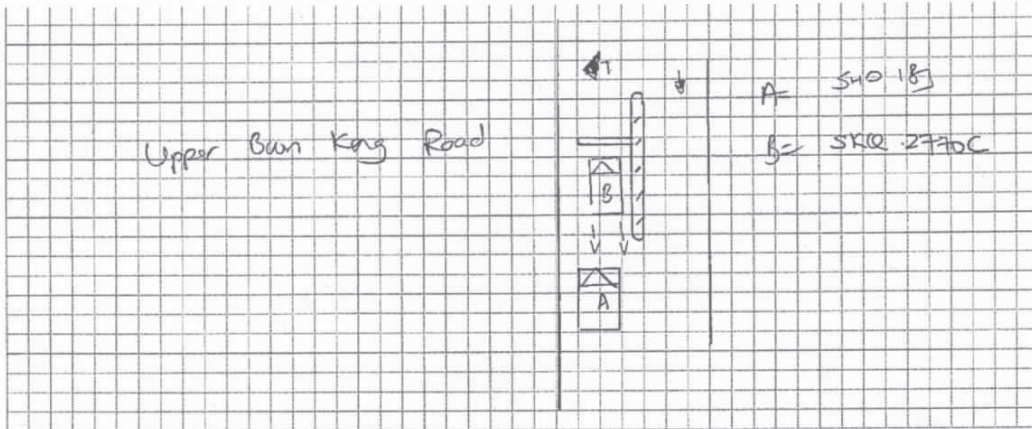
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 #2 Pg. 1



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/20180327/2050

1 of 3

Report No, T/20180327/2050

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
33764
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2018 12:49		Vide Report No.:		Station Diary No.: 78
Informant's Particulars				
Name of Informant: SEE HAK KEE		Address: APT BLK 658D JURONG WEST STREET 65 #16-628 SINGAPORE 644658		
ID Type / ID No.: NRIC NO / S1186225Z		Contact No.: Home/Office: Mobile: 92965619		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 15/07/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2018 17:30	Type of Location: Carpark Gantry
Location: Along Road 1 UPPER BOON KENG ROAD Minor Road leading out to Upper Boon Keng Road from Upper Boon Keng Market & Food Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD18J	Car				Slightly Damaged	0
SKQ2770C	Car				Slightly Damaged	0

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



**SINGAPORE
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T/20180327/2050

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Report No. T/20180327/2050

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	SEE HAK KEE	ID No.	S1186225Z
Related Vehicle	SHD18J (Car)	Contact No.	92965619
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 26/03/2018 at about 1732hrs, I was driving my taxi out from Upper Boon Keng market & Food Centre and stopped behind one motorcar that was trying to exit the gantry. At that time, the motorcar seems unable to be detected by the gantry and the barrier did not open for him. For a period of time, the driver reversed and moved forward, trying to get his motorcar to be detected by the gantry but to no avail.

After multiple attempts, the motorcar suddenly reversed at a fast speed and collided with my taxi which was behind him. I immediately alighted and confronted him about the incident. I noticed that my taxi had been dented on the front with bonnet bent and grilles broken. The front undercarriage was also detached from the taxi. As the queue behind started piling up, we drove out from the gantry and discussed matters outside.

However, after discussing until about 1910hrs, we did not come to a conclusion and the driver refused to provide his particulars to me. On the same day at about 2200hrs, I started feeling shoulder ache. On 27/03/2018 at about 1000hrs, I went to A Life Clinic Pte Ltd and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20180327/2050

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Report No. T/20180327/2050

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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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 / Sgt 2 LEE MING RONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2018 12:49
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 SN 085	Classification Of Case:
Authentication Stamp Signature:	