

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	16/04/2018 19:11
Date Of Accident	13/04/2018 22:10
Exact Location Of Accident	HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5456A
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-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L DCI (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	TAN CHOON HOW
NRIC No	S1209050A
Date Of Birth	15/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91739782
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	32 WOODLANDS CRESCENT #14-04 CEDAR NORTHOAK
Postcode	738087
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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 ON 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	
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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SHC8879T
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
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 TAN CHOON HOW

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5456A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

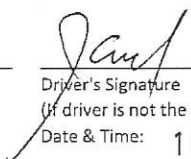
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8. Consent under the Personal Data Protection Act (PDPA)

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: 16 APR 2018


Reporting Centre Personnel's Signature
Name: JASMINE TAN SIEW KIM
NRIC/FIN No.: S74056361

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 APR 2018

Reporting Centre Personnel's Signature

Name: JASMINE TAN SIEW KIM

NRIC/FIN No.: S7405636I



**SINGAPORE
POLICE FORCE**



T/20180414/2089

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180414/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 13:51		Vide Report No.: D/20180413/0129		Station Diary No.: 10	
Name of Informant: TAN CHOON HOW		Address: 32 WOODLANDS CRESCENT #14-04 CEDAR NORTHOAK SINGAPORE 738087			
ID Type / ID No.: NRIC NO / S1209050A		Contact No.: Home/Office:		Mobile: 91739782	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 61	Date of Birth: 15/08/1956	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi Driver		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/04/2018 22:10	Type of Location: T-Junction
Location: HOLLAND ROAD Along Holland Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

SHC5456A	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0
SHC8879T	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0



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Tel No: 1800-7818999

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Report No. T/20180414/2089

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAN CHOON HOW	ID No.	S1209050A
Related Vehicle	SHC5456A (Car)	Contact No.	91739782
Hospital/Clinic	OEI FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/04/2018	Date Discharge	14/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 13/04/2018 at about 2210hrs, I was driving my taxi (SHC5456A) traveling straight along Holland Road. The traffic light was green in my favour.

Upon crossing the T-Junction, out of sudden there was a taxi (SHC8879T) which was travelling from the opposite direction wanting to make a right turn towards Sixth Avenue, collided on my taxi front right portion which resulted to damage. The taxi driver was injured. Due to the impact, my taxi surge forward and came to a complete stop but did not hit on any government property.

I did not manage to exchange particulars with him as he was injured. My taxi does not have in-car CCTV install. There is witness available at the accident scene. The witness namely Ben Dakleh and his wife, Hp: 94553275 alighted from their car and assisted to call for ambulance. The witness is willing to testify that the traffic light was green in my favour.

Shortly, SCDF doctor arrived and attended to the injured taxi driver. Moments later, the injured taxi driver was conveyed to hospital by ambulance. Traffic Police officer also arrived and conducted on scene investigation.

After the accident, I felt unwell and seek medical treatment at a private clinic. I was given 4 days of medical leave, from 14/04/2018 to 17/04/2018.



**SINGAPORE
POLICE FORCE**



T/20180414/2089

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461 Tampines Street 44 #01-56 SINGAPORE
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Tel No: 1800-7818999

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Report No. T/20180414/2089

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 2 MUHAMMAD ISA BIN MD RASHID

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / CITY SINGAPORE
SI YE CHONG
Contact No.: 65476213

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

14/04/2018 13:51

Classification Of Case: