

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	24/04/2018 17:12
Date Of Accident	24/04/2018 13:30
Exact Location Of Accident	CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7715U
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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	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	YEO KIM LAI
NRIC No	S1122970J
Date Of Birth	26/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98651977
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105 POTONG PASIR AVE 1 #02-436
Postcode	350105
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	
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: : SHEE KOK CHOY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT T/20180424/2063

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	SGY2345C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7622102B
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOODS VEHICLE

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

YEO KIM LAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7715U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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:

2/20 24/4/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

De Shuen
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

CTE towards
PIE

PIE

A - SHB77154
B - SGY2345C
C - unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached police report

DECLARATION

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

Policyholder's Signature
Date & Time:

Yoo
Driver's Signature
(If driver is not the policyholder)
Date & Time:

De Shun
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180424/2063

1 of 4

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180424/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2018 15:15		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: YEO KIM LAI			Address: APT BLK 105 POTONG PASIR AVENUE 1 #02-436 SINGAPORE 350105		
ID Type / ID No.: NRIC NO / S1122970J			Contact No.: Home/Office: Mobile: 98651977		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 26/09/1955	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2018 13:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY CTE towards PIE, PIE Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY2345C	Car	AUDI		Black		0
SHB7715U	Car	CHEVROLET		Red		1

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



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Report No. T/20180424/2063

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

CONTINUATION OF REPORT

Driver			
Name	JULIANA POH		ID No. S7622102B
Related Vehicle	SGY2345C (Car)		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
Driver			
Name	YEO KIM LAI		ID No. S1122970J
Related Vehicle	SHB7715U (Car)		Contact No. 98651977
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	24/04/2018	Date Discharge	24/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SHEE KOK CHOY		ID No. G7713793P
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 the above-mentioned date and time, I was V2 driving along CTE and took the exit to drive to PIE. Along the straight road, the vehicles in front of me stopped and I stopped as well. I was stationary when V3 collided into the rear of my vehicle. As I was depressing my brake pedal, I did not hit V1, which was in front of me. V3 then collided into the rear of my vehicle a second time and the impact of the collision cause my vehicle to surge forward and hit V1.

We then got out of our vehicle and exchanged particulars. No Police or Ambulance were at scene. I do not have any CCTV on my vehicle. I wish to state that I did not manage to get V1's vehicle number. My passenger's phone number is 98294242.

V2: SHB7715U

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180424/2063

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Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180424/2063

CONTINUATION OF REPORT

V3: SGY2345C

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SINGAPORE
POLICE FORCE



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Report No. T/20180424/2063

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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 NURFAIZ BIN NOORDIN

Signature Of Informant:

r/e o

Signature Of Interpreter:
Not applicable

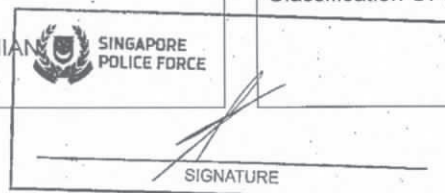
Date/Time:
24/04/2018 15:15

Officer In Charge Of Case:

TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7715U
Vehicle to be Exported:	Yes
Intended De-registration Date:	24 Apr 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1457588K
Chassis No.:	KL1LA69RJBB109878
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,384.00
Original Registration Date:	27 Jul 2012
First Registration Date:	27 Jul 2012
Transfer Count:	0
Actual ARF Paid:	\$14,384.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jul 2020
PARF Rebate Amount:	\$10,068.00
Intended COE Rebate Details	
COE Expiry Date:	26 Jul 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$48,176.00
COE Rebate Amount:	\$13,581.00
Total Rebate Amount:	\$23,649.00
Message	
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 24 Apr 2018

OK