

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 | 28/05/2018 16:17 |
| Date Of Accident | 27/05/2018 18:00 |
| Exact Location Of Accident | JALAN ANAK BUKIT SLIP ROAD TOWARDS PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHF551A |
| 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 (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 | HENG SIANG SEH |
| NRIC No | S1363243Z |
| Date Of Birth | 15/04/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/08/1979 |
| Driving Experience | 38 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92330301 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 657 CHOA CHU KANG CRESCENT #06-35 |
| Postcode | 680657 |
| 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) | 1 |

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/20180528/2031

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 | SKN2785B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TEE BENG HOE |
| NRIC/Passport Number | S2605702G |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HENG SIANG SEH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHF551A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN


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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:

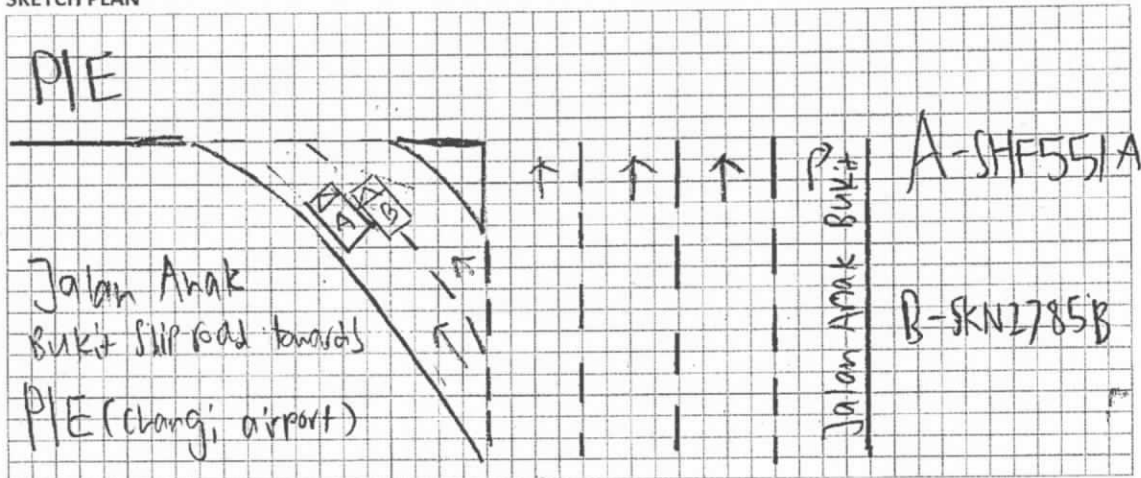


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN


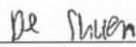


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached police report

DECLARATION

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

| | | |
|--|--|---|
| Policyholder's Signature Date & Time: |  Driver's Signature (If driver is not the policyholder) Date & Time: |  Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |
|--|--|---|



**SINGAPORE
POLICE FORCE**



T/20180528/2031

3 of 3

Report No. T/20180528/2031

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 HO CHUN HAO, PATRICK | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 28/05/2018 12:18 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 | Classification Of Case: |
| Authentication Stamp NP168 | <div data-bbox="619 1774 837 1968" data-label="Image"> </div> <div data-bbox="810 1937 917 1968" data-label="Text">SIGNATURE</div> |



**SINGAPORE
POLICE FORCE**



T/20180528/2031

2 of 3

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

Report No. T/20180528/2031

CONTINUATION OF REPORT

| Vehicle Owner | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Name | HENG SIANG SEH | ID No. | S1363243Z |
| Related Vehicle | SHF551A (Car) | Contact No. | 92330301 |
| Hospital/Clinic | CARE MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/05/2018 | Date Discharge | 28/05/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |

Brief Details.

On the above mentioned date time and location, while driving alone on the most left lane towards the slip road heading to PIE, suddenly I felt a impact on my rear right and realized another vehicle (SKN2785B) had collided onto the right side of my vehicle while trying to cut into my lane. We then alight to exchange particulars and after that we left.

On 28/05/2018 I woke up feeling unwell and went to the said clinic and was given a 4 days MC for suffering neck and back stiffness. I also had numbness on my right arm and leg. I wish to state that my vehicle onboard camera is not working and I also never notice the other party coming into my lane.

His particulars is:
Tee Beng Hoe
S2605702G



**SINGAPORE
POLICE FORCE**



T/20180528/2031

1 of 3

Report No. T/20180528/2031

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

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/05/2018 12:18 | Vide Report No.: | Station Diary No.: 13 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|---|-------------------------------------|
| Name of Informant: HENG SIANG SEH | | Address: APT BLK 657 CHOA CHU KANG CRESCENT #06-35 SINGAPORE 680657 | |
| ID Type / ID No.: NRIC NO / S1363243Z | | Contact No.: Home/Office: Mobile: 92330301 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 59 | Date of Birth: 15/04/1959 | Type of Informant: Vehicle Owner |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------|-----------------------|---|-------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 27/05/2018 18:00 | Type of Location: |
| Location: Along Road 1 UPPER BUKIT TIMAH ROAD JALAN ANAK BUKIT towards PIE Changi airport | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHF551A | Car | | | | | 0 |
| SKN2785B | Car | | | | | 0 |

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

Surveyor:

Ank

DOI:

ASSIGNMENT

28/5/18

Date / Time:

28/5/18

Registered in Merimen:

30/5/18

Pre-assign / CCU / FTE

SLG 6925M



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP: _____

Make / Model :

Excess Sec II :SS

D.O.A: 26/5/18

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHO 3693P



INSRS:

WSP:

Tel:

Liability:

RMKS:

0864 10465



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

| STAGE | DATE / PIC |
|--|--------------------------|
| Non-Reporting ltr (1st): | |
| Non-Reporting ltr (2nd): | |
| Non-Reporting ltr (Final): | |
| Notification ltr (if non-pickup): | |
| Call OI: | |
| After call ltr to OI: | |
| Documentation Check List: Handler Typist | |
| Notification ltr (if non-pickup) | <input type="checkbox"/> |
| After call ltr to OI: | <input type="checkbox"/> |
| Authorisation To Act: | <input type="checkbox"/> |
| Release Voucher: | <input type="checkbox"/> |
| Final Repair Bill: | <input type="checkbox"/> |
| Car Rental Invoice: | <input type="checkbox"/> |
| Towing Invoice | <input type="checkbox"/> |
| LTA / GIA : | <input type="checkbox"/> |
| Medical Bill: | <input type="checkbox"/> |
| PIR: | <input type="checkbox"/> |
| Mandate/Reject Instruction: | <input type="checkbox"/> |
| LOD | <input type="checkbox"/> |
| Payment Breakdown Form: | <input type="checkbox"/> |
| Post-Repair Photos: | <input type="checkbox"/> |
| Others: | <input type="checkbox"/> |

| | | |
|--------------------|------------|----------|
| PRELIMINARY ADVICE | Date/Time: | Sent By: |
|--------------------|------------|----------|

| | | | |
|--------------|------------|---------------|-------------|
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: |
|--------------|------------|---------------|-------------|

| | | | | | | |
|--------------|-----|----------|------------|---|--------------------------------|-------------------------------|
| Repair Cost: | S\$ | (days) | Reduction: | % | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
|--------------|-----|----------|------------|---|--------------------------------|-------------------------------|

| | | | | |
|------------------|------------|---------------|--------------------------------|-------------------------------|
| FINAL SETTLEMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
|------------------|------------|---------------|--------------------------------|-------------------------------|

| | | | |
|------------------|---|------------------------------------|---------------------------|
| Final Liability: | % | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
|------------------|---|------------------------------------|---------------------------|

| | | | |
|--------------|-----|--|--|
| Repair Cost: | S\$ | | |
|--------------|-----|--|--|

| | | | |
|-----------------------|-----|----------|--|
| Loss of Rental (LOR): | S\$ | (days) | |
|-----------------------|-----|----------|--|

| | | | |
|--------------------|-----|---------------|--|
| Loss of Use (LOU): | S\$ | (\$ x days) | |
|--------------------|-----|---------------|--|

| | | | |
|-----------------------|-----|---------------|--|
| Loss of Income (LOI): | S\$ | (\$ x days) | |
|-----------------------|-----|---------------|--|

| | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------|
| LOR only <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LOI <input type="checkbox"/> | [Tick only one] |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------|

| | | | |
|----------------|-----|--|--|
| GIA/LTA Search | S\$ | | |
|----------------|-----|--|--|

| | | | |
|----------|-----|--|--|
| Medical: | S\$ | | |
|----------|-----|--|--|

| | | | |
|---------------|-----|--------------------------|--|
| Disbursement: | S\$ | (e.g. Tow/ Independent) | |
|---------------|-----|--------------------------|--|

| | | | |
|------------|-----|--|--|
| Legal Cost | S\$ | | |
|------------|-----|--|--|

| | | | |
|--------|-----|-----------------|--|
| Total: | S\$ | Global Sum S\$: | |
|--------|-----|-----------------|--|

| | | | | |
|---------------|------------|---------------|--------------------------------|-------------------------------|
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
|---------------|------------|---------------|--------------------------------|-------------------------------|

| | | | |
|----------|-----|---------|--|
| Payee 1: | S\$ | Name 1: | |
|----------|-----|---------|--|

| | | | |
|---------------------------|-----|---------|--|
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | |
|---------------------------|-----|---------|--|

| | | | |
|---------------------------|-----|---------|--|
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | |
|---------------------------|-----|---------|--|