

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	04/06/2018 12:58
Date Of Accident	01/06/2018 18:10
Exact Location Of Accident	BEACH ROAD TOWARDS CRAWFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5218X
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	ZAIHIN BIN ZAINAL ABIDIN
NRIC No	S7919843I
Date Of Birth	11/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87483703
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 212 MARSILING CRESCENT #07-18
Postcode	730212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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	
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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please 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	SHC5655S
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOK TECK THAI
NRIC/Passport Number	S1631414E
Contact Number	93873160
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ZAIHIN BIN ZAINAL ABIDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5218X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

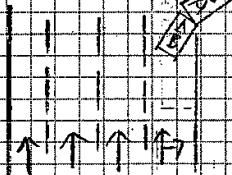
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Sketch Plan #2 Pg. 1



A = SHC 5218X
 B = SHC 5655S
 Beach Rd towards Crawford Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to 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/20180604/2093

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20180604/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 14:30		Vide Report No.: T/20180602/2086		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: ZAIRIN BIN ZAINAL ABIDIN			Address: APT BLK 212 MARSILING CRESCENT #07-19 SINGAPORE 730212		
ID Type / ID No.: NRIC NO / S7919843I			Contact No.: Home/Office: Mobile: 87483703		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 11/07/1979	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2018 18:10	Type of Location: X-Junction
Location: Along Road 1 BEACH ROAD Beach Road towards Crawford Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5218X	Car				Slightly Damaged	0
SHC5655S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180604/2093

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Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

Report No. T/20180604/2093

CONTINUATION OF REPORT

Driver			
Name	ZAIRIN BIN ZAINAL ABIDIN		ID No. S7919843I
Related Vehicle	SHC5218X (Car)		Contact No. 87483703
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	01/06/2018	Date Discharge	01/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Tok Teck Thai		ID No. S1631414E
Related Vehicle	SHC5655S (Car)		Contact No. 93873160
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 01/06/2018 at about 1810hrs, I was driving vehicle (SHC5218X, Red, Transcab) along Beach Road towards Crawford Street on the most right lane preparing to turn right. When the green arrow was displayed, I was turning right and as I see that the opposite lane of the vehicle getting near onto my lane, I stopped immediately and an impact was felt from the rear of my vehicle. After the collision, I alighted and the opposite party handed me his driving license and asked me to proceed to the insurance claiming as both of us are Singapore vehicles, we were causing a congestion in between the roads therefore requesting to move towards the side of the road to prevent congestion. The other party then drove off and I did not take down the vehicle registration plate. Subsequently, I felt giddiness and I parked my vehicle at the nearest parking lot and called for the ambulance and was then conveyed to Tan Tock Seng Hospital with 3 days of medical leave given to me due to the injury sustained from the collision. No government property was involved in this accident and no police attended to this incident. My vehicle was then towed back to the company with it's rear lower bumper slightly dent and the car boot was not able to close as per normal for the damages from the accident. The changes from my previous report is the street name should be Crawford Street, and I managed to obtain the other party vehicle number thru the same taxi company.



**SINGAPORE
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T/20180604/2093

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3



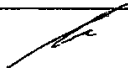
Report No. T/20180604/2093

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: J/ Sgt 2 AMIIR HAAMZAH BIN JEFREE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 14:30
Officer In Charge Of Case: TP / GIT / Contact No.:	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo

