

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	11/06/2018 09:44
Date Of Accident	09/06/2018 22:30
Exact Location Of Accident	STAMFORD RD TOWARDS HILL ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5015P
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	QUEK SWEE CHUAN
NRIC No	S1224607B
Date Of Birth	17/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96371823
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 539 WOODLANDS DRIVE 16 #04-125
Postcode	730539
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	
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
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	SKN6280P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON
NRIC/Passport Number	
Contact Number	83211020
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK SWEE CHUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5015P

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:



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

SKETCH PLAN

Diagram illustrating the layout of the intersection and the location of the vehicles:

A = ST1B9880L
B = SKN6280P
Cross Junction between Stamford Road towards Hill Street

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.: _____

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180610/2029

1 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180610/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2018 12:48	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: QUEK SWEE CHUAN			Address: APT BLK 539 WOODLANDS DRIVE 16 #04-125 SINGAPORE 730539		
ID Type / ID No.: NRIC NO / S1224607B			Contact No.: Home/Office: Mobile: 96371823		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 17/06/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 09/06/2018 22:30	Type of Location: X-Junction
Location: Along Road 1 STAMFORD ROAD HILL STREET Cross Junction between Stamford Road and Hill Street			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SHC5015P	TAXI				Slightly Damaged	1
SKN6280P	Car				Seriously Damaged	2

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180610/2029

2 of 3

Report No. T/20180610/2029

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

CONTINUATION OF REPORT

Driver			
Name	QUEK SWEE CHUAN		ID No. S1224607B
Related Vehicle	SHC5015P (TAXI)		Contact No. 96371823
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/06/2018		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 09/06/2018 at about 2230hrs, I was driving my vehicle bearing registration no: SHC5015P and there was a passenger onboard my vehicle at the point of time. My vehicle was traveling along Stamford Road on the most left lane, and had just approached the cross junction between Stamford Road and Hill Street. However when my vehicle had just enter the yellow box into the cross junction to go straight, a vehicle on my right bearing registration no: SKN6280P had made a left turn while I was going straight. Both our vehicle collided as the vehicle on the right had turned left while I was going straight. I alighted from my vehicle to make a check and the other driver also did the same. The other driver also had two other passengers with him in the vehicle however no one was injured at the point of time therefore no ambulance attended to this incident.

I wish to state that on my lane, there are arrows indicating that I can make a left turn or go straight and I went straight however the lane on my right only have arrow indicating to go straight. The other driver had made a left turn on the lane that was only allowed to go straight therefore resulting in the accident. No police attended to this incident as I and the other party both decided to proceed with our own insurance claiming. I am unsure if there are any traffic camera at the accident location.

However on the 10/06/2018 I woke up with a ache and pain on my shoulder and neck. I proceeded to see the doctor at Mount Alvernia Hospital and was given 5 days medical leave.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180610/2029

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 3

Report No. T/20180610/2029

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:

E /

Sgt 2 NICHOLAS LEE NAM AIK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

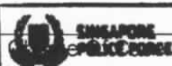
10/06/2018 12:48

Officer In

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430




SN-062

SIGNATURE

Classification Of Case:

Authentication Stamp
NP168

POLICE REPORT Pg. 1

580 M2	SINGAPORE POLICE FORCE	
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SIGNATURE		