

## 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	20/06/2018 14:02
Date Of Accident	20/06/2018 08:30
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9738E
<b>Insured/Policyholder</b>	
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-62866666

### 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	CHOONG YIN SHIN
NRIC No	S0126743D
Date Of Birth	01/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	23/01/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94897783
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 907 JURONG WEST ST 91 #03-201
Postcode	640907
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	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	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)	2
Passenger 1	NAME: : UNKNOWN - 97252160 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180620/2025

#### 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	SHA7871G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEETOH YOKE KUAN
NRIC/Passport Number	S0115259I
Contact Number	81008918
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOONG YIN SHIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD9738E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**SKETCH PLAN**

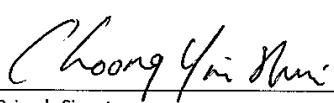
**IMPORTANT NOTICE**

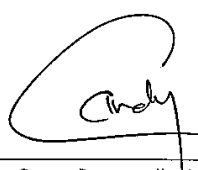
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and 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:

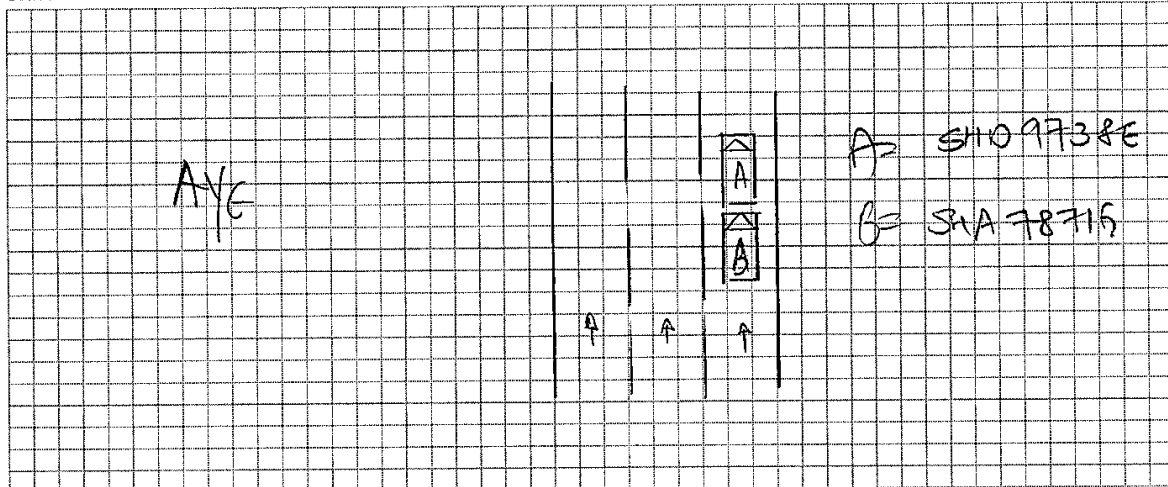
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature  
Date & Time:

*Choong Yee Hin*

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

*Andy*

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180620/2025

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180620/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2018 11:23	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: CHOONG YIN SHIN		Address: APT BLK 907 JURONG WEST STREET 91 #03-201 SINGAPORE 640907	
ID Type / ID No.: NRIC NO / S0126743D		Contact No.: Home/Office: Mobile: 9489 7783	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 01/05/1952	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2018 08:30	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE towards city.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving vehicle against stationary vehicle - head on			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7871G	Taxi	HYUNDAI	I40	Blue		0
SHD9738E	Taxi	RENAULT		Red	Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20180620/2025

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180620/2025

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHOONG YIN SHIN	ID No.	S0126743D
Related Vehicle	SHD9738E (Taxi)	Contact No.	9489 7783
Hospital/Clinic	OASIS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	SEETOH YOKE KUAN	ID No.	S0115259I
Related Vehicle	NIL	Contact No.	8100 8918
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 20/06/2018 at about 0830hrs, I was driving along the extreme right lane along AYE towards city (somewhere near Alexandra flyover, 5km AYE) with a passenger in the rear seat. There was a traffic jam and traffic was moving slow. Somewhere near the Alexandra flyover, the vehicle in front of my taxi slowed down. Thus, I slowed down my taxi and eventually came to a complete stop. Just before I was about to move off, I felt an impact coming from the rear of my taxi. I checked my rear view mirror and observed that a blue coloured taxi had reversed. I immediately alighted from my taxi and met up with the said taxi driver.

Apparently, he did not manage to break in time earlier. As such, he had collided into the rear of my taxi. We exchanged particulars and took pictures of the damages to both our vehicles. Subsequently, I drove off as I had to send my female passenger to her destination at Marina Square. My passenger (tel: 9725 2160) complained of neck and back pain. I had advised for her to seek medical assistance. After a while, I sustained injuries to my neck and back area due to the whiplash effect of the accident. I sought medical assistance at Oasis Family Clinic and was given 4 days of medical leave on 20/06/2018 to 23/06/2018.

The damages on my taxi that were caused by the accident were dents and scratches on the rear bumper. There is a rubber part that is part of the bumper also had came off. I only have a CCTV recording installed only in the front of my taxi.



**SINGAPORE  
POLICE FORCE**



T/20180620/2025

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180620/2025

**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 RANDY RONALD MINJOOT~~  
W/SSGT MUZAHNAT LATIFF

*anf*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Signature Of Informant:

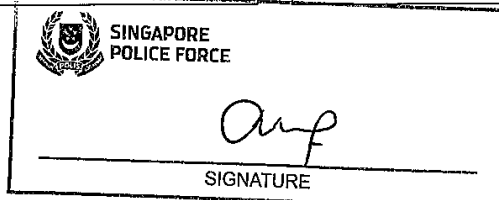
*Choong Yui Shui*

Date/Time:

20/06/2018 11:23

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





RENAULT  
VF 1ABL 15AUC 76143

15AUC 76143  
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