

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	25/06/2018 15:58
Date Of Accident	23/06/2018 02:30
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD151G
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	POH TECK PENG
NRIC No	S6911565I
Date Of Birth	04/04/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97923315
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 755 PASIR RIS ST 71 #02-142
Postcode	510755
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 - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	YN4790G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	ABDEL FATTA
NRIC/Passport Number	S7238506C
Contact Number	86066044
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name POH TECK PENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD151G

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

A= SHD151G
B= YN4790G
Bukit Timah Road

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/20180623/2020

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
Pasir Ris Drive 4 #01-01 SINGAPORE
S19457
Tel No: 1800-5852999

Report No. T/20180623/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 06:32	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: POH TECK PENG			Address: APT BLK 755 PASIR RIS STREET 71 #02-142 SINGAPORE 510755	
ID Type / ID No.: NRIC NO / S69115651			Contact No.: Home/Office: Mobile: 97923315	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 49	Date of Birth: 04/04/1969	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2018 02:30	Type of Location Straight Road
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Location:
Along Road 1
~~DUNEARN ROAD~~ D Bukit Timah Road.
Bukit Timah Road D
Pasir Ris
No. 1 Pasir Ris Drive
#01-01 Singapore 510755
Tel: 1800-5852999

DUNEARN ROAD TOWARDS ROCHOR Canal ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic
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 Passeng
SHD151G	Car				Slightly Damaged	0
YN4790G	Lorry				Slightly	2

POLICE REPORT Pg. 1

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	POH TECK PENG		ID No. S6911565I
Related Vehicle	SHD151G (Car)		Contact No. 97923315
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	23/06/2018		Date Discharge 23/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/06/2018 at about 0230hrs, I was driving along ^{3rd} 2nd lane of ^D Dunearn road to towards Rochor car road, I turned the right signal. Upon cutting in to ^{3rd} 1st lane, on the right, I felt a jerk. I realized that lorry collided onto my rear. I then alighted my taxi to make a check and discovered that my rear portion of n taxi was damaged. Furthermore, Traffic police was at scene.

I wish to that I sustained some pain on my neck and back and then seek medical attention at Intemedi 24 Hr Clinic. I was given a 3 days.

D sgt Phyllis

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999



**SINGAPORE
POLICE FORCE**



T/20180623/2020

Police Station Of Origin:
Pasir Ris N.P.C
Pasir Ris Drive 4 #01-01 SINGAPORE
19457
Tel No: 1800-5852999

3 of 3

Report No. T/20180623/202

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 LOW JAMES GABRIEL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:

A handwritten signature in black ink, appearing to be 'A. B. M.'.

Date/Time:
23/06/2018 06:32

Classification Of Case:

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD151G

Vehicle to be Exported: Yes

Intended De-registration Date: 25 Jun 2018

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2015

Engine No.: M9R8839C002849

Chassis No.: VF1ABL15AUC282259

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 04 Sep 2015

First Registration Date: 04 Sep 2015

Transfer Count: 0

Actual ARF Paid: \$19,998.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 03 Sep 2023

PARF Rebate Amount: \$14,998.00

Intended COE Rebate Details

COE Expiry Date: 03 Sep 2023

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$47,373.00

COE Rebate Amount: \$30,739.00

Total Rebate Amount: \$45,737.00

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 25 Jun 2018

OK