

## 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	04/07/2018 15:20
Date Of Accident	03/07/2018 21:30
Exact Location Of Accident	UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD340C
<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-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	WAN HUSSIN BIN WAN TAHIR
NRIC No	S1300599J
Date Of Birth	07/12/1957
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1996
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98437672
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 898 TAMPINES STREET 81 #02-786
Postcode	520898
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	RAINING
Road Surface	WET

#### 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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	SHC1320J
Vehicle Make/Model/Colour	
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	SOH SEOW YONG
NRIC/Passport Number	S6905726H
Contact Number	81268578
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

→ FC1

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	WAN HUSSIN BIN WAN TAHIR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD340C
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= SHD340C  
B= SHC 1320J  
upper changi Road  
North

## 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/20180704/2078

1 of 3

Report No. T/20180704/2078

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2018 13:40		Vide Report No.:		Station Diary No.: 75
<b>Informant's Particulars</b>				
Name of Informant: WAN HUSSIN BIN WAN TAHIR		Address: APT BLK 898 TAMPINES STREET 81 #02-786 SINGAPORE 520898		
ID Type / ID No.: NRIC NO / S1300599J		Contact No.: Home/Office: Mobile: 98437672		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 07/12/1957	Type of Informant: Driver	
Race: Malay		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: 03/07/2018 21:30	Type of Location:
Location: Along Road 1 UPPER CHANGI ROAD NORTH				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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 Passenger
SHC1320J	Car					0
SHD340C	Car					0

**Details of Person Involved**

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

POLICE REPORT Pg. 1



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Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3  
Report No. T/20180704/2078

<b>Driver</b>			
Name	SOH SEOW YONG		ID No. S6905726H
Related Vehicle	SHC1320J (Car)		Contact No. 81268578
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
<b>Driver</b>			
Name	WAN HUSSIN BIN WAN TAHIR		ID No. S1300599J
Related Vehicle	SHD340C (Car)		Contact No. 98437672
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	04/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 3/7/2018 at about 2130hrs, I was driving along Upp Changi North Road. I was driving my taxi (SHD340C) on the extreme left lane. As it was raining, the vision was abit blur. I saw that the car infront of my slowed down and therefore I also slowed down and came to a stop.

Suddenly I felt a bang. I then alighted and saw that another taxi(SHC1320J) hit my vehicle at the rear. We both exchanged particulars and I told the other driver that we can settle the issue between ourselves but he insisted on lodging a report.

I felt pain at around my neck area, both wrist and back area. I went to see a doctor and I got 05 days of MC.

I have yet to report this to my taxi company.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180704/2078

3 of 3

Report No. T/20180704/2078



Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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 SATHISH KUMAR S/O TAMBIL RAJAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/07/2018 13:40
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No: 65476404	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	SN 168



[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHD340C
Vehicle to be Exported:	Yes
Intended De-registration Date:	04 Jul 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003077
Chassis No.:	VF1ABL15AUC282746
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	22 Mar 2016
First Registration Date:	22 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Mar 2024
PARF Rebate Amount:	\$14,998.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	21 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$28,299.00
<b>Total Rebate Amount:</b>	<b>\$43,297.00</b>
<b>Message</b>	
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 04 Jul 2018

OK