

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	05/07/2018 16:25
Date Of Accident	05/07/2018 09:40
Exact Location Of Accident	MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5390E
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	SIM GIM KENG
NRIC No	S1162002G
Date Of Birth	29/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82929811
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 511 WEST COAST DRIVE #11-329
Postcode	120511
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	CHAIN COLLISION
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: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SLK4367R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND KOH YAM SONG
NRIC/Passport Number	S7835252C
Contact Number	82824587
Address	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN5141Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOODS VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM GIM KENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHC5390E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

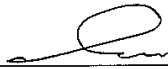
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


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:

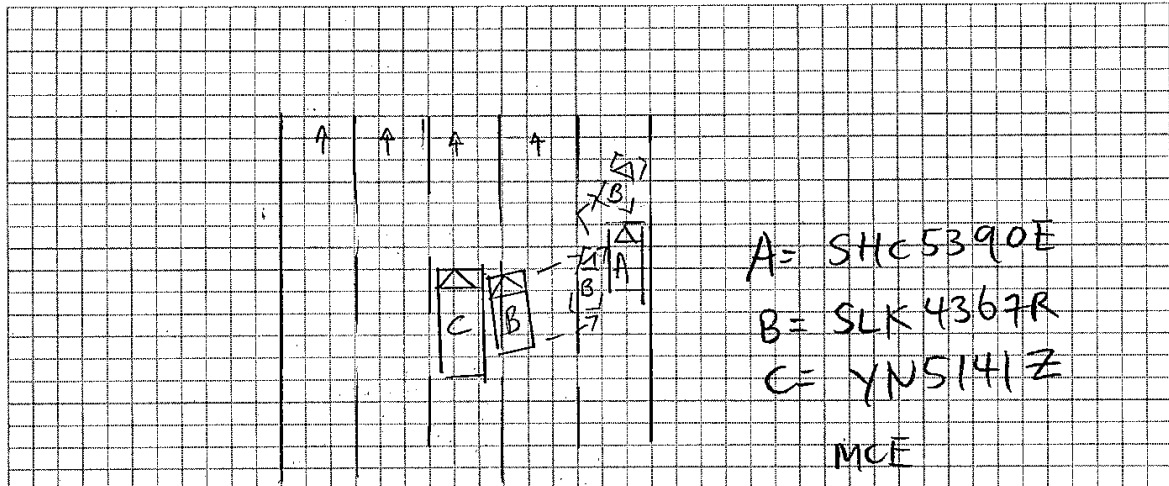


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




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/20180705/2091

1 of 4

Report No. T/20180705/2091

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/07/2018 14:31

Vide Report No.:

Station Diary No.:
31

Informant's Particulars

Name of Informant:
SIM GIM KENG

Address:
APT BLK 511 WEST COAST DR #11-329 SINGAPORE
120511

ID Type / ID No.:
NRIC NO / S1162002G

Contact No.:
Home/Office: Mobile: 82929811

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 61 29/11/1956

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
Taxi driver

Driving Licence Information:
Class: 2B,2A,2,3,4,5

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
05/07/2018 09:40

Type of Location:
Straight Road

Location:
Along Road 1
MARINA COASTAL DRIVE

Along Marina Coastal Expressway, starting of expressway

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5390E	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	1
SLK4367R	Car	MAZDA	MAZDA3	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999



T/20180705/2091

Report No. T/2018070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SIM GIM KENG	ID No.	S1162002G
Related Vehicle	SHC5390E (Car)	Contact No.	82929811
Hospital/Clinic	MY FAMILY CLINIC (TANGLIN HALT)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	05	Date Discharge	NIL
Driver		Degree of Injury	
Name	DESMOND KOH YAM SONG	ID No.	S7835252C
Related Vehicle	SLK4367R (Car)	Contact No.	82824587
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	
		NIL	

Brief Details.

On 05/07/2018 at about 0940 hrs, I was driving my taxi(SHC5390E) with one passenger along MCE, near the start of the tunnel. I was driving straight on the most right lane. The traffic volume was light.

Suddenly, a car(SLK4367R) from the second lane collided onto the left side of my front and rear door. Subsequently, I applied brake and came to a stop ahead. I observed that the said car continued to collide against the concrete wall. I then got out of my car to make a check on the damage. Both the front and rear door on the left side of the car were dented in. Visible scratches can also be seen. I observed that the said car front bumper were completely smashed. I do not observe any injuries on the said driver.

I then spoke to the driver and exchanged particulars. The driver informed me that prior to colliding with me, he was travelling on the second lane from the right when suddenly he swerved to the left and collided with a lorry(YN5141Z) on the third lane from the right. He tried to gain control of the car however unable to and swerved to the right and subsequently collided onto my taxi.

My passenger did not sustain any injuries. I went to My Family Clinic at Tanglin Halt as I was feeling aching at my neck and was given 5 days of MC. I do not have any in-car camera in my taxi. No Traffic Police or Ambulance at scene.



**SINGAPORE
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T/20180705/2091

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Report No. T/20180705/2091

CONTINUATION OF REPORT



**SINGAPORE
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T/20180705/2091

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Report No. T/20180705/2091

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:

D /

Sgt 2 HIDAYAT BIN SELAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE
SN 47
SIGNATURE

Signature Of Informant:

Date/Time:

05/07/2018 14:31

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo

