SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	17/07/2018 11:31
Date Of Accident	16/07/2018 22:30
Exact Location Of Accident	BT BATOK WEST AVE 6 X BT BATOK WEST AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD9839Y
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	
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	TANG SIAW HOCK
NRIC No	S7271212I
Date Of Birth	29/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98175657
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 512C YISHUN STREET 51 Address

#12-477

763512 Postcode

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

Insurance Company of Driver's Own Vehicle

NO

YES

NO

1

YES

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

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? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to police report Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES YES

FILE SIZE IS TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD3331J

Vehicle Make/Model/Colour

Details Of Properties

COMFORT TAXI

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- The 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.
- 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)

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

Sketch Plan #2 Pg. 1

SKETCH PLAN 3 8 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT refer Police Report p.leuse DECLARATION I/We declare the foregoing particulars are true in every respect. Loung Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: NRIC/FIN No.: Date & Time:

Date & Time:

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1



T/20180717/2007

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

1 of 3 Report No. T/20180717/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 01:16	Vide Report No.: J/20180716/0232	Station Diary No.: 15
Printing and the Transition of the Control of the C	The second of the second	
Name of Informant: TANG SIAW HOCK	Address: APT BLK 512C YISHUN STR 763512	EET 51 #12-477 SINGAPORE
ID Type / ID No.: NRIC NO / S7271212I	Contact No.: Home/Office:	Mobile: 98175657
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Age: Date of Birth: Male 45 29/08/1972	Type of Informant: Driver	
Race: Chinese	Language:	Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Attended by Police		Drink Drive:	Date/Time of Accident: 16/07/2018 23:0	0	Type of Location: X-Junction
BUKIT BATOK W	1 and Road 2 /EST AVENUE 3 /EST AVENUE 6 Batok West Avenue 3		kit Batok We	est Avenue 6.	Road	Speed Limit:
Clear	. Tak - 100	Dry				
		Troffic	Control:		Tueff	- V/-1
Traffic Flow:			Light - Worl	king	Light	c Volume:

90°00°		Î			
Verice -	17:57	. 1. 1	1 71 8	୍ଷ ଓଡ଼ିଆ	් වන්න්රය (බින වේ චනිමෙන්ටලන
SHD9839Y	Саг				Seriously 1 Damaged

POLICE REPORT Pg. 1



T/20180717/2007

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 2 of 3 Report No. T/20180717/2007,

CONTINUATION OF REPORT

Brief Details.

On the 16/07/2018 at about 2300hrs, I was driving my Transcab taxi bearing registration plate number of SHD9839Y along Bukit Batok West Avenue 6. At the junction of Bukit Batok West Avenue 6 and Bukit Batok West Avenue 3, a blue color Comfort taxi bearing unknown registration plate number was travelling along Bukit Batok West Avenue 3.

After I saw the taxi, I immediately applied my emergency brakes but was unable to stop in time. My taxi's front portion hit onto the front left passenger door of the other taxi. After the collision, both of us went down to make a check on our taxis. My taxi's whole front bumper was seriously damaged and the other taxi's rear left bumper had dropped off. The other taxi's front left passenger door was also dented in.

I had one passenger and the other taxi had 3 passengers. The other taxi driver called for ambulance. Shortly after, the ambulance and traffic police came. The ambulance conveyed all of the passengers to an unknown hospital. The traffic police asked me to leave the scene and proceed to lodge a traffic accident report.

I am lodging this report as advised by the traffic police, reference J/20180716/0232.

POLICE REPORT



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 T/20180717/2007

3 of 3

Report No. T/20180717/2007

CONTINUATION OF REPORT

Sk			

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 F / Sgt 2 YEO JUN BIN	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 01:16		
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:		
Authentication Stamp			

POLICE REPORT



F/20180717/2085

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

Report No. F/20180717/2085

Date/Time Report Made 17/07/2018 14:34	Vide Report No. T/20180717/2007		Station Diary No. 82	
Name Of Informant	Address	Address		
TANG SIAW HOCK		APT BLK 512C YISHUN STREET 51 #12-47 SINGAPORE 763512		#12-477
ID Type / ID No. NRIC NO / S72712121	Contact Home/C		Mobile 98175857	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	45	29/08/1972	Chinese
Institution/School Name	Language			
Date/Time Of Incident 16/07/2018 23:00	Location Of Incident BUKIT BATOK WEST AVENUE 3 SINGAPORE JUNCTION OF BUKIT BATOK AVENUE 3 AND AVENUE			

Brief details.

Authentication Stamp

Vide report F/20180717/2007, I wish to further inform on the registration plate number on the taxi which was mentioned in the report. The license plate number of the blue colour Comfort taxi is SHD3331J and I managed to retrieve it from my brother who was at the incident as well.

As such, I am lodging this police report for my own record purpose.

Signature Of Officer Recording The Report	Signature Of Informant
F / Sgt 2 NGAN WEI CHEOW	
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 14:34
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sgt 2 NGAN WEI CHEOW Contact No.: 64849999	Classification Of Case:

A

POLICE REPORT





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180717/2085

Signature Of Officer Recording The Reports

F / Sgt 2 NGAN WEI CHEOW

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case. F / Ang Mo Kio North N.P.C / Sgt 2 NGAN WEI CHEOW Contact No.: 64849999

Authentication Stamp

Signature Of Informant

Date/Time: 17/07/2018 14:34

Classification Of Case: