

## 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	18/07/2018 19:07
Date Of Accident	17/07/2018 18:20
Exact Location Of Accident	POTONG PASIR AVENUE 1 SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9812Z
<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	ANG POW TIAN
NRIC No	S1423034C
Date Of Birth	26/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96781453
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 133 LORONG AH SOO #09-418
Postcode	530133
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	
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , 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	SLP8718J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SAY HONG

NRIC/Passport Number	S7017301H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ANG POW TIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9812Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN

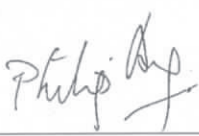
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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= SHD 9612 Z  
B= SLF 8718 J  
Potong Pasir Avenue 2  
Slip 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/20180718/2074

1 of 3

Report No. T/20180718/2074

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2018 13:03		Vide Report No.:		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: ANG POW TIAN			Address: APT BLK 133 LORONG AH SOO #09-418 SINGAPORE 530133		
ID Type / ID No.: NRIC NO / S1423034C			Contact No.: Home/Office: Mobile: 96781453		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 26/10/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/07/2018 18:20	Type of Location: FILTER LANE
Location: Along Road 1 WAN THO AVENUE  WAN THO AVENUE TOWARDS UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9812Z	Car				Slightly Damaged	2
SLP8718J	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180718/2074

2 of 3

Report No. T/20180718/2074

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

## CONTINUATION OF REPORT

Driver			
Name	ANG POW TIAN	ID No.	S1423034C
Related Vehicle	SHD9812Z (Car)	Contact No.	96781453
Hospital/Clinic	T.M. AUW CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	LIM SAY HONG	ID No.	S7017301H
Related Vehicle	SLP8718J (Car)	Contact No.	NIL
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 17/7/2018 at about 1820 hrs. I was driving along Wan Tho Ave and was stationery at the stop line along the filter lane. While stationery, I heard a loud bang sound coming from the rear of my car and my car jerked forward. I then discovered vehicle (SLP8718J) collided with the rear portion of my vehicle causing my rear portion to be damaged. We then exchanged particulars and took photo and left.

On 18/7/2018, I felt discomfort and went to seek medical treatment and was given 7 days of MC.

POLICE REPORT Pg. 1



TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	:	T/20180718/2074	Name	:	Ang Pow Tian
Accident Date/Time	:	17/07/2018 18:20	Address	:	Blk 133 Lorong Ah Soo #09-418 Singapore 530133
Vehicle(s) Involved	:	SHD9812Z	NRIC No	:	S1423034C
		SLP8718J	Tel No	:	96781453
			Date	:	18/07/2018

Dear Sir / Madam

Accident involving SHD9812Z and SLP8718J  
along Potong Pasir Ave 1 on 17/07/2018 at 1820 hours

With reference to the above, I have on 18/07/2018 (date) 1303 hours (time) make a  
police report at Tampines North NPP (Police Station/NPP/NPC)  
In NP 168 - T/20180718/2074

On 18/07/2018 (date), 1645 hours (time) at Ang Mo Kio North NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
I wish to change the location of Wan Tho Ave towards Upper Serangoon Road to Potong Pasir  
Ave 1. That is all.

Yours Faithfully

*(Signature)*

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	:	SGT ZHEN YUAN T-0173
Date and Time	:	18/7/18 @ 1645HRS
Station Dairy No	:	96
Signature	:	<i>(Signature)</i>



### Enquire PARF/COE Rebate for Registered Vehicle

## Owner ID Type:

### Vehicle Details

### Intended PARF Rebate Details

### Intended COE Rebate Details

## Message

The information contained herein is correct as at 18 Jul 2018

[https://vhi.ita.gov.sg/ita/vhi/action/enquireseatedbyrubbidebeforedeleginput?019011019\\_10-1-00040031](https://vhi.ita.gov.sg/ita/vhi/action/enquireseatedbyrubbidebeforedeleginput?019011019_10-1-00040031)