

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	15/08/2018 17:41
Date Of Accident	15/08/2018 10:30
Exact Location Of Accident	WOODLANDS AVENUE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD668H
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-62866666

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	TAY KWEE TEE
NRIC No	S1500726E
Date Of Birth	01/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1984
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98502852
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 615 YISHUN RING ROAD #03-3300
Postcode	#03-3300
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	3
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180815/2115

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	SLC7417C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE2683R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 TAY KWEE TEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD668H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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

Woodford Avenue 9

A = SHD 668H
B = SLK 747K
C = GBE 2083R

A
A
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach 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/20180815/2115

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180815/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 16:39			Vide Report No.:		Station Diary No.: 79
Name of Informant: TAY KWEE TEE			Address: APT BLK 615 YISHUN RING ROAD #03-3300 SINGAPORE 760615		
ID Type / ID No.: NRIC NO / S1500726E			Contact No.: Home/Office: Mobile: 98502852		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 01/10/1961	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 9				
Along Woodlands avenue 9 towards Gambas outside Republic Polytechnic Bus Stop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Veh No	Type	Make	Model	Color	Condition	No. of Passenger
GBE2683R	Lorry	MITSUBISHI		White	Slightly Damaged	0
SHD668H	Car	RENAULT		Red	Slightly Damaged	1
SLC7417C	Car	TOYOTA	Vios	Silver	Slightly Damaged	1

POLICE REPORT Pg. 1


**SINGAPORE
POLICE FORCE**


T/20180815/2115

2 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180815/2115

CONTINUATION OF REPORT

Persons Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY KWEE TEE	ID No.	S1500726E
Related Vehicle	SHD668H (Car)	Contact No.	98502852
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Discharge	15/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/08/2018 at about 1030hrs, I was driving my transcab taxi bearing registration plate SHD668H with a male Chinese passenger heading to Republic Polytechnic. I was along Woodlands Ave 2 and there after turned right into Woodlands Ave 9. I was on the middle lane of the 3 lane road. In front of me there were a lot of vehicles which were about to move off from the traffic junction ahead. I was slowing down due to the traffic condition ahead. There was a bus on my left which just moved off from the bus stop. While my taxi was on the move and signaled left waiting for the bus to move forward, suddenly I heard a collision sound from my rear and subsequently 1-2 seconds later I felt a collision onto my rear.

The impact caused me to move forward. After that I stopped to the left side of the road and made a check. Behind my car was a silver Toyota Vios bearing registration plate number SLC7417C and behind it was a white lorry bearing registration plate number GBE2683R. My rear bumper was damaged, unable to close. My passenger then alighted and paid me the taxi fare as he was in a rush.

The Toyota Vios have a slight damage to the front left side of the bumper and damaged to the rear side. The lorry suffered slight damage to the front side. We exchanged particulars and left.

The particulars are as follows: Driver of Toyota Vios is Lim Ai Wah bearing NRIC S1201800B residing at Blk 780B Woodlands Crescent #04-25 S732780 with contact number: 84058694 and the driver of the lorry is Wong Wee Kiat S8717731I residing at Blk 494H Tampines St 45 #12-572 with contact number: 97369926. I do not have any camera installed in my vehicle.

On the same day at about 1500hrs, I went for medical attention at OneDoctors Family Clinic Blk 846 Yishun Ring Rd #01-3611 S760846 as my neck felt stiffed and my back hurts. I received 3 days of MC from 15/08/2018 to 17/08/2018.

**SINGAPORE
POLICE FORCE**

T/20180815/2115

3 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20180815/2115

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:
F /
Sgt 2 MUHAMMAD SYUKRI BIN MIS NAM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/08/2018 16:39

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



Signature: _____

SN 085

Singapore Police Force

[. > Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD668H

Vehicle to be Exported: Yes

Intended De-registration Date: 15 Aug 2018

Vehicle Make: RENAULT

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

Primary Colour: Red

Manufacturing Year: 2015

Engine No.: M9R8839C003315

Chassis No.: VF1ABL15AUC283331

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 08 Dec 2017

First Registration Date: 08 Dec 2017

Transfer Count: 0

Actual ARF Paid: \$19,998.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 07 Dec 2025

PARF Rebate Amount: \$14,998.00

Intended COE Rebate Details

COE Expiry Date: 07 Dec 2025

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

COE Period(Years): 8

PQP Paid: \$34,159.00

COE Rebate Amount: \$27,327.00

Total Rebate Amount: \$42,325.00**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 15 Aug 2018

OK