

## 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	01/10/2018 17:22
Date Of Accident	30/09/2018 22:20
Exact Location Of Accident	AIRPORT BOULEVARD T2 TAXI QUEUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF577B
<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-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	TAN AI BOON
NRIC No	S1287842G
Date Of Birth	15/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1979
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91599261
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 37 TANGLIN HALT ROAD #07-143
Postcode	140037
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	2
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181001/2120

#### 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	SHB9821H
Vehicle Make/Model/Colour	TRANSCAB TAXI
Details Of Properties	
Vehicle Category	TAXI
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	TAN AI BOON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHF577B
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:

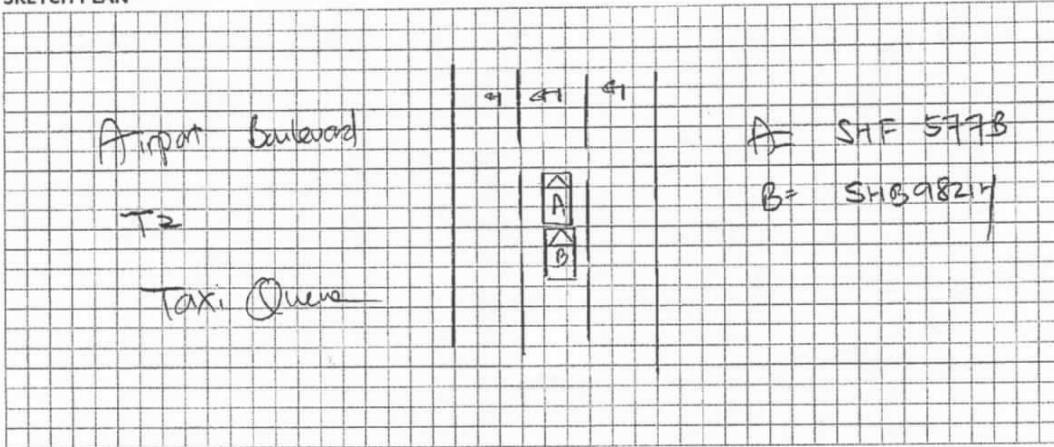
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plz 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/20181001/2120

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Report No. T/20181001/2120

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2018 16:29	Vide Report No.:	Station Diary No.: 110
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Informant's Particulars			
Name of Informant: TAN AI BOON		Address: APT BLK 37 TANGLIN HALT ROAD #07-143 SINGAPORE 140037	
ID Type / ID No.: NRIC NO / S1287842G		Contact No.: Home/Office:                      Mobile: 91599261	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 15/07/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4,5                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2018 22:20	Type of Location: Taxi Q
Location:  AIRPORT BOULEVARD  Changi Airport Terminal 2 taxi Q				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHB9821H	Car				Slightly Damaged	0
SHF577B	Car				Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20181001/2120

Police Station Of Origin:  
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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20181001/2120

## CONTINUATION OF REPORT

Driver			
Name	TAN AI BOON	ID No.	S1287842G
Related Vehicle	SHF577B (Car)	Contact No.	91599261
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/10/2018	Date Discharge	01/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 30/09/2018 at or about 2220hrs while my taxi queuing up at the taxi bay of Changi Airport Terminal 2, another TRANSCAB taxi hit me from behind. This accident was recorded on my car driving recorder. I did not feel any bodily pain or discomfort after the said accident. It was only this morning (01/10/2018) that I felt some pain and discomfort in the back of my neck and shoulder blades. I then decided to seek medical attention from my Family Doctor and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



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Report No. T/20181001/2120


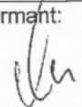


Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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 / SI MOHAMMED BIN ZAINOL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2018 16:29
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476367 Authentication Stamp NP168	Classification Of Case:  SN 085 Signature: _____ 

Singapore Police Force