

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 liability.
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	15/10/2018 15:13
Date Of Accident	12/10/2018 20:20
Exact Location Of Accident	ANG MO KIO AVENUE 5 SLIP ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF588U
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	KOH LIAN GIAP
NRIC No	S1454456I
Date Of Birth	08/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82923589
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 744 BEDOK REVERVOIR ROAD #04-3027
Postcode	470744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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	DRIZZLING
Road Surface	WET

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?	YES
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: : MS TAN - 93861578 GENDER: : FEMALE
Passenger 2	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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/2018113/2079

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	SLG5720T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUDIN BIN HUSSAIN

NRIC/Passport Number	S1330582Z
Contact Number	86510595
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV5069L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH BAN HENG BENJAMIN
NRIC/Passport Number	S8208843A
Contact Number	98563338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH LIAN GIAP
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHF588U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MS TAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHF588U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHF588U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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)**

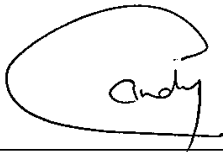
I understand, acknowledge, agree and consent that:

- (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

Ang Mo Kio Avenue 5

Slip Road Towards CTE

A= SHF 5884

B= SLN 720T

C= SLV 5069L

CTE

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.:



**SINGAPORE
POLICE FORCE**



T/20181013/2079

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181013/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 13:27	Vide Report No.: E/20181012/0135	Station Diary No.: 73
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Informant's Particulars				
Name of Informant: KOH LIAN GIAP			Address: APT BLK 744 BEDOK RESERVOIR ROAD #04-3027 SINGAPORE 470744	
ID Type / ID No.: NRIC NO / S14544561			Contact No.: Home/Office: Mobile: 82923589	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 08/04/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,3CA,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 20:20	Type of Location: Bend
Location: Along Road 1 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 5 INTO CTE Lamp Post Number: 60				
Weather: Drizzling		Road Surface: Wet	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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF588U	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		2
SLG5720T	Car	HONDA	VEZEL 1.5X CVT	Silver		0
SLV5069L	Car	TOYOTA	C-HR HYBRID 1.8G CVT	Blue		0



**SINGAPORE
POLICE FORCE**



T/20181013/2079

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20181013/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TAN	ID No.	NIL
Related Vehicle	SHF588U (Car)	Contact No.	93861578
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	Slight
Driver			
Name	KOH LIAN GIAP	ID No.	S14544561
Related Vehicle	SHF588U (Car)	Contact No.	82923589
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3CA,4,5 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	12/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KHAIRUDIN BIN HUSSAIN	ID No.	S1330582Z
Related Vehicle	NIL	Contact No.	86510595
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



**SINGAPORE
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T/20181013/2079

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Report No. T/20181013/2079

CONTINUATION OF REPORT

Driver			
Name	TOH BAN HENG BENJAMIN		ID No. S8208843A
Related Vehicle	NIL		Contact No. 98563338
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 12/10/2018, at about 8.20pm, I was driving along Ang Mo Kio Ave 5, merging into CTE. When I was nearing the entrance of CTE, I saw the car bearing the car plate number: SLV5069L, which was in front of me do an e-break. As such, I slowed down and engaged my breaks. I was still moving at that time as the floor was wet, so I did not do an E-break to prevent skidding, and I heard a loud bang, and felt that a vehicle has hit me from behind. Due to the vehicle, bearing the plate number: SLG5720T, hitting me from behind, I moved forward and hit the vehicle in front of me. There was also a car in front of the vehicle (SLV5069L) in front of me, however I did not note down their particulars or car plate number. The front and back of my vehicle (SHF588U) was damaged. My front bumper was cracked and dented and my car plate number was dented, both my headlights are cracked and my bonnet was also dented. The back of my vehicle's bumper was cracked and dented.

I had 2 passengers in my vehicle at that time and they were sitting at the back seat. I am not sure if the other cars (SLV5069L and SLG5720T) have passengers as they did not exit the car. One of my passengers complained of a headache as such I called for ambulance. The ambulance then conveyed my passenger, and the second passenger also went with the ambulance. The injured passenger provided her name as Miss Tan and HP: 93861578. I am unsure where was she conveyed to and whether she was given MC for her injuries.

After the accident was cleared, I went to seek medical attention at Mount Alvernia as I felt some head pains. I was treated and discharged on the same day and given a 5 day MC. I am lodging this report for company claim purposes. I wish to inform that I used a new phone to take photo of the damages of the vehicles and it is not clear. As such, I am not sure of the damage to the other vehicles.



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T/20181013/2079

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Report No. T/20181013/2079

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:

G /
Sgt 2 BOEY HUI QI MICHELLE

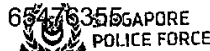
Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
13/10/2018 13:27

Officer In Charge Of Case:

TP / GIT /
Insp MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No. 65476355



Authentication Stamp
NP168

SIGNATURE

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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