

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 | 31/10/2018 10:12 |
| Date Of Accident | 30/10/2018 10:40 |
| Exact Location Of Accident | BUKIT BATOK EAST AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHB9926P |
| 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 D DCI (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 | LIM SOO HWEE |
| NRIC No | S1356161C |
| Date Of Birth | 05/05/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 16/01/1979 |
| Driving Experience | 39 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81982768 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 673 HOUGANG AVENUE 8 #10-667 |
| Postcode | 530673 |
| 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 | 2 |
| Was any body injured in the Accident? | NO |
| 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 | HOGANG N.P.C |
| Police Station Address | ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

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 | GBE6633J |
| Vehicle Make/Model/Colour | LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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

GBF1019K

Vehicle Make/Model/Colour

VAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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


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5. Any false reporting may be referred to the Police for investigation.
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

Bunkit Bunk East Ave 2 -

A: SHR9926P
B: GRG66335
C: GRF1019K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Shuee
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SINGAPORE POLICE FORCE



T/20181030/2176

1 of 4

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20181030/2176

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 30/10/2018 21:58 | Vide Report No.: | Station Diary No.: 150 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LIM SOO HWEE | | | Address: APT BLK 673 HOUGANG AVENUE 8 #10-667 SINGAPORE 530673 | |
| ID Type / ID No.: NRIC NO / S1356161C | | | Contact No.: Home/Office: | Mobile: 81982768 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 59 | Date of Birth: 05/05/1959 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|----------------------|-----------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 30/10/2018 10:40 | Type of Location: |
| Location: Along Road 1 BUKIT BATOK EAST AVENUE 2 | | | | |
| Bukit batok east avenue 2 towards hill view road | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: | Traffic Control: | | Traffic Volume: Moderate | |
| 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 |
|-------------|-------|---------|-------|-------|----------------------|-----------------|
| GBE6633J | Lorry | TOYOTA | | | | 0 |
| GBF1019K | Van | NISSAN | | | Seriously Damaged | 0 |
| SHB9926P | TAXI | RENAULT | | | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20181030/2176

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20181030/2176

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------|--|---|
| Any Pedestrian Involved: No | | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | | |
| Driver | | | |
| Name | Muhammad Faris Bin yahya | ID No. | S9530650J |
| Related Vehicle | GBF1019K (Van) | Contact No. | 87817745 |
| 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 |
| Driver | | | |
| Name | LIM SOO HWEE | ID No. | S1356161C |
| Related Vehicle | SHB9926P (TAXI) | Contact No. | 81982768 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 30/10/2018 | Date Discharge | 30/10/2018 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | NIL |

Brief Details.

On 30/10/2018 at about 1040hrs, I am driving my taxi bearing SHB9926P along bukit batok east avenue 2 towards hillview road, as the traffic light was red I then stop my vehicle. Suddenly, a car bearing GBE6633J collided onto the rear of my vehicle. I then alighted and discovered that actually it was a chain of 3 vehicles accident. The car bearing GBF1019K bang on to the lorry GBE6633J and the lorry then collided onto my vehicle due to the impact. We then exchange particulars and left the scene as no one was injured. No police or ambulance attended to this accident. I wish to inform that due to the collision, the rear right side near to my passenger door was dented in and the bottom part also pop out.

I do not have the particulars of the driver of GBE6633J but I have his company contact number: 63631522.

I then continue driving my taxi, on the same day at about afternoon timing, I felt pain on my neck and back area. I then went to Mount Alvernia Hospital and was issued a 4 days of MC from 30/10/2018 to 02/11/2018. MC NO: M18014567.



**SINGAPORE
POLICE FORCE**



T/20181030/2176

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Report No. T/20181030/2176

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Hougang N.P.C

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Tel No: 1800-4890999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181030/2176

4 of 4

Report No. T/20181030/2176

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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 LEE JIA YI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

30/10/2018 21:58

Classification Of Case:

Authentication Stamp

NP168

Signature

Singapore Police

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|---|---------------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 3878K |
| Vehicle Details | |
| Vehicle No.: | SHB9926P |
| Vehicle to be Exported: | Yes |
| Intended Deregistration Date: | 31 Oct 2018 |
| Vehicle Make: | RENAULT |
| Vehicle Model: | LATITUDE 2.0L DCI AUTO D/AB 4DR |
| Primary Colour: | Red |
| Manufacturing Year: | 2013 |
| Engine No.: | M9R8839C000338 |
| Chassis No.: | VF1ABL15AUC273379 |
| Maximum Power Output: | 127.0 kW (170 bhp) |
| Open Market Value: | \$19,998.00 |
| Original Registration Date: | 16 Sep 2013 |
| First Registration Date: | 16 Sep 2013 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$12,498.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 15 Sep 2021 |
| PARF Rebate Amount: | \$8,748.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 15 Sep 2021 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 8 |
| PQP Paid: | \$58,144.00 |
| COE Rebate Amount: | \$20,895.00 |
| Total Rebate Amount: | \$29,643.00 |
| 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 31 Oct 2018

OK