

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	14/11/2018 13:27
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	KPE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7749Y
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	CHEVROLET
Model	EPICA-2.0 (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	SIAU TECK CHYE
NRIC No	S7829063C
Date Of Birth	04/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98797540
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 168D PUNGGOL FIELD #18-661
Postcode	824168
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	RAINING
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)	2
Passenger 1	NAME: : BRANDON LUM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181114/2031

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	SLQ5260B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE BOBBY
NRIC/Passport Number	S1837211H
Contact Number	85976956
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

SIAU TECK CHYE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7749Y

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

KPE (GCP)
Towards city

A
A
B

A= SNB77494
B= SLR52603

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/20181114/2031

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20181114/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 10:48		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: SIAU TECK CHYE			Address: APT BLK 168D PUNGGOL FIELD #18-661 SINGAPORE 824168		
ID Type / ID No.: NRIC NO / S7829063C			Contact No.: Home/Office: Mobile: 98797540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 04/10/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 08:00	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 KALLANG PAYA LEBAR EXPRESSWAY EAST COAST EXPRESSWAY KPE Tunnel (ECP) towards City, before PIE Exit				
Weather: Raining		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		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
SHB7749Y	Car	CHEVROLET	EPICA 2.0DSL AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1
SLQ5260B	Car	HONDA	VEZEL HYBRID 1.5 AUTO	Silver	Slightly Damaged	1



**SINGAPORE
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Tel No: 1800-2519999

Report No. T/20181114/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	BRANDON LUM	ID No.	NIL
Related Vehicle	SHB7749Y (Car)	Contact No.	90217049
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	SIAU TECK CHYE	ID No.	S7829063C
Related Vehicle	SHB7749Y (Car)	Contact No.	98797540
Hospital/Clinic	FinestHealth Medical Centre	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE BOBBY	ID No.	S1837211H
Related Vehicle	SLQ5260B (Car)	Contact No.	85976956
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 14/11/2018 at about 0800hrs, I was driving my taxi (SHB7749Y) along KPE (ECP) towards City, to send my passenger to Marina Bay Financial Centre. I was driving on Lane 1 and the traffic volume was moderate. While driving along, the traffic became heavy. Subsequently, I slowed down and came to a stop behind a car. However, moments later, I felt a collision from the rear causing my taxi to jerk forward. I then made a check with my passenger and he complained of back pains however he did not require any immediate medical assistance.

I then alighted my taxi and discovered that one vehicle (SLQ5260B) had collided with my taxi. No one



**SINGAPORE
POLICE FORCE**



T/20181114/2031

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Report No. T/20181114/2031

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

was severely injured. I exchanged particulars with the driver (SLQ5260B) and my passenger and subsequently continued with my journey to send my passenger to his destination. After sending my passenger off, I went to FinestHealth Medical Centre (19 Lorong 7 Toa Payoh #01-268) was given 3 days of Medical Leave.



**SINGAPORE
POLICE FORCE**



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Tel No: 1800-2519999

Report No. T/20181114/2031

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:

E /

Sgt 2 MUHAMMAD ASH SHAHIDI BIN
MOHAMED PADILLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/11/2018 10:48

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sd MOHAMAD ZULFAZDLI BIN SN 168
ABDULLAH POLICE F1

Contact No.: 65476204

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: