

## 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	07/12/2018 15:16
Date Of Accident	06/12/2018 19:30
Exact Location Of Accident	PUNGGOL ROAD TOWARDS PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9692C
<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-62876666

### 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	LEE MENG LEE
NRIC No	S6926510C
Date Of Birth	31/07/1969
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96307712
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 259B COMPASSVALE ROAD #12-615
Postcode	#12-615
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
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?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3371Z
Vehicle Make/Model/Colour	COMFORT
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 LEE MENG LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD9692C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

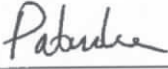
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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

Hand-drawn sketch map on grid paper. The map shows a vertical road labeled "Pungol Road" at the top. A horizontal road crosses it. A building labeled "SHAW PETROL" is on the right side of the horizontal road. A dashed line runs horizontally across the middle. A curved line is on the bottom left. A small box labeled "BANK" is at the bottom center. Text on the right side reads "A: SHD 9697 C" and "B: SHC 3371 Z".

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PRO~~

Refer to Police Report.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Patricia

Driver's Signature  
(If driver is not the policyholder)

Date & Time:

*Zhenwei*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20181207/2018

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20181207/2018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/12/2018 08:32	Vide Report No.:	Station Diary No.: 56
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**Informant's Particulars**

Name of Informant: LEE MENG LEE			Address: APT BLK 259B COMPASSVALE ROAD #12-615 SINGAPORE 542259		
ID Type / ID No.: NRIC NO / S6926510C			Contact No.: Home/Office: Mobile: 96307712		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 31/07/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2018 19:30	Type of Location:
Location: Along Road 1 PUNGGOL ROAD PUNGGOL CENTRAL Along punggol road towards punggol central near to Sheng Siong Supermarket				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SHC3371Z	Taxi				Slightly Damaged	1
SHD9692C	Taxi				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
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T/20181207/2018

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Tel No: 1800-343 8999

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Report No. T/20181207/2018

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE MENG LEE		ID No.	S6926510C
Related Vehicle	SHD9692C (Taxi)		Contact No.	96307712
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
<b>Driver</b>				
Name	Neo Kay Meng		ID No.	NIL
Related Vehicle	NIL		Contact No.	94567387
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 06/12/2018 at about 1930hrs while I was driving my taxi (SHD9692C) along punggol road towards punggol central near to Sheng Siong supermarket, I was at the most left lane stopped with an intention to pick up a customer along the road. Following which, I on my hazard light. Few seconds later, Suddenly one taxi (SHC3371Z) front hit onto my taxi rear. We managed to exchanged particulars and I sustained pain neck, waist, head and spine pain. I did not call for police or ambulance as I am still able to walk. I am still consulting in Sengkang General Hospital and yet to finish my consultation. I am unsure how many days of MC will be given to me. Hence, I am here to lodge this traffic accident report.





**SINGAPORE  
POLICE FORCE**



T/20181207/2018

3 of 3

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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20181207/2018

**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 3 TEO JIA HAO, KENNETH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 08:32
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:  SN 085
Authentication Stamp NP168	Signature:  Singapore Police Force



[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHD9692C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Dec 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1458397K
Chassis No.:	KL1LA69RJBB121769
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,182.00
Original Registration Date:	04 Mar 2013
First Registration Date:	04 Mar 2013
Transfer Count:	0
Actual ARF Paid:	\$14,182.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2021
PARF Rebate Amount:	\$9,927.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Mar 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$67,858.00
COE Rebate Amount:	\$18,976.00
<b>Total Rebate Amount:</b>	<b>\$28,903.00</b>
<b>Message</b>	
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 07 Dec 2018

OK