

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	28/11/2018 16:31
Date Of Accident	28/11/2018 14:45
Exact Location Of Accident	COMMONWEALTH AVENUE TOWARDS HOLLAND AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9815B
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 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	REPORTING ONLY
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	CHOW HAY POH
NRIC No	S1239258C
Date Of Birth	23/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1982
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98581971
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 657A JURONG WEST STREET 65 #12-670
Postcode	641657
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	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRG1022 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALEXANDRA NPP
Police Station Address	ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , 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 the attach Police Report T/20181128/2086.

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	JRG1022
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	WANG SWEE WEE
NRIC/Passport Number	921022016203
Contact Number	85289965

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

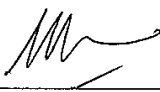
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8. **Consent under the Personal Data Protection Act (PDPA)**

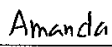
I understand, acknowledge, agree and consent that:

- (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:

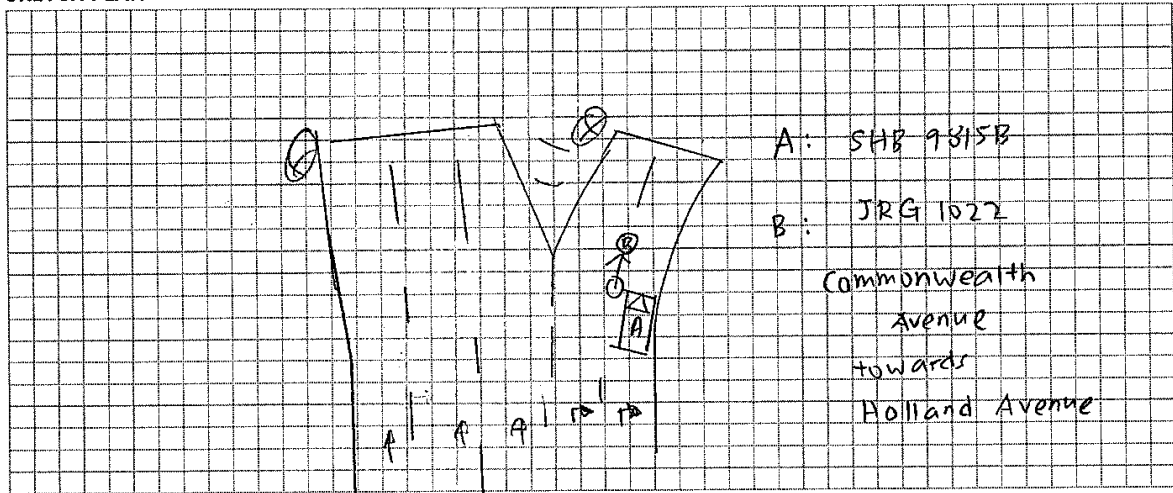


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plz see the 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:

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



**SINGAPORE
POLICE FORCE**



T/20181128/2086

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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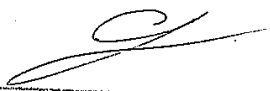
Report No. T/20181128/2086

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: D / Sgt 2 ANG KHENG HAOU, THAWAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2018 15:55
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
 SINGAPORE POLICE FORCE	SN 47
Authentication Stamp NP168	 SIGNATURE

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181128/2086

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No. T/20181128/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2018 15:55	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: CHOW HAY POH		Address: APT BLK 657A JURONG WEST STREET 65 #12-670 SINGAPORE 641657	
ID Type / ID No.: NRIC NO / S1239258C		Contact No.: Home/Office: Mobile: 98581971	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 23/01/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2018 14:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE HOLLAND AVENUE At the traffic light at Commonwealth avenue towards Holland avenue				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
JRG1022	Motorcycle				No Damage	0
SHB9815B	Car				No Damage	1

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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181128/2086

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No. T/20181128/2086

CONTINUATION OF REPORT

Rider:			
Name	WANG SWEE WEE		ID No. 921022016203
Related Vehicle	JRG1022 (Motorcycle)		Contact No. 85289965
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	CHOW HAY POH		ID No. S1239258C
Related Vehicle	SHB9815B (Car)		Contact No. 98581971
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 28/11/2018 at about 1445hrs, I am the driver of vehicle SHB9815B (V1) While I was waiting for the traffic light to turn green at the turn from Commonwealth Avenue to Holland Avenue at the first lane to perform a U-turn, when the vehicle JRG1022 (V2) rode to the front on the left side of my vehicle. I did not see where he came from but only noticed that he rode to the front on the left side of my vehicle. Before the traffic light turned Green, I had slowly inched my vehicle forward when the rider of V2 claimed that I had hit his vehicle. The rider of V2 then told me that I have to pay for the replacement of the whole exhaust pipe.

I am not sure if my vehicle had actually collided with his vehicle. The rider of V2 then told me to stop at the side of the road near the bus stop to settle payment or make a police report.

I am making this report because the rider of V2 told me that he was going to make a report.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

