

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	17/12/2018 09:19
Date Of Accident	15/12/2018 10:45
Exact Location Of Accident	ANG MO KIO AVE 3 TWDS ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5642D
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	ONG SEOW YONG
NRIC No	S1405974A
Date Of Birth	23/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1978
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96458319
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 97 WHAMPOA DRIVE #03-216
Postcode	320097
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	3
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)	3
Passenger 1	NAME: : UNKNOWN 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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20181215/2074

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	SHA7012U
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	BAHROM SECOSE

NRIC/Passport Number	S0211164J
Contact Number	91268274
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF1376Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEX NG
NRIC/Passport Number	S8138194A
Contact Number	96883830
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ONG SEOW YONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5642D
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:

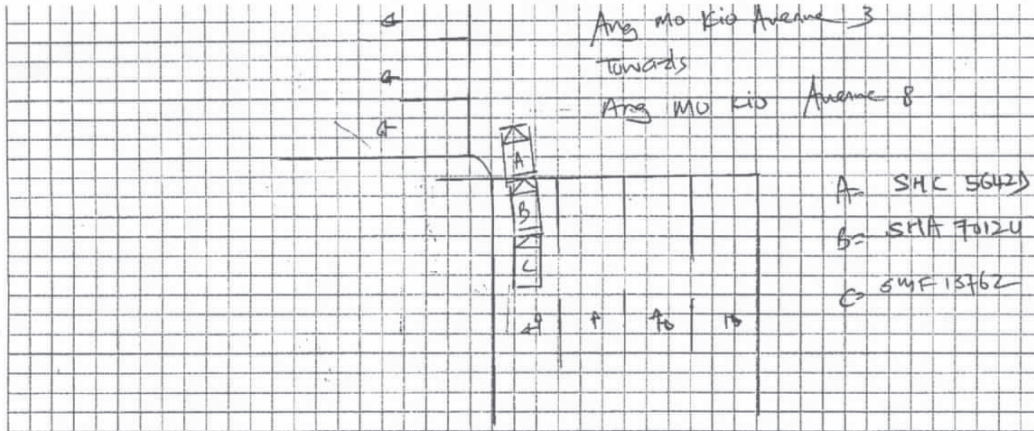


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1



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.:

GIARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20181215/2074

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20181215/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2018 15:25		Vide Report No.:		Station Diary No.: 13
Informant's Particulars				
Name of Informant: ONG SEOW YONG		Address: APT BLK 97 WHAMPOA DRIVE #03-216 SINGAPORE 320097		
ID Type / ID No.: NRIC NO / S1405974A		Contact No.: Home/Office: Mobile: 96458319		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 23/09/1960	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2018 10:45	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 3 ANG MO KIO AVENUE 8 Ang Mo Kio Avenue 3 towards Avenue 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
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
SHA7012U	Car					1
SHC5642D	Car					2
SMF1376Z	Car					1

Details of Person Involved
Any Pedestrian Involved: No

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POLICE FORCE

T/20181215/2074

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Police Station Of Origin:
 Boon Teck NPP
 207 Toa Payoh North #01-1231 SINGAPORE
 310207
 Tel No: 1800-2549999

Report No. T/20181215/2074

CONTINUATION OF REPORT

Name	BAHROM SECOSE	ID No.	S0211164J
Related Vehicle	SHA7012U (Car)	Contact No.	91268274
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	ONG SEOW YONG	ID No.	S1405974A
Related Vehicle	SHC5642D (Car)	Contact No.	96458319
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	15/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	ALEX NG	ID No.	S8138194A
Related Vehicle	SMF1376Z (Car)	Contact No.	96883830
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 the 15/12/18 at about 1045hrs, I was travelling along Ang Mo Kio Avenue 3 towards Avenue 8 in my vehicle no: SHC 5642D (V1). At that point of time, I was at the traffic light junction and was about to left. Suddenly, I felt an impact from the rear and came to a stop. I realized that I was involved in a chain collision with two other vehicles (SHA 7012U (V2) & SMF 1376Z (V3)). V3 collided onto V2 which cause V2 to collide with my vehicle from the rear and V1 sustain dents and scratches.

I also felt pain and aches all over my body after the accident and I went to seek medical attention at Mount Alvernia Hospital. A total of 5 days MC was given to me. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20181215/2074

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20181215/2074

CONTINUATION OF REPORT

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POLICE FORCE

T/20181215/2074

Police Station Of Origin:
 Boon Teck NPP
 207 Toa Payoh North #01-1231 SINGAPORE
 310207
 Tel No: 1800-2549999

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Report No. T/20181215/2074

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 1 LAM WENG HONG, ANDREW

Signature Of Informant:

Signature Of Interpreter:
 Not applicable

Date/Time:
 15/12/2018 15:25

Officer In Charge Of Case:

TP / AETV
 Sgt 2 FARIZAN BINTE SYED
 MOHD SAID
 Contact No.: 65476172

Classification Of Case:

Authentication Stamp
 NP168

SIGNATURE

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5642D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Dec 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002264
Chassis No.:	VF1ABL15AUC280338
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	19 Nov 2014
First Registration Date:	19 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Nov 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	18 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,337.00
COE Rebate Amount:	\$25,151.00
Total Rebate Amount:	\$34,524.00
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 17 Dec 2018

OK