

## 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	21/01/2019 10:16
Date Of Accident	18/01/2019 18:50
Exact Location Of Accident	HILL STREET TOWARDS CHINATOWN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5216B
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#### 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	SOH KOK KIANG
NRIC No	S7121835Z
Date Of Birth	24/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86925291
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 450A SENGKANG WEST WAY #22-331
Postcode	791450
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM6166E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SOH KOK KIANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5216B

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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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

Hill Street towards Cinnamon.

A: SHC52163  
B: SLM61665

## 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:

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

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



# SINGAPORE POLICE FORCE



T/20190119/2056

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20190119/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/01/2019 12:05	Vide Report No.:	Station Diary No.: 46
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**Informant's Particulars**

Name of Informant: SOH KOK KIANG			Address: APT BLK 450A SENGKANG WEST WAY #22-331 SINGAPORE 791450		
ID Type / ID No.: NRIC NO / S7121835Z			Contact No.: Home/Office: Mobile: 86925291		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 24/06/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2019 18:50	Type of Location: Straight Road
Location: Along Road 1 HILL STREET  Hill Street towards China Town				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5216B	Car				Slightly Damaged	0
SLM6166E	Car				Slightly Damaged	1

**Details of Person Involved**

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



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

Driver				
Name	SOH KOK KIANG		ID No.	S7121835Z
Related Vehicle	NIL		Contact No.	86925291
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	NIL
Driver				
Name	TOH BOON CHAI		ID No.	S7124248Z
Related Vehicle	NIL		Contact No.	NIL
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 18/01/2019 at about 1850hrs I was travelling along Hill Street towards Chinatown in my vehicle SHC5216B on the second lane. I was travelling straight I noticed a vehicle SLM6166E signal left wanting to turn out of the 1st lane. I saw him stationary thus I continue moving forward however he cut out of his lane and hit on to the rear right portion of my vehicle. I felt the impact and stop my vehicle.

Both drivers got off and we made a check on our vehicle. The driver of SLM6166E is one TOH BOON CHAI, S7124248Z, he did not admit it was his fault and told me to report to my company. We took photos of our damages and also exchange particulars and left the area. My vehicle suffered dents and scratches in the rear right portion above the tyres. The other party's vehicle suffered some dents on his front left portion of his vehicle. No one was injured during the incident. I did not have any passenger on board of the vehicle, there was one passenger on board the other party's vehicle.

On 19/01/2019, I woke up and felt discomfort in my neck and went to see a doctor. I was given 3 days MC from 19/01/2019 - 21/01/2019.

I have in car camera which have captured part of the accident.





**SINGAPORE  
POLICE FORCE**



T/20190119/2056

3 of 3

Report No. T/20190119/2056

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**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:  
G /  
Sgt 3 ANABELLE TEY SOO LIN

Signature Of Interpreter:  
Not applicable

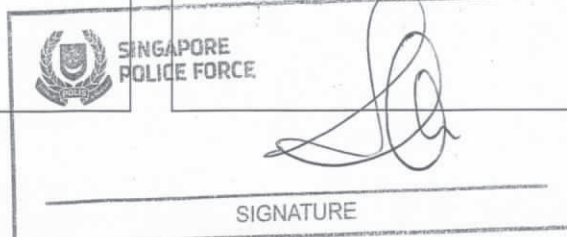
Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Signature Of Informant:

Date/Time:  
19/01/2019 12:05

Classification Of Case:

Authentication Stamp  
NP168





> 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.:	SHC5216B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Jan 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000701
Chassis No.:	VF1ABL15AUC276169
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	19 Feb 2014
First Registration Date:	19 Feb 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Feb 2022
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	18 Feb 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$58,590.00
COE Rebate Amount:	\$22,560.00
<b>Total Rebate Amount:</b>	<b>\$31,933.00</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 21 Jan 2019

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