

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 13:06
Date Of Accident	19/01/2019 10:50
Exact Location Of Accident	MARINE PARADE ROAD TOWARDS PARKWAY PARADE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD211S
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	HARBAJAN SINGH S/O GURBAKHASH SINGH
NRIC No	S1087121B
Date Of Birth	15/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93872941
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 328 HOUGANG AVENUE 5
	#03-192
Postcode	530328
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)	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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , 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	EZ3996K
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

HARBAJAN SINGH S/O GURBAKHASH SINGH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD211S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

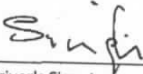
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


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:



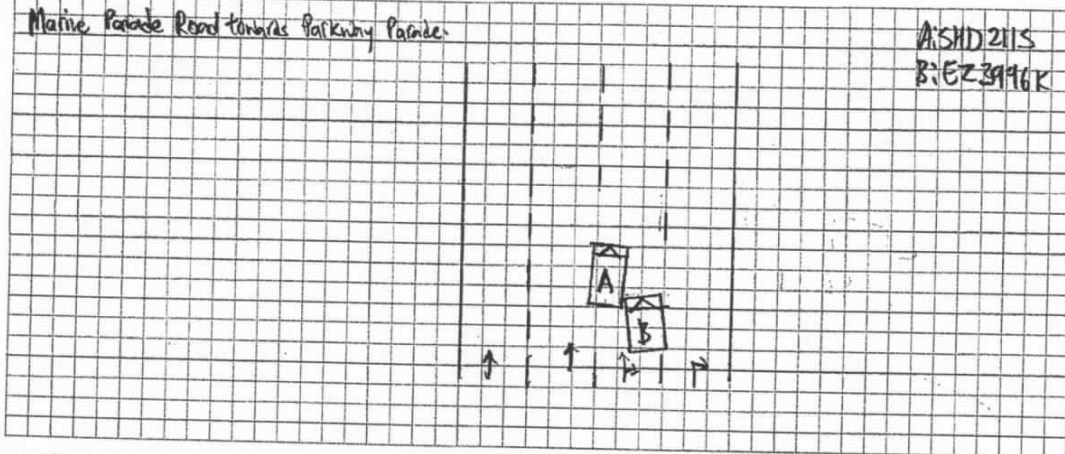
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

Maine Parade Road towards Parkway Parade

A: SHD 2115
B: EZ 3996K



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:

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

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



**SINGAPORE
POLICE FORCE**



T/20190120/2034

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20190120/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/01/2019 11:06

Vide Report No.:

Station Diary No.:
38

Informant's Particulars

Name of Informant: HARBAJAN SINGH S/O GURBAKHASH SINGH		Address: APT BLK 328 HOUGANG AVENUE 5 #03-192 SINGAPORE 530328	
ID Type / ID No.: NRIC NO / S1087121B		Contact No.: Home/Office: Mobile: 93872941	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 15/10/1950	Type of Informant: Driver
Race: Sikh		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 MARINE PARADE ROAD towards parkway parade				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ3996K	Car	KIA	Sorento	Grey	Slightly Damaged	0
SHD211S	Car	RENAULT	Latitude	Red	Seriously Damaged	1

Details of Person Involved

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



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T/20190120/2034

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190120/2034

CONTINUATION OF REPORT

Driver				
Name	HARBAJAN SINGH S/O GURBAKHASH SINGH		ID No.	S1087121B
Related Vehicle	SHD211S (Car)		Contact No.	93872941
Hospital/Clinic	S. LEE CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	20/01/2019		Date Discharge	20/01/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	FOO CHIAU YING JANICE		ID No.	S7129594Z
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 19/01/2019 at 1050hrs, I was travelling in my transcab taxi registration plate number SHD211S and turned out from still road and onto Marine Parade road towards Parkway Parade. I was travelling straight on the first lane when another vehicle registration plate number EZ3996K turned out from the right hand side of my vehicle and hit on to my vehicle right side. I stopped my vehicle and alighted and saw that my vehicle right side had dents and scratches. The other driver also alighted and we exchanged particulars and she informed me that she will be lodging a report.

On 20/01/2019 at about 1000hrs, I felt pain in my back and stiffness in my neck as such I went to S. Lee Clinic where I was given 3 days medical certificate from 20/01/2019 to 22/01/2019, medical certificate number: 152755.

There is in car camera in my taxi. I will be reporting the matter to my taxi company on 21/01/2019.



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T/20190120/2034

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Tel No: 1800-6049999

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Report No. T/20190120/2034

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 /
Sr Staff Sgt HANNAH ADAM

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/01/2019 11:06

Classification Of Case:

SN 0C5



Signature:

Singapore Police Force