

## 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	07/02/2019 13:09
Date Of Accident	04/02/2019 14:00
Exact Location Of Accident	BOON LAY WAY X JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD648R
<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-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	RONALD LOO LEONG ANN
NRIC No	S1728645E
Date Of Birth	12/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90993628
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 44 TEBAN GARDENS ROAD #08-403
Postcode	600044
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	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190205/2027

#### 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	SLX5349T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO LI TIAN
NRIC/Passport Number	S8913481A
Contact Number	91698933
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

RONALD LOO LEONG ANN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD648R

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

## SKETCH PLAN

Buon Lay Way

Jung east Canal

A= SHD 648R  
B= SLX 53497

## 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.:

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190205/2027

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20190205/2027

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 13:08		Vide Report No.:		Station Diary No.: 30.	
<b>Informant's Particulars</b>					
Name of Informant: LOO LEONG ANN			Address: APT BLK 57 TEBAN GARDENS ROAD #03-477 SINGAPORE 600057		
ID Type / ID No.: NRIC NO / S1728645E			Contact No.: Home/Office:		Mobile: 90993628
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 12/04/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2019 14:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BOON LAY WAY JURONG EAST CENTRAL Traffic Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD648R	Car	RENAULT	Latitude	Red	Seriously Damaged	0
SLX5349T	Car	KIA	Cerato K3	White	Slightly Damaged	0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20190205/2027

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Report No. T/20190205/2027

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LOO LEONG ANN		ID No. S1728645E
Related Vehicle	SHD648R (Car)		Contact No. 90993628
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	YEO LI TIAN		ID No. S8913481A
Related Vehicle	SLX5349T (Car)		Contact No. 91698933
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 04/02/2019 at about 1400hrs, I was driving my cab, a red Renault Latitude bearing registration SHD648R along Boon Lay way at the extreme right lane. At that time, I was at the traffic junction of Boon Lay Way and Jurong East Central, preparing to turn right into Jurong East Central. As the light was red, a vehicle in front of me had stopped and thus I stopped behind the vehicle. However, after I had stopped, I felt an impact from the rear as I was being hit by a white Kia Cerato K3 bearing registration SLX5349T.

The driver and I then alighted and exchanged particulars. At that time, both of us were not injured and thus did not call for ambulance. As a result of the accident, my vehicle boot was badly dented and the boot could not be closed. The other vehicle had also suffered dents on the front. I wish to add that after the accident, on the same day at night, I discovered that I am feeling sore at the back of my neck and I was not able to turn my head. However, I have yet to see a doctor.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20190205/2027

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Report No. T/20190205/2027

**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 / Staff Sgt LIM KAR LEONG	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2019 13:08
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 34
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.:	SHD648R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Feb 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003148
Chassis No.:	VF1ABL15AUC283252
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Nov 2017
First Registration Date:	30 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Nov 2025
PARF Rebate Amount:	\$14,998.00

**Intended COE Rebate Details**

COE Expiry Date:	29 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$26,876.00
<b>Total Rebate Amount:</b>	<b>\$41,874.00</b>

**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 07 Feb 2019

OK