

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	14/02/2019 10:33
Date Of Accident	14/02/2019 07:35
Exact Location Of Accident	MARINA LINK X MARINA COASTAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5956Z
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	G PANNIR
NRIC No	S1431786D
Date Of Birth	18/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1985
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81641625
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 142 BUKIT BATOK STREET 11 #03-07
Postcode	650142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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: : JAAFAR BIN AHMAD - 96280834 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190214/2056

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	SHC8457C
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
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

JAAFAR BIN AHMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5956Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

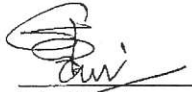
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8. **Consent under the Personal Data Protection Act (PDPA)**

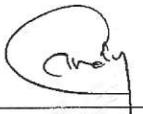
I understand, acknowledge, agree and consent that:

- (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:

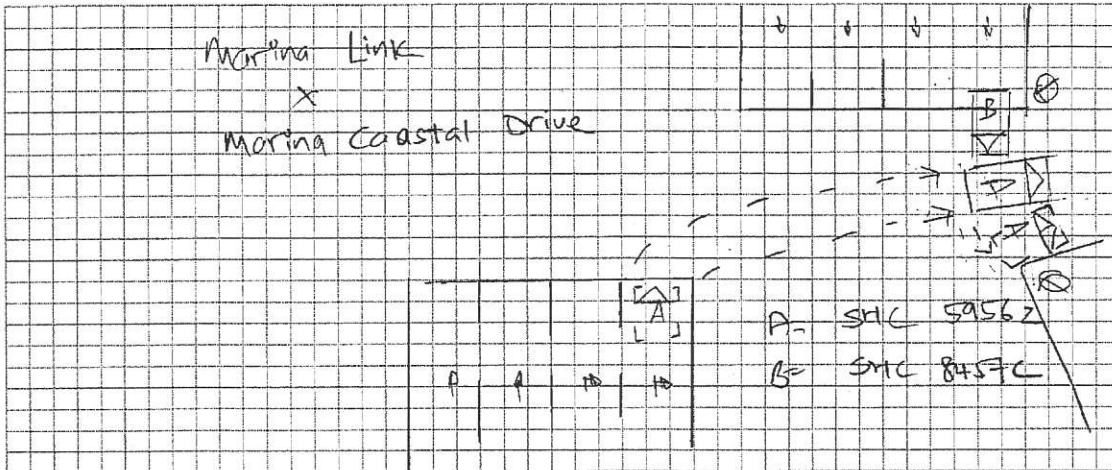


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:



**SINGAPORE
POLICE FORCE**



T/20190214/2056

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 3
Report No. T/20190214/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 12:37	Vide Report No.: A/20190214/0047	Station Diary No.: 26
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Informant's Particulars

Name of Informant: G. PANNIR			Address: APT BLK 142 BUKIT BATOK STREET 11 #03-07 SINGAPORE 650142	
ID Type / ID No.: NRIC NO / S1431786D			Contact No.: Home/Office: Mobile: 81641625	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 18/03/1960	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2019 07:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINA COASTAL DRIVE				
At the junction of Marina Link and Marina Coastal Drive				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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 Pass.	Jer
SHC5956Z	Car				Seriously Damaged	1	
SHC8457C	Car				Seriously Damaged	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/20190214/2056

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20190214/2056

CONTINUATION OF REPORT

Driver			
Name	G. PANNIR	ID No.	S1431786D
Related Vehicle	SHC5956Z (Car)	Contact No.	81641625
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	Slight
Passenger			
Name	JAAFAR BIN AHMAD	ID No.	S1344570B
Related Vehicle	NIL	Contact No.	96280834
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 14/02/2019 at about 0735hrs, I was driving my taxi SHC5956Z along Marina Link towards the junction of Marina Link and Marina Coastal Drive. While I was at the junction, I saw the green traffic arrow and I made a right turn. While making the right turn, suddenly another taxi SHC8457C came from the opposite direction and collided against my rear left passenger door area, causing my taxi to skid and hit a kerb. My passenger Jaafar Bin Ahmad was sitting at the rear left passenger seat when then collision happened. The passenger then told me that felt some pain in his chest area. Thus, I called ambulance for him and he was subsequently conveyed to a hospital by the ambulance. Shortly after, the traffic police arrived.

My taxi suffered dents around the rear left passenger door area, right wheel damaged, and all the passenger doors cannot be opened or closed properly. I felt some pain at my left elbow, left shoulder and my back of neck. I will be seeing a doctor.



**SINGAPORE
POLICE FORCE**



T/20190214/2056

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
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3 of 3

Report No. T/20190214/2056

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

3 of 3

Report No. T/20190214/2056

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 /

Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

14/02/2019 12:37

Classification Of Case:

Authentication Stamp

NP168