### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	out to the distining of this open at the contact and to copies of the open coming materials.
有是这些人的 医皮肤 医多克莱克氏 化二氯	ACCIDENT STATEMENT
Date Of Report	18/02/2019 13:30
Date Of Accident	18/02/2019 09:35
Exact Location Of Accident	KJE TOWARDS CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE
是产品的 (1992年) 1992年(1992年) 1992年(1992年)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD487M
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 JOHARI B ABDUL RAHMAN

 NRIC No
 \$0126343I

 Date Of Birth
 01/01/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/04/1980

Driving Experience 38 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97629592

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 119 TECK WHYE LANE Address

#12-782

Postcode 680119

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 CHAIN COLLISION

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

Was any body injured in the Accident?

3 NO

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:

: PREMALATHA D/O HARI - S7816099C - 98501974

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT: T/20190218/2142

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 XD9795A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver AB AZIS BIN SHIHA BUDEEN

NRIC/Passport Number S0312503C Contact Number 85907293

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GR4888B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

GOODS VEHICLE

Name of Driver

RAJENDIRAN KUMARAN

NRIC/Passport Number

S8036608L

Contact Number

81205657

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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

NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

# SKETCH PLAN A B= luas DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ROPOT PIS Hach police 200 DECLARATION I/We declare the foregoing particulars are true in every respect. Ondu Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:

Date & Time:

GIARMC SketchPlanForm\_V3

NRIC/FIN No.:

Page 5 of 25

2

## POLICE REPORT Pg. 1





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 4 of 4 Report No. T/20190218/2142

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 Informant:
Mms
Date/Time: 18/02/2019 17:07
Classification Of Case:

mentalam rahambik sama dangan mengelakan dangan sama sama sama sama sama dangan dangan sama sama sama sama sam





1190210121112

1 of 4

Report No. T/20190218/2142

ation Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 17:07	Vide Report No.: Station Diary No.: 68
Name of Informant: JOHARI B ABDUL RAHMAN	Address: APT BLK 542 WOODLANDS DRIVE 16 #03-31 SINGAPORE 730542
JD Type / ID No.: NRIC NO / S0126343I	Contact No.: Home/Office: Mobile: 97629592
Nationality: SINGAPORE CITIZEN	Email:
Sex. Age: Date of Birth Male 65 01/01/1954	Driver
Race Malay	Language: Institution ? School Name:
Occupation:	Driving Licence Information: Class: 3 Date of Expiry:

Type of Security Countries	Drink Date/Tim Drive: Accident	5. 为中央的经验,但是是100%,所以100%,但是100%的,并是100%。
Location: Along Road 1 KRANJI EXPRESSWAY	Chu Kang Way towards Kranji Expressway	
Weather:	Road Surface:	Road Speed Limit
Clear	Dry	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume Heavy
Type of Collision: Between Moving Vehicles	Head To Rear	Anyone conveyed by ambulance: No

MARIE WIVETIR	e thropiced					
Jarin, inte		er e	(1,0)**(1)	1 200		(୩୬.୧) ଜିଲ୍ଲେକ ଧୃତି
GR4888B - Lor	ry -					2
		er ekases est	8 (1.00 to - 21.52) 8 (1.10 to - 21.52)		Seriously	1 1 1 1 1 1 1 1 1
SHD487M Ca					Damaged	
KD9795A Lor	ry :	BESULTE	<b>第111年 建南</b>	UT PLANE		0
	The Marian	Service Advisor	3 Nation 198 2	A PROPERTY OF A STATE	Carried Section 1995	48 4 55 (6.987) Sell 5

referrate the star was trafficulties.

## POLICE REPORT Pg. 1





Police Station Of Origin: 1 Pasir Ris Drive 4 #01-01 SINGAPORE

Report No. T/20190218/2142

519457

Pasir Ris N.P.C

Tel No: 1800-5852999

CONTINUATION OF REPORT

No. of Pedestriar			Use of Ped	lestriar	Cross	ing: NA
Name	JOHARI B ABDUL RAI	HMAN		ID No		S0126343I
Related Vehicle	SHD487M (Car)			Contact No.		97629592
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2019		Date Discharge 18/02			/2019
No. of Days gran	ted Medical Leave	04	Degree of			
Diriyer	<b>建程建设建设建设</b>		HATE OF SERVICE			
Name	Ab Azis Bin Shiha Bud	een		ID No		S0312503C
Related Vehicle	XD9795A (Lorry)			Contact No.		85907293
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

## Brief Details.

I am a taxi driver under Transcab.

On 18 February 2019 at about 9:30am, I was travelling along Kranji Expressway in my vehicle SHD487M on the extreme left lane with a passenger on board my vehicle. I wish to state that as there was a heavy traffic, traffic was slow moving. Just before the slip road of Choa Chu Kang Way towards Kranji Expressway, I felt an impact from the rear of my vehicle. Immediately after the first impact, a second impact followed and as result from the impact, my vehicle propelled forward. Thus, colliding into the vehicle in front of mine bearing registration plate number GR4888B. After the collision, I alighted my vehicle and realized that it was vehicle bearing registration plate number XD9795A that had collided into the rear of my vehicle.

Drivers for both the 2 mentioned vehicles then alighted their vehicle. After making a check on our vehicle and exchanging particulars, we left the scene. I wish to inform that both myself and my passenger were injured from the accident. I had since sought medical treatment at Mount Alvernia Hospital and was issued with 4 days of medical leave. My passenger suffered from a bruise on her leg after the accident and I had advised her to seek her own medical treatment. The damages on my vehicle were the rear portion of my vehicle dented out of shape inwards and slight dent on the front right portion of my vehicle.

Driver for vehicle XD9795A: Name: Rajendiran Kumaran

### POLICE REPORT Pg. 1

CONTINUATION OF REPORT





T/20190218/2142

3 of 4

Report No. T/20190218/2142

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

Fin Number: G8036608L Contact number: 81205657

Contact number: 98501974

A STATE OF THE STA