

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	21/02/2019 13:12
Date Of Accident	21/02/2019 08:45
Exact Location Of Accident	JURONG PIER ROAD TOWARDS JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5516K
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 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	REPORTING ONLY
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	TOH KAY WAH
NRIC No	S1006650F
Date Of Birth	01/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1974
Driving Experience	44 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97493244
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 671A CHOA CHU KANG CRESCENT #13-373
Postcode	681671
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?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see the attach Police Report T/20190221/2029.

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	FBK9961K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SUKUMARAN A NAGESRAU
NRIC/Passport Number	S7869826H
Contact Number	84983912
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUKUMARAN A NAGESRAU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK9961K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

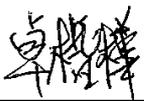
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

Amanda

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



**SINGAPORE
POLICE FORCE**



T/20190221/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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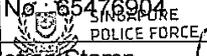
Report No. T/20190221/2029

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 / Sgt 2 LIM WEI SHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2019 10:55
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No: 65476904	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	SN 37



**SINGAPORE
POLICE FORCE**



T/20190221/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190221/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2019 10:55	Vide Report No.: J/20190221/0055	Station Diary No.: 63
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Informant's Particulars			
Name of Informant: TOH KAY WAH		Address: APT BLK 671A CHOA CHU KANG CRESCENT #13-373 SINGAPORE 681671	
ID Type / ID No.: NRIC NO / S1006650F		Contact No.: Home/Office: Mobile: 97493244	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 01/07/1953	Type of Informant: Driver
Race: Chinese		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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2019 08:45	Type of Location: Straight Road
Location: Along Road 1 JURONG PIER ROAD JALAN AHMAD IBRAHIM JalAlong Jurong Pier Road, towards the junction of Jurong Pier Road and Jalan Ahmad Ibrahim.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK9961K	Motorcycle				Slightly Damaged	0
SHC5516K	TAXI				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190221/2029

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20190221/2029

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, I was driving my Transcab Taxi bearing plate number SHC5516K along Jurong Pier Road, towards the junction of Jurong Pier Road and Jalan Ahmad Ibrahim. At the point of time, the traffic was heavy, although it wasn't raining and the roads were dry. I had stopped my vehicle at the traffic light as it was red light, and subsequently when the lights turned green, I was driving along towards the said junction when I felt a collision from the front of my vehicle. I then realized that I had collided onto a motorcycle.

I wish to state that prior to moving on, I do not observe any motorcycle driving ahead of me. However, when the light turned green and I started moving off, I had suddenly collided onto a motorcycle. The said motorcycle is one bearing plate number FBK9961K. The motorcyclist had fell from the motorcycle as a result of the collision. At the point of time, both parties do not have any other passengers on board.

As a result of the collision, there were some slight damages done to the front of my taxi, which were some minor scratches and dents. On the other hand, the said motorcycle suffered some slight dents as well. I then exchanged particulars with the motorcyclist and he is one namely SUKUMARAN A NAGESRAU, NRIC: S7869826H, H/P: 84983912. I observed that there were some bleeding and abrasion on his arm and legs. However, as of the time of lodging this Police Report, I am not injured and I do not feel any discomfort. The other party informed that he had called for Police Assistance.

Subsequently, Traffic Police and Ambulance attended to the scene, and the other party was subsequently conveyed by Ambulance to Ng Teng Fong General Hospital. I was then instructed by the Traffic Police Officer at scene to lodge a Police Report for the incident reference to above Vide Incident number.

In addition, I wish to state that I do have in-car camera installed in my vehicle, which I believe had captured the incident. I also do have some photographs related to the incident. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

