

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	25/02/2019 15:04
Date Of Accident	25/02/2019 01:20
Exact Location Of Accident	UPPER CHANGI ROAD EAST X SIMEI AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9831D
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	NG TYE HUAT
NRIC No	S0915347J
Date Of Birth	26/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1969
Driving Experience	49 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98953855
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 131B KIM TIAN ROAD #25-175
Postcode	162131
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 - CHANGE/CROSS LANE
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190225/2011

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1241P
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 NG TYE HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB9831D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHA1241P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

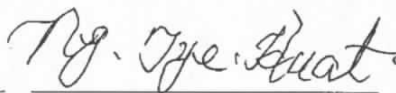
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


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

Upper Changi Road East

Simei Avenue

A = SHB 98311

B = SHB 1241P

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.:



T/20190228/2189

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Report No. T/20190228/2189

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190225/2011

Report Number T/20190228/2189

Vide Report Number T/20190225/2011

Date/Time of Report Made 28/02/2019 22:58

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant NG TYE HUAT *Ng. Tye. Huat*

ID Type / ID No. NRIC NO / S0915347J

Home/Office 62742038

Mobile 90935670

Email ngbroz@hotmail.com

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 25/02/2019 01:20

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHA1241P		HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0
SHB9831D		RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0

POLICE REPORT Pg. 1



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Report No. T/20190228/2189

Continuation of CSF For NP168

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG TYE HUAT	ID No.	S0915347J
Related Vehicle	SHB9831D	Contact No.	62742038
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Facts.

On 25th February 2019 at about 1.20am, I was travelling straight on the third lane along Upper Changi Road East when the Traffic Light was Green in my favour. While crossing the junction, I felt a strong impact. Vehicle B (SHA1241P) which came from the opposite lane made a right turn without observing for the Traffic Light and oncoming vehicles. Hence, Vehicle B's front portion had collided onto my taxi's right side portion and the front portion of my taxi was badly damaged. Due to the impact, my taxi surged forward to the curb.



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Report No. T/20190228/2189

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / RASHIDAH BINTE AZMAN
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2, SINGAPORE 529914
Tel No: 1800-5572999



T/20190225/2011

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Report No. T/20190225/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 04:51		Vide Report No.:		Station Diary No.: 6	
Informant's Particulars					
Name of Informant: NG TYE HUAT		Address: APT BLK 131B KIM TIAN ROAD #25-175 SINGAPORE 162131			
ID Type / ID No.: NRIC NO / S0915347J		Contact No.: Home/Office: 62742038		Mobile:	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 69	Date of Birth: 26/09/1949	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2019 01:20	Type of Location: X-Junction	
Location: Along Road 1 UPPER CHANGI ROAD EAST junction of Upp Changi Rd East and Simei Ave					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
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
SHB9831D	Car				0

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190225/2011

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20190225/2011

CONTINUATION OF REPORT

Driver			
Name	NG TYE HUAT	ID No.	S0915347J
Related Vehicle	SHB9831D (Car)	Contact No.	62742038
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	25/02/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I was driving my taxi along Upper Changi Rd east when suddenly I was hit on my right side by another car at the junction. I believe the driver was sleeping. Both of us were then conveyed to Changi General Hospital and I did not manage to get the particulars of the driver.

I met a member of public and he assisted me in translating the report.

S9471855D
Wu Ming Hsuan
h/p: 93666155



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2, SINGAPORE 529914
Tel No: 1800-5872999



T/20190225/2011

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Report No. T/20190225/2011

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:
G /
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/02/2019 04:51

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

SIGNATURE