

### 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	04/03/2019 15:10
Date Of Accident	28/02/2019 19:10
Exact Location Of Accident	ORCHARD LINK TOWARDS BIDEFORD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5720L
<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-62876666
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE POH SENG
NRIC No	S0070986G
Date Of Birth	14/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	26/02/1970
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92760891
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 7 MARINE TERRACE #03-236
Postcode	440007
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please see the attach Police Report T/20190302/2166.

#### 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	SKH7833U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

LEE POH SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5720L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. 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:
  - (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.

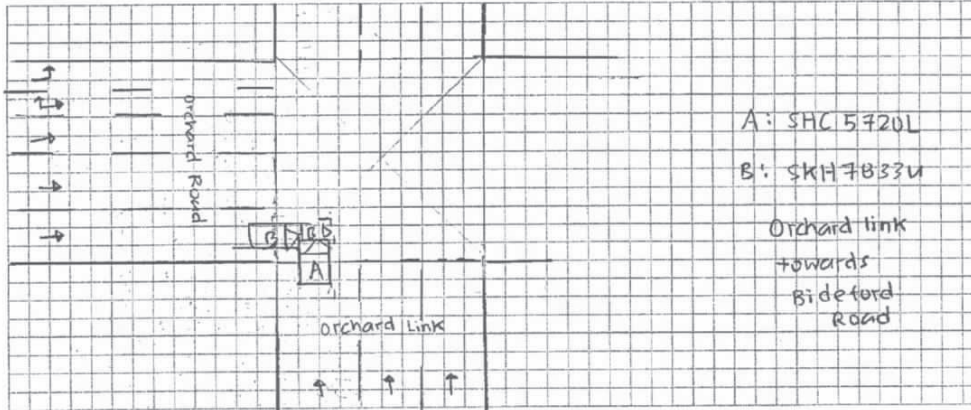
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please see the 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:

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

## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190302/2166

1 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20190302/2166

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 21:31	Vide Report No.: E/20190228/0102	Station Diary No.: 80
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## Informants/Particulars

Name of Informant: LEE POH SENG	Address: APT BLK 7 MARINE TERRACE #03-236 SINGAPORE 440007		
ID Type / ID No.: NRIC NO / S0070986G	Contact No.: Home/Office: Mobile: 92760891		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 14/03/1951	Type of Informant: Driver
Race: Chinese	Language: Chinese		Institution / School Name:
Occupation: RELIEF TAXI DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/02/2019 00:00	Type of Location: X-Junction
Location: Along Road 1 ORCHARD ROAD BIDEFORD ROAD ORCHARD ROAD IN FRONT OF PARAGON				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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 Passenger
SHC5720L	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	1
SKH7833U	Car	AUDI	Q5 3.0 TFSI QUATTRO	Black	Seriously Damaged	0

## Details of Person Involved

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

Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190302/2166

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20190302/2166

CONTINUATION OF REPORT

Driver			
Name	LEE POH SENG	ID No.	S0070986G
Related Vehicle	NIL	Contact No.	92760891
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2019	Date Discharge	02/03/2019
No. of Days granted Medical Leave	28	Degree of Injury	NIL

**Brief Details.**

I am a relief taxi driver, driving a red Transcab bearing vehicle plate number SHC5720L.

On the 28/02/2019 at about 1910hrs, I was driving my vehicle (SHC5720L) along Orchard Link towards Bideford Rd. I had one female passenger. The passenger sat at the rear passenger seats. My vehicle (SHC5720L) was stationary at the extreme left lane as the traffic light was red. My vehicle (SHC5720L) was the first in the lane. When the traffic light was green, I proceeded straight however a black Audi vehicle bearing vehicle plate number SKH7833U which was at Orchard Rd, travelled from my left to right (towards Bras Basah Rd). I applied emergency brakes for my vehicle (SHC5720L) however my vehicle's (SHC5720L) front portion still collided with the vehicle's (SKH7833U) side. Vehicle (SKH7833U) had beat the red light as well. Passer-bys then assisted me.

There was attendance by Traffic Police and Ambulance. My passenger and I were both conveyed to Tan Tock Seng Hospital as I felt pain at my head and torso area. I was discharged on the 02/03/2019 and received MC for 28 days.

I do have an in car camera in my vehicle (SHC5720L) the witness in a vehicle in front of me had an in car camera that captured the accident. I was advised to lodge a Traffic Accident Report by the nurse from TTSH and gave me the following details; E/20190228/0102, TP IO Feroz.

Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190302/2166

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20190302/2166

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 3 MOHAMED ZAMIL BIN MOHAMED ANIS

Signature Of Informant:

Signature Of Interpreter:  
TING KONG WEI /  
S9633474E

Date/Time:  
02/03/2019 21:31

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF  
Contact No.: 65476358

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

Police Report Pg. 1



Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

TRAFFIC POLICE  
AMENDMENT

NP 168 No.	:	T/20190302/2166	Name	:	Lee Poh Seng
Accident Date/Time	:	28/02/2019 @1900hrs	Address	:	Apt Blk 7 Marine Terrace
Vehicle(s) Involved	:	SHC5720L		:	#03-236 Singapore 440007
		SKH7833U	NRIC No	:	S0070986G
			Tel No	:	92760891
			Date	:	04/03/2019

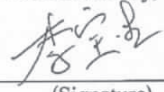
Dear Sir / Madam

Accident involving SHC5720L and SKH7833U  
along Orchard Link towards Bideford on 28/02/2019 at 1900 hours

With reference to the above, I have on 02/03/2019 (date) 2131 hours (time) make a  
police report at Marine Parade NPC (Police Station/NPP/NPC)  
In NP 168 - T/20190302/2166

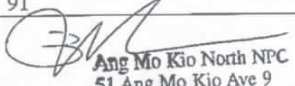
On 04/03/2019 (date), 1600 hours (time) at Ang Mo Kio North NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;  
Referring to Report T/20190302/2166 under the general information of the accident, the  
Location is stated as Orchard Road which is wrong. The correct location should be Orchard  
Link. That's all.

Yours Faithfully,

  
(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	:	SI Bala Murugan
Date and Time	:	04/03/2019 at 1610hrs
Station Dairy No	:	91
Signature	:	

Ang Mo Kio North NPC  
51 Ang Mo Kio Ave 9  
S'pore 569784  
Tel: 484 9999

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5720L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	04 Mar 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002763
Chassis No.:	VF1ABL15AUC281621
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	12 Jun 2015
First Registration Date:	12 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Jun 2023
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	11 Jun 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,886.00
COE Rebate Amount:	\$28,224.00
<b>Total Rebate Amount:</b>	<b>\$37,597.00</b>
<b>Message</b>	
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 04 Mar 2019

OK