

### 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	18/03/2019 17:29
Date Of Accident	15/03/2019 11:25
Exact Location Of Accident	X- JUNCTION OF WEST COAST ROAD AND CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9731Z
<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

#### 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	HEM RAJ SO GIRDHARI LAL
NRIC No	S0536363B
Date Of Birth	01/01/1947
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1966
Driving Experience	52 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90185027
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 101 CLEMENTI STREET 14 #14-149
Postcode	120101
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 - 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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	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	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/20190319/2057.

#### 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	SLQ1495S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUAH LAY EAN

NRIC/Passport Number S7267261E  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name HEM RAJ SO GIRDHARI LAL  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD9731Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**SKETCH PLAN**

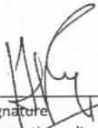
**IMPORTANT NOTICE**

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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.

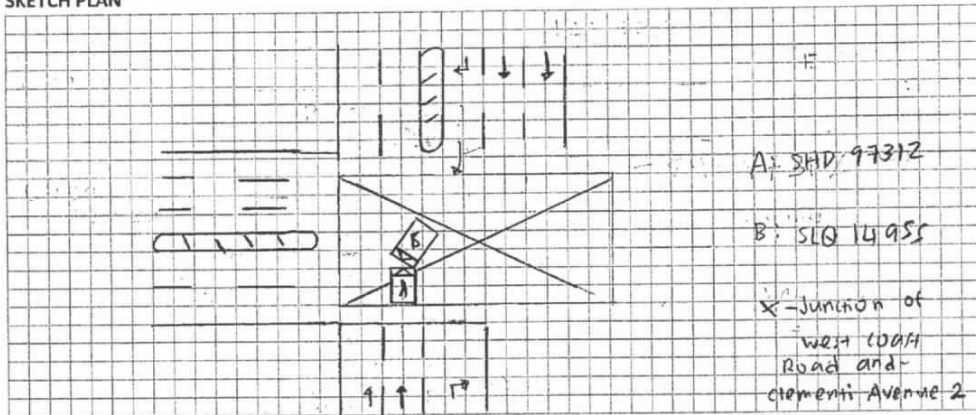
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

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

Police Report Pg. 1



T/20190319/2057

1 of 3

Report No. T/20190319/2057

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20190315/2151

Report Number T/20190319/2057

Vide Report Number

Date/Time of Report Made 19/03/2019 13:23

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant HEM RAJ S/O GIRDHARI LAL

ID Type / ID No. NRIC NO / S0536363B

Home/Office -

Mobile 90185027

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 15/03/2019 11:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9731Z	Car				Slightly Damaged	2
SLQ1495S	Car					0

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

Police Report Pg. 1



T/20190319/2057

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Report No. T/20190319/2057

**Continuation of CSF For NP168**

<b>Driver</b>			
Name	HEM RAJ S/O GIRDHARI LAL	ID No.	S0536363B
Related Vehicle	SHD9731Z (Car)	Contact No.	90185027
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	15/03/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	PHUAH LAY EAN	ID No.	S7267261E
Related Vehicle	SLQ1495S (Car)	Contact No.	NIL
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 Facts.**

ON 15/03/2019 AT 1125HRS, I WAS DRIVING MY VEHICLE (SHD9731Z) AND FETCH A PASSENGER AND HIS SON FROM WEST COAST DRIVE TO WEST COAST PLAZA.

WHILE DRIVING ALONG WEST COAST ROAD, I SAW THE TRAFFIC LIGHT OF X-JUNCTION OF CLEMENTI AVE 2 AND WEST COAST ROAD WAS GREEN. THUS, I PROCEEDED STRAIGHT AS USUAL. UPON PASSING THROUGH THE X-JUNCTION, A VEHICLE THAT WAS DRIVING FROM THE OPPOSITE DIRECTION NEAR BLK 728 CLEMENTI WEST STREET 2 TRIED TO MAKE A RIGHT TURN WHILE I WAS PASSING THROUGH THE X-JUNCTION.

DUE TO THIS, MY FRONT RIGHT BUMPER OF MY CAR HIT ONTO THE FRONT LEFT BUMPER OF THE OTHER CAR WHICH CAUSED A HUGE IMPACT FOR MY VEHICLE TO STOP. I MAKE A CHECK WITH THE PASSENGER AND HER SON IF THEY WERE WELL AND OKAY. MY PASSENGERS INFORMED ME THAT THEY WERE NOT INJURED. HOWEVER, I FELT A STRAIN ON MY NECK AND SHOULDER.

I THEN WENT OUT TO MAKE A CHECK WITH THE LADY DRIVER TO CHECK IF SHE WAS OKAY OR NEEDED ANY MEDICAL ATTENTION AND SHE INFORMED ME SHE WAS OKAY. I THEN CALLED FOR POLICE AND MEDICAL ASSISTANCE DUE TO THE STRAIN ON MY NECK. SHORTLY, TP ARRIVED AT SCENE VIDE T/20190315/2114. I WAS LATER CONVEYED BY THE AMBULANCE TO NG TENG FONG GENERAL HOSPITAL AND WAS GIVEN 2 WEEKS MC.

THIS IS THE FIRST TIME THIS HAPPENED TO ME. I DO NOT HAVE ANY IN-CAR CAMERA.



T/20190319/2057

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Report No. T/20190319/2057

### Continuation of CSF For NP168

#### Sketch Plan

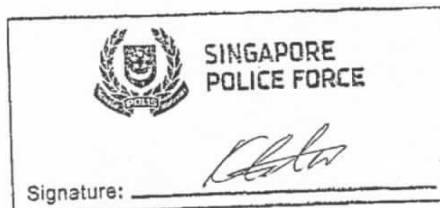
Informant is not able to provide sketch plan

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 /  
NORAMEERA BINTE MOHAMED HUSSEIN

Classification of Case 1) INJURY / CONVEYED BY AMBULANCE



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190315/2151

1 of 4

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

Report No. T/20190315/2151

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 18:20		Vide Report No.:		Station Diary No.: 164	
<b>Informant's Particulars</b>					
Name of Informant: HEM RAJ S/O GIRDHARI LAL			Address: APT BLK 101 CLEMENTI STREET 14 #14-149 SINGAPORE 120101		
ID Type / ID No.: NRIC NO / S0536363B			Contact No.: Home/Office:		Mobile: 90185027
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 01/01/1947	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/03/2019 11:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WEST COAST ROAD				
ALONG WEST COAST ROAD TOWARDS WEST COAST PLAZA DIRECTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHD9731Z	Car				Slightly Damaged	2

## 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/20190315/2151

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
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2 of 4

Report No. T/20190315/2151

CONTINUATION OF REPORT

<b>Driver</b>			
Name	HEM RAJ S/O GIRDHARI LAL		ID No. S0536363B
Related Vehicle	SHD9731Z (Car)		Contact No. 90185027
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	15/03/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	PHUAH LAY EAN		ID No. S7267261E
Related Vehicle	NIL		Contact No. NIL
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 15/03/2019 at 1125hrs, I was driving my vehicle (SHD9731Z) and fetch a passenger and his son from West Coast Drive to West Coast Plaza.

While driving along West Coast road, I saw the traffic light of X-junction of Clementi Ave 2 and West Coast Road was 'Green' thus I proceed straight as usual. Upon passing through the x-junction, a vehicle who was driving from the opposite direction near Blk 728 Clementi West St 2 tried to make a right turn while I was passing through the x-junction.

Due to this, my front right bumper of the vehicle hit onto her front left bumper which cause a huge impact for my vehicle to stop. I make a check with the passenger and her son if they are well and okay. My passengers informed that they were not injured. However I felt a strain on my neck and shoulder.

I then went out to make a check with the lady driver to check if she was okay or needed any medical assistance and she informed that she was okay. I then called for police and medical assistance due to the strain on my neck. Shortly, TP arrived at scene vide to T/20190315/2114. I was later conveyed by the ambulance to Ng Teng Fong General Hospital and was given 2 weeks of MC.

This is the first time it had happened to me. I do not have any in-vehicle camera. I did not take down the other party vehicle registration plate no. because I was quickly conveyed.

Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190315/2151

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Report No. T/20190315/2151

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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

CONTINUATION OF REPORT

Police Report Pg. 1



SINGAPORE  
POLICE FORCE



T/20190315/2151

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
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Report No. T/20190315/2151

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 CHONG SHAO XUAN, VANESSA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
15/03/2019 18:20

Classification Of Case: