

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	25/03/2019 10:31
Date Of Accident	24/03/2019 06:45
Exact Location Of Accident	HOUGANG AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD443P
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	KOH SENG KAH
NRIC No	S1719465H
Date Of Birth	15/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/07/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084204
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 222 TOA PAYOH LORONG 8 #13-707
Postcode	310222
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , 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/20190324/2059

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	SMC3355L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BERNARD TUNG KUM FAI
NRIC/Passport Number	S7344269I
Contact Number	91259475
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH SENG KAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD443P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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.

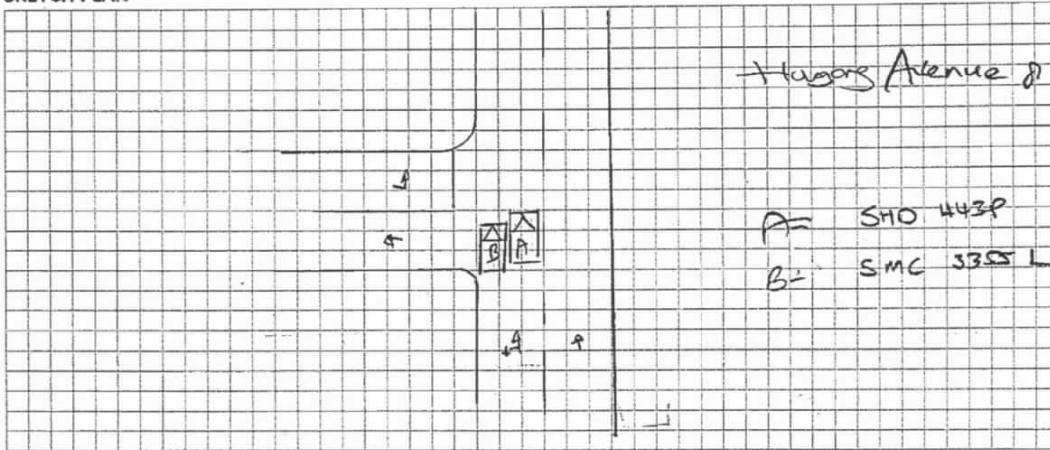
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190324/2059

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20190324/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2019 14:27	Vide Report No.:	Station Diary No.: 74
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Informant's Particulars			
Name of Informant: KOH SENG KAH		Address: APT BLK 222 LORONG 8 TOA PAYOH #13-707 SINGAPORE 310222	
ID Type / ID No.: NRIC NO / S1719465H		Contact No.: Home/Office: Mobile: 90084204	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 15/05/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2019 06:45	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 8 near Xinmin Primary School				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD443P	Car	RENAULT		Red	Seriously Damaged	0
SMC3355L	Car	HYUNDAI		Silver	Seriously Damaged	0

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

POLICE REPORT Pg. 1



**SINGAPORE
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T/20190324/2059

2 of 3

Report No. T/20190324/2059

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	KOH SENG KAH	ID No.	S1719465H
Related Vehicle	SHD443P (Car)	Contact No.	90084204
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	BERNARD TUNG KUM FAI	ID No.	S7344269I
Related Vehicle	SMC3355L (Car)	Contact No.	91259475
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 24/03/2019 around 6.45am, I was driving my Taxi SHD443P on the right of the 2-way lane Hougang Avenue 8, in front of Xinmin Primary School. Subsequently, I checked the left, and there was no vehicle hence I changed lane to the left. After which, I felt an impact. I realized that a vehicle SMC3355L right side has swiped against the left side of my car. I felt dizzy hence I stayed in the car awhile before alighting it. I realized the other car driver had driven his vehicle to the front hence I drove mine to the front.

Subsequently, we exchanged particulars and took photographs. There was no Traffic Police at scene, No one was conveyed by Ambulance and no government property was damaged,

I visited the doctor and am given 5 days of MC.



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Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20190324/2059

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: E / Staff Sgt NOORNAZREEN BINTE ABULHASAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2019 14:27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No: 65476204 Authentication Stamp NP168	Classification Of Case:
 SN 168 SIGNATURE	

POLICE REPORT Pg. 1



**SINGAPORE
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T/20190324/2065

1 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190324/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2019 15:03	Vide Report No.: T/20190324/2059	Station Diary No.: 92
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Informant's Particulars

Name of Informant: KOH SENG KAH			Address: APT BLK 222 LORONG 8 TOA PAYOH #13-707 SINGAPORE 310222	
ID Type / ID No.: NRIC NO / S1719465H			Contact No.:	Mobile: 90084204
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 53	Date of Birth: 15/05/1965	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2019 06:45	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 8 near Xinmin Primary School				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD443P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0
SMC3355L	Car	HYUNDAI	I30 PDE 1.4 T-GDI DCT	Silver	Seriously Damaged	0

POLICE REPORT Pg. 1



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T/20190324/2065

2 of 3

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SENG KAH	ID No.	S1719465H
Related Vehicle	SHD443P (Car)	Contact No.	90084204
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	BERNARD TUNG KUM FAI	ID No.	S7344269I
Related Vehicle	NIL	Contact No.	91259475
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.

I am lodging this report to amend my previous report (T/20190324/2059). I wish to state that I was actually already on the most left lane, and was driving straight ahead. While going straight, I felt an impact. That was when I realized that a vehicle (SMC3355L) had collided into the left portion of my vehicle. I believe that he was trying to squeeze through on the left.



**SINGAPORE
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T/20190324/2065

3 of 3

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

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

E /

Sgt 2 NURUL NADIAH BINTE MOHAMED
SARIFF

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/03/2019 15:03

Officer In Charge Of Case:

TP / AEIT /

Sr Staff-Sgt MOHAMAD ZULFAZDLI BIN

ABDULLAH SINGAPORE

Contact No: 65476204

SN 168

Authentication Stamp

NP168

SIGNATURE

Classification Of Case: