

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	28/03/2019 09:58
Date Of Accident	27/03/2019 23:40
Exact Location Of Accident	ORCHARD ROAD X SCOTT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5292E
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	GOH HEE HOCK
NRIC No	S1233309I
Date Of Birth	28/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85470768
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 235 PASIR RIS STREET 21 #08-57
Postcode	510235
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190328/2020

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	SH7100G
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	UNKNOWN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC5292E
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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190328/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20190328/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2019 05:18	Vide Report No.: E/20190327/0169	Station Diary No.: 15
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Informant's Particulars				
Name of Informant: GOH HEE HOCK			Address: APT BLK 235 PASIR RIS STREET 21 #08-57 SINGAPORE 510235	
ID Type / ID No.: NRIC NO / S1233309I			Contact No.: Home/Office: 65830247 Mobile: 85470768	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 28/04/1957	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2019 23:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SCOTT'S ROAD ORCHARD ROAD TRAFFIC JUNCTION OF SCOTT'S ROAD AND ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7100G	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Seriously Damaged	3
SHC5292E	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	4

POLICE REPORT Pg. 1



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T/20190328/2020

Police Station Of Origin:
Pasir Ris N.P.C
1, Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20190328/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH HEE HOCK	ID No.	S1233309I
Related Vehicle	SHC5292E (Car)	Contact No.	65830247
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 27/03/2019 at about 1140pm, I was driving my taxi with registration number SHC5292E along Orchard heading towards the direction of Somerset. At that point in time, there were 4 passengers (Consisting of 2 males and 2 female) on board my taxi and I was on my way to send them to their destination at Selegie Road. I picked up all 4 passengers from Orchard Tower taxi stand. After I picked them up, I turned left into Orchard Road and proceed straight towards the direction of Somerset. When my vehicle reaches the traffic junction of Scotts Road and Orchard Road, I stopped my vehicle at the traffic junction as there was traffic moving from Patterson Road towards Scotts Road. Soon later, I realised that the traffic light was blackout and there was also no blinking amber light from the said traffic light. As safety precaution, I decided to switch on my vehicle hazard light and move off slowly from the junction as there was no one ushering or controlling the traffic flow. When the traffic flow from Patterson Road was clear, I moved off my vehicle slowly. As my vehicle was about to cross the traffic junction, a vehicle with plate bearing SH7100H that was coming from Scotts Road to Patterson collided onto the rear left portion of my vehicle and caused my vehicle to spin one round before it came to a complete stop in the middle of the traffic junction.

Police and ambulance soon arrived and one of my passengers was conveyed to the hospital for suspected fracture. To my knowledge, there was only one person that was injured from the accident and the person was my passenger. The traffic police at scene also took the SD card from my vehicle in Car camera.

I wish to state that I saw that the traffic light had a blackout. Even before I picked up the 4 passengers from Orchard Tower, I did pass by the same traffic junction and it was also faulty. I do not have any details of the other taxi driver



**SINGAPORE
POLICE FORCE**



T/20190328/2020

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20190328/2020

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 MUHAMMAD FIRDAUS BIN ABDULLAH
SHAFI-IE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2019 09:18

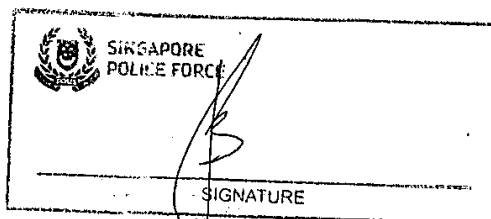
Officer In Charge Of Case:

TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

