

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	02/04/2019 13:30
Date Of Accident	01/04/2019 12:30
Exact Location Of Accident	LORONG 2 TOA PAYOH TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5234T
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-62876666

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	KUAH KAH HOE
NRIC No	S0147046I
Date Of Birth	06/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	09/05/1972
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96452238
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 246 BANGKIT ROAD #08-302
Postcode	760246
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 - HEAD TO REAR
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: : FEMALE
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see the attach Police Report T/20190402/2151.

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	SHA3656M
Vehicle Make/Model/Colour	COMFORT
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 KUAH KAH HOE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5234T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHA3656M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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

A: SHD 5234T

B: SHA 3656M

Lorong 2 Taw payoh

Taxi stand

The sketch plan shows a road layout. A horizontal line represents the road. On the left side of the road, there are two rectangular boxes representing a taxi stand. Arrows indicate the direction of traffic flow. A curved line on the right side of the road represents a boundary or path. The text 'Lorong 2 Taw payoh' and 'Taxi stand' are written below the road.

PLEASE SEE THE ATTACH POLICE REPORT

I/We declare the foregoing particulars are true in every respect.

CLARISC StylusPlanForm V3

[Handwritten signature]

Amanda

Police Report Pg. 1

Officer- In -Charge	Name: Kuah Kah Hoe
Investigation Section	NRIC No: S011470461
Traffic Police Department	Add: Apt Blk 246 Bangkit Road
10 Ubi Avenue 3	#08-302 Singapore 2367
Singapore 408865	Hp: 96452238

Dear Sir/Mdm,

Report of an accident involving SHA3656M and SHD5234T along Blk 175 Lorong 2
Toa Payoh, taxi stand on 01/04/2019 at 1230hrs

On 02/04/2019 (date) at 1648hrs (time), I lodged a traffic accident report vide:
T/20190402/2151

I wish to amend in the brief details as follows:

On paragraph 1 sentence 3: After the impact, my taxi moved forward and hit onto the
kerb and railing. Due to the impact, my front portion of the vehicle were damage.

Yours faithfully,



Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: SGT (3) Afina Roslan	Station Diary No. eSD 63 dated on 03/04/2019 @ 1215hrs
Signature	SISHAN MPO 10 BISHAN STREET SINGAPORE 579061 TEL: 67451000

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190402/2151

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190402/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2019 16:48		Vide Report No.:		Station Diary No.: 117	
Informant's Particulars					
Name of Informant: KUAH KAH HOE			Address: APT BLK 246 BANGKIT ROAD #08-302 SINGAPORE 670246		
ID Type / ID No.: NRIC NO / S01470461			Contact No.: Home/Office: Mobile: 96452238		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 06/06/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/04/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 LORONG 2 TOA PAYOH At 175 Lor 2 Toa Payoh, taxi stand				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHA3656M	Taxi			Blue		0
SHD5234T	Taxi			Red		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190402/2151

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20190402/2151

CONTINUATION OF REPORT

Driver			
Name	KUAH KAH HOE	ID No.	S01470461
Related Vehicle	SHD5234T (Taxi)	Contact No.	96452238
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/04/2019	Date Discharge	02/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

I am a taxi driver.

On 01/04/2019, I was in my taxi (SHD5234T) at the taxi stand located at 175 Lor 2 Toa Payoh waiting for passenger. at about 1230hrs, 2 passengers boarded my taxi and when I was moving out from the taxi stand, I felt an impact from the rear of my taxi. after the impact, I noticed that a taxi (SHA3656M) drove passed me and heading straight into the void deck of 175 Lor 2 Toa Payoh and subsequently crushed into the wall and stop. After the accident, my passengers left my taxi before the ambulance and police arrived. After which police and ambulance came and attended to me and the said taxi. I saw the taxi driver been convey by ambulance, the police after interviewing me told me to lodge a police report with regards to the matter.

At that point of time, right after the accident, I did not felt any pain. However, over the night, I start to felt pain coming from my lower and upper back area and also my neck area. As such on 02/04/2019, I went to seek treatment and was given 5 days of medical certificate (MC). vide E/20190401/0059



**SINGAPORE
POLICE FORCE**



T/20190402/2151

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190402/2151

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
E /
Staff Sgt LIM BENG LEE

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
02/04/2019 16:48

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp
NP168



Classification Of Case:

SN 061

SIG