

## 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	02/05/2019 13:46
Date Of Accident	01/05/2019 03:15
Exact Location Of Accident	SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5952J
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#### 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	RENAULT
Model	LATITUDE-2.0 D DCI (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	LEE TIAM YOCK
NRIC No	S6876951E
Date Of Birth	05/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97389723
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 315C YISHUN AVENUE 9 #15-184
Postcode	763315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190501/2027

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA2316D
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 TIAM YOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5952J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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:

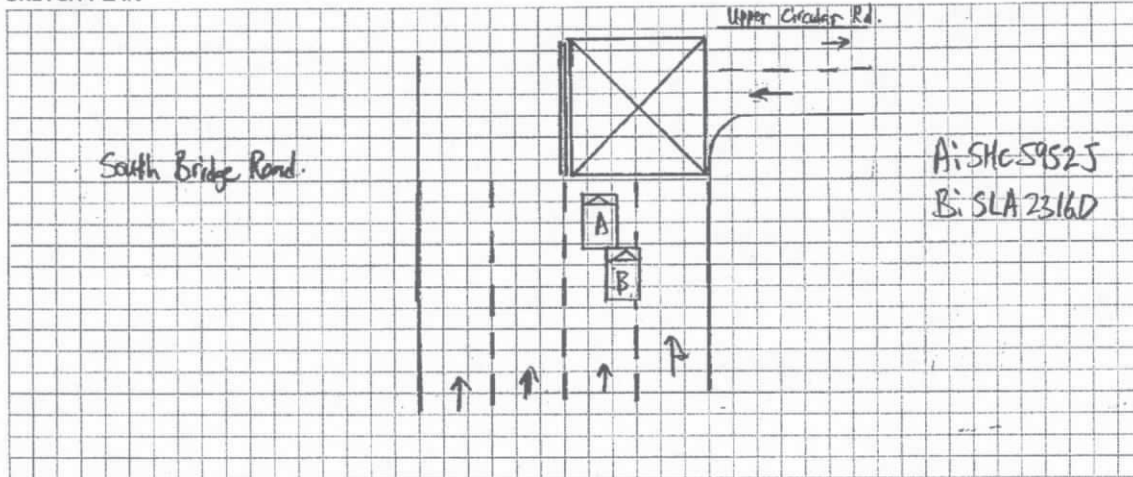
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. T/20190501/2027.

## DECLARATION

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

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Policyholder's Signature

Date &amp; Time:

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20190501/2027

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190501/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2019 11:14		Vide Report No.:		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: LEE TIAM YOCK			Address: APT BLK 315C YISHUN AVENUE 9 #15-184 SINGAPORE 763315		
ID Type / ID No.: NRIC NO / S6876951E			Contact No.: Home/Office: Mobile: 97389723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 05/02/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TRANSCAB TAXI DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/05/2019 03:15	Type of Location: Straight Road
Location: Along Road 1 SOUTH BRIDGE ROAD				
Along South Bridge Road (Straight Road) which is also near, T-junction of South Bridge Road and Upper Circular Road towards Tanjong Pagar Road after Singapore River bridge.				
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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5952J	Transcab Taxi	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0
SLA2316D	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Black	Seriously Damaged	1





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Tel No: 1800-8529999

Report No. T/20190501/2027

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TIAM YOCK	ID No.	S6876951E
Related Vehicle	SHC5952J (Transcab Taxi)	Contact No.	97389723
Hospital/Clinic	KHOO TECK PUAT	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	01/05/2019	Date Discharge	01/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

**Brief Details.**

- On 1 May 2019, between 3.13am to 3.15am, I was driving transcab taxi registration No: SHC5952J, along South Bridge Road (Straight Road) which is also near T-junction of South Bridge Road and Upper Circular Road towards Tanjong Pagar Road after Singapore River bridge. This is four lane road and I was driving on the second lane from the left.
- As I was driving on the second lane from the left, I noticed the vehicle ( a black coloured car, registration No and driver gender I cannot remember) was in a stationery position on this lane and the hazard light was on. As such I signal right with the intention to change lane and when it was safe I change lane to the right. when I changed lane, it was single white broken line.
- Suddenly this ( black coloured car) started to change lane also to the right, this driver only on his/her, signal right as he/she was changing lane and he/she was not allowed to change lane to the right as that part of the road is a double continuous white line. To avoid collision, I horned and applied emergency brake and managed to avoid a collision with this (black coloured car), however, I heard a sound behind my vehicle and it was another vehicle registration No: SLA2316D, had collided onto the rear of my vehicle.
- My neck and head area jerked backwards and I felt pain, I alighted from my vehicle and communicated with the driver of vehicle registration No: SLA2316D, and we exchange particulars and contact. This driver ( a female driver) was not injured and there was a male passenger, seated in the front passenger seat of her vehicle and he did alight and he was asleep and he did not complain of any injury.
- Ambulance and Police were not called in, and no government property was damage. I had proceed to see a doctor at Khoo Teck Puat Hospital on 1 May 2019 and received four days medical leave period ( 1 May to 4 May 2019) reference No: KHANE191579642. My in-car camera captured the front part of my vehicle when I applied jam brake to avoid collision with the black car.
- Damage assessment to my vehicle and other party as follow:
  - SHC5952J - (My vehicle)
    - Rear booth and bumper serious damage
    - Right rear side body of the vehicle serious damage
    - Damage assessment yet to be confirm



**SINGAPORE  
POLICE FORCE**



T/20190501/2027

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Report No. T/20190501/2027

**CONTINUATION OF REPORT**

(b) SLA2316D - ( other party)  
Name: Leong Yin Teng , Coretta  
NRIC No: S9408566G  
Contact: 91285918  
- Front bumper serious damage





**SINGAPORE  
POLICE FORCE**



T/20190501/2027

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Tel No: 1800-8529999

Report No. T/20190501/2027

**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:

L /  
SSI ANDY LUCAS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID  
Contact No.: 65476172

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/05/2019 11:14

Classification Of Case:

SN 085

[> 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.:	SHC5952J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 May 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002581
Chassis No.:	VF1ABL15AUC281662
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	26 Jun 2015
First Registration Date:	26 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	25 Jun 2023
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	25 Jun 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$52,886.00
COE Rebate Amount:	\$27,416.00
<b>Total Rebate Amount:</b>	<b>\$36,789.00</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 02 May 2019

OK