

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	15/05/2019 09:00
Date Of Accident	10/05/2019 12:00
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD45E
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	JOSHUA SANTHIRA SEKARAN S/O P ARUMUGAM
NRIC No	S1391331E
Date Of Birth	22/09/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/07/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85183122
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 928 HOUGANG STREET 91 #15-57
Postcode	530928
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , 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/20190514/2147

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD4859T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category GOODS VEHICLE
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 JOSHUA SANTHIRA SEKARAN S/O P ARUMUGAM
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD45E
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.:

SKETCH PLAN

Sketch plan area with grid and handwritten notes:

PRE towards
Chong:

A

B

A = SHD 45E
B = G60489T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident area with horizontal lines:

p/s 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/20190514/2147

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190514/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2019 18:11		Vide Report No.:		Station Diary No.: 108	
Informant's Particulars					
Name of Informant: JOSHUA SANTHIRA SEKARAN S/O P ARUMUGAM			Address: APT BLK 928 HOUGANG STREET 91 #15-57 SINGAPORE 530928		
ID Type / ID No.: NRIC NO / S1391331E			Contact No.: Home/Office: Mobile: 85183122		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 22/09/1959	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi (before Upper Serangoon Exit)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBD4859T	Lorry				Slightly Damaged	0
SHD45E	Car				Slightly Damaged	5

Details of Person Involved

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

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**SINGAPORE
POLICE FORCE**



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Report No. T/20190514/2147

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver			
Name	JOSHUA SANTHIRA SEKARAN S/O P ARUMUGAM	ID No.	S1391331E
Related Vehicle	SHD45E (Car)	Contact No.	85183122
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	10/05/2019	Date Discharge	10/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 10/05/2019 at about 1200hrs, I was driving in my vehicle - One red Transcab Taxi (Registration Plate Number: SHD45E) along the most left lane of PIE towards Changi. I was going to take the Upper Serangoon Road Exit. There was a heavy traffic jam along the said exit. As such, I waited in queue to move off. Before I was able to move off, one vehicle - One white Toyota Lorry (Registration Plate Number: GBD4859T) had suddenly collided into the rear of my vehicle.

Upon collision, I made a check on all 5 of my passengers (3 adults and 2 kids) who informed all of them were okay. I advised all of them to come out of the vehicle. The passengers paid the taxi fare and went off to their destination. I spoke to the driver of the other vehicle but he was not able to answer me on how the accident happened. The other driver was a Indian National. The company name on the lorry was GTECH SCAFFOLDING PTE LTD.

While speaking to the other driver, I suddenly felt pain on my left knee. As such, I called my company who assisted me to call for the ambulance. I was subsequently conveyed to Tan Tock Seng Hospital and was given a 7 day MC for my injuries. I felt pain on my neck and shoulder region. As well as my left knee. The damages to my vehicle was that the book was dented in, it was not able to close properly, I was not able to check if it was able to move or not as I was conveyed. There is no in-vehicle CCTV in my vehicle. I believe there should be a CCTV near the vicinity which may capture footage of the accident. No one else was injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20190514/2147

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190514/2147

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:

F /

Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN
MOHD ZULKEFLEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/05/2019 18:11

Officer-In-Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No: 65476404

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force