

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	21/05/2019 13:40
Date Of Accident	17/05/2019 17:00
Exact Location Of Accident	TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5453H
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 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	POH BENG HUI
NRIC No	S0054100A
Date Of Birth	21/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97902839
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 607 ELIAS ROAD #13-190
Postcode	510607
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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 the attach Police Report T/20190518/2075.

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	GL11Y
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

POH BENG HUI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5453H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

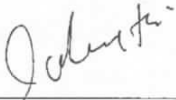
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
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

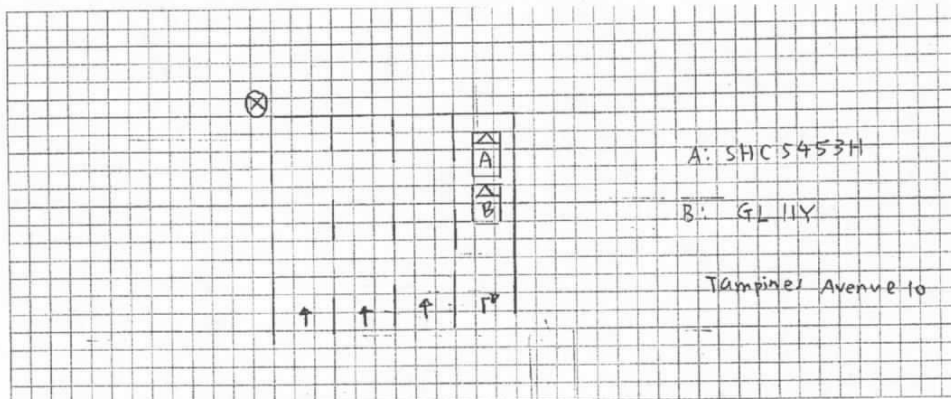
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see the attach police report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Police Report Pg. 1



SINGAPORE
POLICE FORCE



T/20190518/2075

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

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Report No. T/20190518/2075

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 /
Staff Sgt MOHAMED HAZWAN BIN MOHAMED
YASIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/05/2019 13:47

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

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190518/2075

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

Report No. T/20190518/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2019 13:47		Vide Report No.:	Station Diary No.: 88
Informant's Particulars			
Name of Informant: POH BENG HUI		Address: APT BLK 607 ELIAS ROAD #13-190 SINGAPORE 510607	
ID Type / ID No.: NRIC NO / S0054100A		Contact No.: Home/Office: Mobile: 97902839	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 21/06/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2019 17:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 10 TAMPINES AVENUE 9 JUNCTION OF TAMPINES AVENUE 10 AND TAMPINES AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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 Passengers
GL11Y	Van	NISSAN				0
SHC5453H	Car	RENAULT	LATITUDE	Red	Slightly Damaged	1

Details of Person Involved

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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190518/2075

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Report No. T/20190518/2075

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

CONTINUATION OF REPORT

Driver			
Name	POH BENG HUI	ID No.	S0054100A
On 18/05/2019 Related Vehicle	SHC5453H (Car)	Contact No.	97902839
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2019	Date Discharge	18/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 17/05/2019 at about 1700hrs, I was driving my taxi (SHC5453H) along Tampines Avenue 10. I had one male Chinese passenger in my vehicle. As I approached the junction of Tampines Avenue 10 and Tampines Avenue 9, I went to the most right lane as I wished to turn right onto Tampines Avenue 9.

I was the first vehicle entering into the pocket waiting for the right turn light to turn green. As I was waiting for the light, I then suddenly heard and felt a thud sound coming from the rear. I got out from my vehicle to make a check and realized that a van (GL11Y) had hit onto the rear of my vehicle. I asked the driver what happened however he only mentioned, "No brake".

I wish to state that my vehicle was stationary at the point of impact. I was waiting for the light to turn green before turning. I drove my passenger back home. After sending my passenger back home, I then called my company to get my vehicle to be towed away. The rear part of the vehicle is damaged.

On 18/05/2019, I felt pain on my neck area hence I went to see a doctor. I received 7 days of medical certificate.