

### 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	24/05/2019 11:01
Date Of Accident	22/05/2019 16:45
Exact Location Of Accident	RWS TAXI STAND
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5396J
<b>Insured/Policyholder</b>	
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	KHOO KIM BENG ANTHONY
NRIC No	S0130196I
Date Of Birth	14/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1976
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96664654
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 86 TELOK BLANGAH HEIGHT #15-371
Postcode	100086
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190523/2104

#### 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	SHA1200H
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 KHOO KIM BENG ANTHONY

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD5396J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

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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. The 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 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

Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019 0523/2104.

DECLARATION

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

Policyholder's Signature  
Date & Time:

GWJAC Sketch#enform\_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/20190523/2104

1 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20190523/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 15:59		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: KHOO KIM BENG			Address: APT BLK 86 TELOK BLANGAH HEIGHTS #15-371 SINGAPORE 100086		
ID Type / ID No.: NRIC NO / S0130196I			Contact No.: Home/Office: Mobile: 96664654		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 14/04/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2019 16:45	Type of Location: Bend
Location: Along Road 1 SENTOSA GATEWAY				
RWS taxi stand				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1200H	Car	TOYOTA	Prius	Blue	Slightly Damaged	0
SHD5396J	Car	TOYOTA	Prius	Red	Slightly Damaged	0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20190523/2104

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Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20190523/2104

**CONTINUATION OF REPORT**

Driver			
Name	KHOO KIM BENG	ID No.	S0130196I
Related Vehicle	SHD5396J (Car)	Contact No.	96664654
Hospital/Clinic	ELYON FAMILY CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 22/05/2019 at about 1515hrs, I started my taxi shift. I am driving a Transcab Taxi, SHD5396J.

On 22/05/2019 at about 1645hrs, I was queuing up at RWS taxi stand to wait for my turn to pick up passengers. The road was in a "snake shape" manner. I then did a left turn while queuing up and one comfort taxi at the back, SHA1200H, suddenly hit onto the rear left side of my taxi while turning. We then got down our taxi and decided that we would just inform our respective taxi companies for insurance claims and continue queuing up.

On 22/05/2019 at about 2100hrs, I went home to sleep and I then felt some discomfort in right side of my neck however I just continue to sleep.

On 23/05/2019 at about 1030hrs, I woke up and felt the pain in my neck area was unbearable. I then went to the clinic downstairs to see a doctor and was given 3 days of MC.

I wish to state that the rear left passenger door of my taxi is dented and scratched due to the collision. I also wish to state that I have the particulars of the comfort taxi driver however it is not with me now. My taxi does not have in car camera however the comfort taxi has one.



SINGAPORE  
POLICE FORCE



T/20190523/2104

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

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Report No. T/20190523/2104

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:

D /

Sgt 3 JEREMY TAN KAY JIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

Authentication Stamp

NP168



Signature Of Informant:

Date/Time:

23/05/2019 15:59

Classification Of Case:





T/20190523/2126

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Report No. T/20190523/2126

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No 35

Report Number T/20190523/2126

Vide Report Number T/20190523/2104

Date/Time of Report Made 23/05/2019 17:22

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant KHOO KIM BENG

ID Type / ID No. NRIC NO / S0130196I

Home/Office

Mobile 96664654

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 22/05/2019 16:45

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA1200H	Car	TOYOTA	Prius	Blue	Slightly Damaged	0
SHD5396J	Car	TOYOTA	Prius	Red	Slightly Damaged	0

**Details of Person Involved**

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



T/20190523/2126

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Report No. T/20190523/2126

**Continuation of CSF For NP168**

Driver			
Name	KHOO KIM BENG	ID No.	S0130196I
Related Vehicle	SHD5396J (Car)	Contact No.	96664654
Hospital/Clinic	ELYON FAMILY CLINIC AND SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Facts.**

Reference to T/20190523/2104, I wish to state that the correct description should be I was driving straight into the taxi stand area and one comfort taxi, SHA1200H, from the rear suddenly hit onto the rear left of my taxi when he was turning left into the taxi stand queuing area.



T/20190523/2126

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Report No. T/20190523/2126

## Continuation of CSF For NP168

### 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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / ONG YONG HOCK
Classification of Case	1) INJURY / OTHERS

*[Signature]*  
50130196 I



Singapore

*L*

*Sgt Timothy  
Jerny*

Neighbourhood Police Post  
Blk 51 Telok Blangah Drive #01-116/117  
Singapore 100051

Tel: 1800 272 999 FAX: 6377 2526