

## 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	31/05/2019 14:54
Date Of Accident	30/05/2019 21:20
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5179A
<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-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	LEE HAN NAM
NRIC No	S1628576E
Date Of Birth	22/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93711569
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 859 JURONG WEST ST 81 #14-588
Postcode	640859
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190531/2100

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV2914S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HOCK THIAM
NRIC/Passport Number	S7632434D
Contact Number	98311955
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEE HAN NAM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5179A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**SKETCH PLAN**

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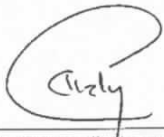
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

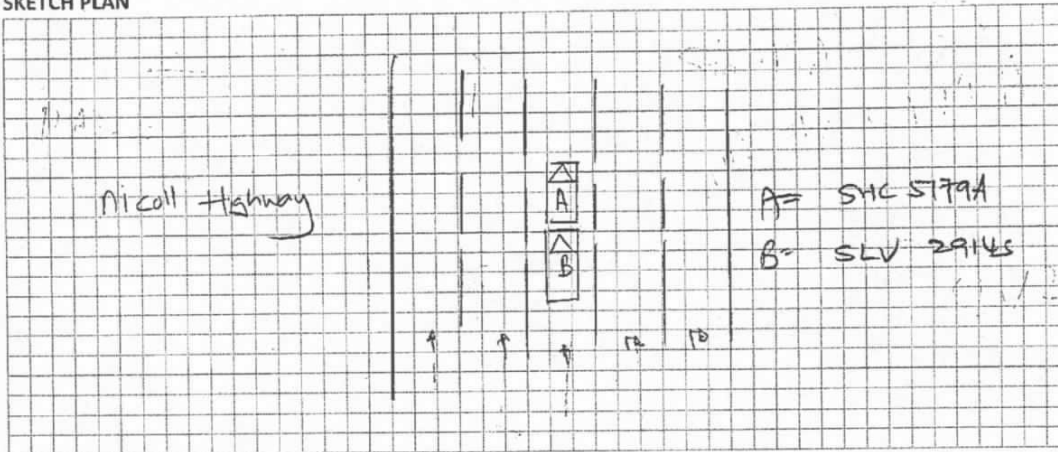
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls 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/20190531/2100

1 of 4

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190531/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 14:10	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: LEE HAN NAM		Address: APT BLK 859 JURONG WEST STREET 81 #14-588 SINGAPORE 640859	
ID Type / ID No.: NRIC NO / S1628576E		Contact No.: Home/Office: Mobile: 93711569	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 22/06/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 21:20	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY RAFFLES AVENUE TRAFFIC LIGHT JUNCTION OF NICOLL HIGHWAY TOWARDS ESPLANADE DRIVE AND STAMFORD ROAD TOWARDS RAFFLES AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: MOVING VEHICLE AGAINST STATIONARY VEHICLE - HEAD TO REAR				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5179A	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0
SLV2914S	Car	TOYOTA	PRIUS			0



**SINGAPORE  
POLICE FORCE**



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51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190531/2100

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE HAN NAM	ID No.	S1628576E
Related Vehicle	SHC5179A (Car)	Contact No.	93711569
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN HOCK THIAM	ID No.	S7632434D
Related Vehicle	SLV2914S (Car)	Contact No.	98311955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/05/2019 at about 2120hrs, I was driving my taxi of vehicle registration number SHC5179A along Nicoll Highway going towards Esplanade Drive. While at the traffic light junction of Nicoll Highway and Raffles Avenue, I stopped my vehicle as the light was red. I have pull my hand brake with parking mode on. My leg was also on the brake pedal. Suddenly, I felt an impact from the rear. The vehicle of registration plate number SLV2914S has hit onto the rear of my taxi. The impact has caused my taxi to move forward about two meters even when my hand brake is pulled. We then drive ahead more and stopped at somewhere near Marina Square. I then went down and spoke to the driver and took down his particulars.

The damage of my taxi's bumper dislodged and the trunk cannot close. The reverse sensor spoil and the light cover had cracked too.

I felt giddy after the impact and felt pain at my back, shoulder, chest, neck, teeth and numbness in my right arm. I then went home after alighting one passenger. I have also vomited at night. On 31/05/2019, I woke up and felt pain and thus I went to seek treatment. I was given 5 days MC by the doctor.

The impact has also caused my in car camera to spoil. However, I wish to state that I have the video footage of the impact. I have also taken photos of the damages.



**SINGAPORE  
POLICE FORCE**



T/20190531/2100

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Report No. T/20190531/2100

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CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

T/20190531/2100

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Police Station Of Origin:  
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51 Ang Mo Kio Avenue 9 SINGAPORE  
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Tel No: 1800-4849999

Report No. T/20190531/2100

**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 3 CHUA KAI LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2019 14:10

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

