

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 09:22
Date Of Accident	30/05/2019 21:15
Exact Location Of Accident	JURONG TOWN HALL ROAD TWDS JURONG EAST STREET 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD382G
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	CHUNG TEOW CHONG
NRIC No	S2568769H
Date Of Birth	21/03/1951
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399061
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 763 WOODLANDS AVENUE 6 #06-64
Postcode	730763
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see the attach Police Report T/20190531/2120.

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	SLN4394X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHOONG SIEW SHIEN
NRIC/Passport Number	S8004517D
Contact Number	87171733
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHUNG TEOW CHONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD382G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


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. 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)**

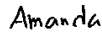
I understand, acknowledge, agree and consent that:

- (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.:



SINGAPORE
POLICE FORCE



T/20190531/2120

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20190531/2120

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:

E /

Sgt 2 HO BOON KIAT, DARON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2019 15:29

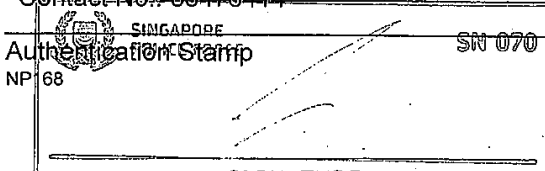
Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:





**SINGAPORE
POLICE FORCE**



T/20190531/2120

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20190531/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2019 15:29	Vide Report No.:	Station Diary No.: 36
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Informant's Particulars

Name of Informant: CHUNG TEOW CHONG			Address: APT BLK 763 WOODLANDS AVENUE 6 #06-64 SINGAPORE 730763		
ID Type / ID No.: NRIC NO / S2568769H			Contact No.: Home/Office: Mobile: 92399061		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 21/03/1951	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 21:15	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD JURONG-EAST STREET 12				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHD382G	Car				Slightly Damaged	0
SLN4394X	Car				Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190531/2120

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20190531/2120

CONTINUATION OF REPORT

Driver:			
Name	CHUNG TEOW CHONG	ID No.	S2568769H
Related Vehicle	SHD382G (Car)	Contact No.	92399061
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver:			
Name	CHOONG SIEW SHIEN	ID No.	S8004517D
Related Vehicle	SLN4394X (Car)	Contact No.	87171733
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 2115hrs, I was driving my vehicle (SHD382G) along Jurong Town Hall turning right into Jurong East St 12. After I turned, another vehicle (SLN4394Y) was proceeding straight at the turn earlier and collided onto the rear left side of my vehicle.

Upon collision, both parties came down of the vehicles to take photos and also to exchange particulars. No police or ambulance assistance needed at that point of time. We then proceeded on with our journey subsequently.

On 31/05/2019, I felt pain and as such, I went to Sin Min Clinic and was given 7 days of Medical Certificate by Dr Low Hon Kwok.

I am lodging this report for police investigations purposes.



**SINGAPORE
POLICE FORCE**



T/20190603/2114

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20190603/2114

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:

E /

Staff Sgt MUHAMMAD IKHSAN BIN SAID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/06/2019 15:27

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 070

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20190603/2114

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20190603/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2019 15:27	Vide Report No.: T/20190531/2120	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: CHUNG TEOW CHONG		Address: APT BLK 763 WOODLANDS AVENUE 6 #06-64 SINGAPORE 730763	
ID Type / ID No.: NRIC NO / S2568769H		Contact No.: Home/Office: Mobile: 92399061	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 21/03/1951	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 21:15	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD JURONG EAST STREET 12				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD382G	TAXI				Slightly Damaged	0
SLN4394X	Car				Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20190603/2114

2 of 3

Report No. T/20190603/2114

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Driver			
Name	CHUNG TEOW CHONG		ID No. S2568769H
Related Vehicle	SHD382G (TAXI)		Contact No. 92399061
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	CHOONG SIEW SHIEN		ID No. S8004517D
Related Vehicle	SLN4394X (Car)		Contact No. 87171733
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 31/05/2019 at about 1529hrs, I came to Thomson NPP to lodge a Traffic Accident Report vide: T/20190531/2120

Later, I wish to amend the facts as follows:

On 30/05/2019 at about 2115hrs, I was driving my vehicle (SHD382G) along Jurong Town Hall, making a right turn into Jurong East St 12. When the green arrow turns green, I made the right turn. After almost completing the right turn into Jurong East St 12, another vehicle (SLN4394Y) which was proceeding straight had collided onto the rear left side of my vehicle.

Upon collision, both parties came down of the vehicles to take photos and also to exchange particulars. No police or ambulance assistance needed at that point of time. We then proceeded on with our journey subsequently.

On 31/05/2019, I felt pain and as such, I went to Sin Min Clinic and was given 7 days of Medical Certificate by Dr Low Hon Kwok.

I am lodging this report for police investigations purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

