

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	06/06/2019 13:17
Date Of Accident	05/06/2019 09:30
Exact Location Of Accident	LORONG 1 TOA PAYOH TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF783Y
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	LOO SOO ING
NRIC No	S7421880F
Date Of Birth	13/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81521118
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 10 NORTH BRIDGE ROAD #06-5121
Postcode	190010
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?	NO
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see the attach Police Report T/20190605/2030.

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	SHD4766G
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)

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:

Law

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

Amanda

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

A: SHE 982Y

B: SHD 4766G

Lorong 1 Toa Payoh

Taxi stand

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:

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/20190605/2030

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20190605/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2019 12:32		Vide Report No.: E/20190605/0103		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: LOO SOO ING			Address: APT BLK 10 NORTH BRIDGE ROAD #06-5121 SINGAPORE 190010		
ID Type / ID No.: NRIC NO / S7421880F			Contact No.: Home/Office: Mobile: 81521118		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 44	Date of Birth: 13/07/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2019 09:30	Type of Location:
Location: Along Road 1 LORONG 1 TOA PAYOH TAXI STAND BESIDE BRADDELL MRT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
SHD4766G	Car	HYUNDAI	I40	Blue	Slightly Damaged	0
SHF783Y	Car	RENAULT		Red	Slightly Damaged	0

Details of Person Involved

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

Police Report Pg. 1



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T/20190605/2030

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2619999

CONTINUATION OF REPORT

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Report No. T/20190605/2030

Name	LOO SOO ING	ID No.	S7421880F
Related Vehicle	SHF783Y (Car)	Contact No.	81521118
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 5/6/19 at about 0933hrs, I am driving my taxi (SHF783Y), parked stationary at the taxi stand beside Braddell MRT station. Suddenly, I noticed from my side mirror that a taxi (SHD4766G) was driving nearer and nearer to my taxi, and suddenly the male driver drove into my taxi boarding area and hit and scratched the right side of my taxi. The taxi driver drove off immediately, hence I followed his car afterwards. I followed him all the way to the Shell Station along Lorong 1 Toa Payoh, when he suddenly drove up the curb and hit onto a tree at the road side. Hence, I stopped my car beside him, hoping that he will alight his taxi and exchange particulars with me. However, he reversed his taxi which then hit onto a advertisement board, and drove off again and when he reached the bus stop after the Shell Station, he drove up the curb again and became stationary afterwards. I called for police afterwards.

I alighted my taxi and noticed that the right side of my taxi was scratched and right side mirror was also damaged, while his taxi had suffered scratches and dents throughout the whole vehicle. Traffic police and ambulance attended to us afterwards. Paramedic made a check on him and informed that he wasn't injured. I wasn't injured too. A case card was issued to me vide E/20190605/0103, with IO Jerry Yeo. 2 Micro SD card from my in car camera was handed over to the TP Sgt (2) T150055 Pan. I didn't manage to exchange any particulars with the male driver.



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T/20190605/2030

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20190605/2030

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 LIN XUETONG, TOM	Signature Of Informant: <i>La</i>
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 12:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG Contact No. 65476415	Classification Of Case:
Authentication Stamp NP168	SN 168
SIGNATURE	