

## 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	10/06/2019 15:48
Date Of Accident	09/06/2019 23:05
Exact Location Of Accident	AIRPORT BOULEVARD TOWARDS ECP/PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5497G
<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	CHUA CHOO HAM
NRIC No	S1198636F
Date Of Birth	02/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1976
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84502132
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 208 TAMPINES STREET 21 #05-1417
Postcode	520208
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190610/2109

#### 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	SHB4836Z
Vehicle Make/Model/Colour	CITY CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YONG JOON HUAT
NRIC/Passport Number	S1531343I
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKG8865B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHUA LAY CHIN  
NRIC/Passport Number S2558932G  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBN4366X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver KOH JING HENG  
NRIC/Passport Number S8836515A  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHUA CHOO HAM  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5497G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name YONG JOON HUAT  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHB4836Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKG8865B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 4**

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBN4366X

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**SKETCH PLAN**


**IMPORTANT NOTICE**

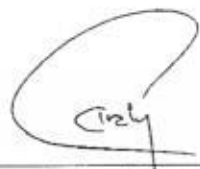
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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

### SKETCH PLAN

SKETCH PLAN

Airport Boulevard  
Towards  
ECP/PIE

A = SHC 54976  
B = SHB 4836Z  
C = SKG 8865B  
D = FBN 4366X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p15 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/20190610/2109

1 of 4

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20190610/2109

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2019 14:34	Vide Report No.: P/20190609/0079	Station Diary No.: 40\
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Informant's Particulars			
Name of Informant: CHUA CHOO HAM		Address: APT BLK 208 TAMPINES STREET 21 #05-1417 SINGAPORE 520208	
ID Type / ID No.: NRIC NO / S1198636F		Contact No.: Home/Office: Mobile: 84502132	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 02/01/1956	Type of Informant: Driver
Race: Chinese		Language: English	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: 09/06/2019 23:05	Type of Location:
Location: Along Road 1 AIRPORT BOULEVARD towards ECP/ PIE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: 4 chain collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
FBN4366X					Slightly Damaged	1
SHB4836Z	Car				Seriously Damaged	0
SHC5497G	Car				Seriously Damaged	0
SKG8865B	Car				Slightly Damaged	0

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190610/2109

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Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20190610/2109

## CONTINUATION OF REPORT

<b>Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Koh Jing heng	ID No.	S8836515A
Related Vehicle	FBN4366X	Contact No.	NIL
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
Name	Yong Joon Huat	ID No.	S1531343I
Related Vehicle	SHB4836Z (Car)	Contact No.	NIL
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
Name	CHUA CHOO HAM	ID No.	S1198636F
Related Vehicle	SHC5497G (Car)	Contact No.	84502132
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/06/2019	Date Discharge	10/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190610/2109

Police Station Of Origin:  
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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190610/2109

## CONTINUATION OF REPORT

Driver			
Name	chua lay chin	ID No.	S2558932G
Related Vehicle	SKG8865B (Car)	Contact No.	NIL
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 the 09/06/2019 at 2305hrs - 2310hrs, I was driving on the 3rd lane towards PIE. The car in front of me had stop and I follow suite. Out of a sudden I heard 2 loud bangs and I felt my car being hit at the rear right side. That was when I came out of my vehicle and found out that there was chain collision. According to the other drivers, the Audi driver was the one that hit the Citycab taxi and due to the force, the vehicle hit the rear of my vehicle. Several people were brought to hospital via ambulance. I went to Sunshine clinic and received 5 days mc.



**SINGAPORE  
POLICE FORCE**



T/20190610/2109

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Report No. T/20190610/2109

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## 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 /

Sr Staff Sgt DZULHILMI BIN OMAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2019 14:34

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE