

## 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	14/06/2019 10:31
Date Of Accident	13/06/2019 23:20
Exact Location Of Accident	CIRCULAR ROAD TOWARDS SOUTH CANAL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5518E
<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	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	YAK YAM SENG
NRIC No	S7024822J
Date Of Birth	23/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98370302
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 119 TECK WHYE LANE #09-792
Postcode	680119
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	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	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please see the attach Police Report T/20190614/2133.

#### 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	SMJ7591H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TENG YI
NRIC/Passport Number	S9609961D
Contact Number	93856687
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name YAK YAM SENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5518E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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:

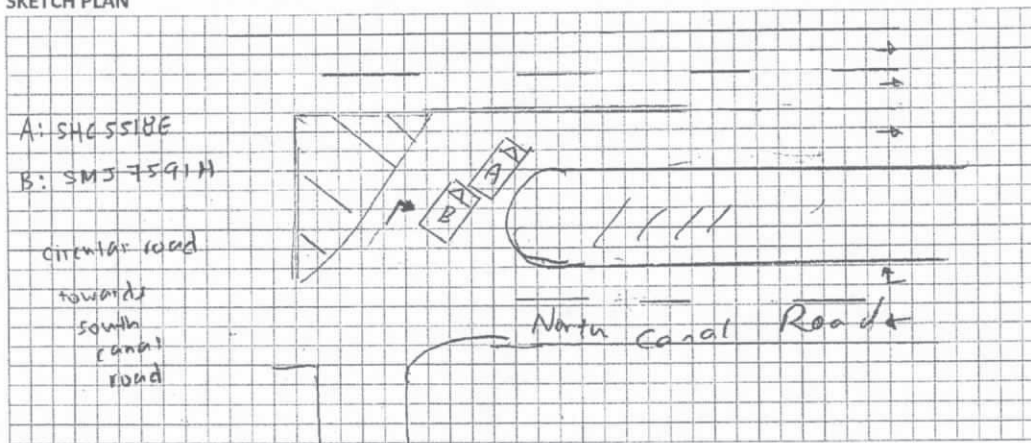
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan #2 Pg. 1

### SKETCH PLAN



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

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

## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190614/2133

1 of 3

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/20190614/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2019 16:58	Vide Report No.:	Station Diary No.: 80
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**Informant's Particulars**

Name of Informant: YAK YAM SENG			Address: APT BLK 119 TECK WHYE LANE #09-792 SINGAPORE 680119	
ID Type / ID No.: NRIC NO / S7024822J			Contact No.:	Mobile: 98370302
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 48	Date of Birth: 23/06/1970	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**

General Information: Not An Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2019 23:20	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 CIRCULAR ROAD SOUTH CANAL ROAD Along Circular Road towards South Canal Road at the turning point roundabout just before South Canal Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5518E	Car				Seriously Damaged	0
SMJ7591H	Car				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



**SINGAPORE  
POLICE FORCE**



T/20190614/2133

2 of 3

Report No. T/20190614/2133

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

**CONTINUATION OF REPORT**

Driver			
Name	YAK YAM SENG	ID No.	S7024822J
Related Vehicle	SHC5518E (Car)	Contact No.	98370302
Hospital/Clinic	CLINICAL ASSOCIATES MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM TENG YI	ID No.	S9609961D
Related Vehicle	SMJ7591H (Car)	Contact No.	93856687
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/06/2019 at about 2320hrs, I was driving along Circular Road and turned into the roundabout to enter South Canal Road. While making the turn, I slowed down to check for oncoming vehicles and suddenly felt an impact from the back. I then stepped on the brake fully to stop and alighted to assess the situation. Both me and the other driver were fine and did not sustain any visible injury at that moment.

My taxi suffered a dent at the left rear corner and was still able to be driven. The other vehicle suffered a dent and crack at the front right headlight and was also still able to be driven. As both parties were fine, we did not called for the ambulance. We then exchanged particulars and drove off shortly after.

On 14/06/2019 at about 9plus am, I woke up and my neck felt sore and pain. I went to Clinical Associates Medical Centre for a checkup and was given 3 days MC. I was also referred to the Polyclinic for an X-Ray. I sent my taxi for repair and was told that the taxi was damaged internally and further inspection is required.

Police Report Pg. 1



SINGAPORE  
POLICE FORCE



T/20190614/2133

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

3 of 3

Report No. T/20190614/2133

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 LEE MING RONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:

Date/Time:  
14/06/2019 16:58

Classification Of Case:

Authentication Stamp



Signature:

511533

Singapore Police Force



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5518E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jun 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001197
Chassis No.:	VF1ABL15AUC277420
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	15 Aug 2014
First Registration Date:	15 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Aug 2022
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Aug 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,088.00
COE Rebate Amount:	\$19,826.00
<b>Total Rebate Amount:</b>	<b>\$29,199.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 14 Jun 2019

OK