

## 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	22/07/2019 10:33
Date Of Accident	20/07/2019 11:50
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5888G
<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	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	ONG PENG NAM
NRIC No	S1386976F
Date Of Birth	20/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97509278
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 115A YISHUN RING ROAD #05-839
Postcode	761115
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	3
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)	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190720/2151

#### 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	SMK5795U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMLAND BIN MOKHTAR
NRIC/Passport Number	S1528879E

Contact Number 97837784  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGM1897X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver HUI WAH LING  
NRIC/Passport Number S7182151Z  
Contact Number 96695931  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name ONG PENG NAM  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD5888G  
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

CTE Towards City

SMK5795U SHD5888G SGM1897X

B A C

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.:



**SINGAPORE  
POLICE FORCE**



T/20190720/2151

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190720/2151

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/07/2019 17:59		Vide Report No.:		Station Diary No.: 158	
<b>Informant's Particulars</b>					
Name of Informant: ONG PENG NAM			Address: APT BLK 115A YISHUN RING ROAD #05-839 SINGAPORE 761115		
ID Type / ID No.: NRIC NO / S1386976F			Contact No.: Home/Office: Mobile: 97509278		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/05/1959	Type of Informant: TRANSCAB TAXI		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police- OTHERS.	Drink Drive: No	Date/Time of Accident: 20/07/2019 11:50	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY  Central Expressway toward City				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: chain accident			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGM1897X		MITSUBISHI	COLTPLUS SPRT	Black	Slightly Damaged	1
SHD5888G	Transcab	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Seriously Damaged	1
SMK5795U	Private Hirer Car	TOYOTA	PRIUS PLUS (AUTO)	Brown	Slightly Damaged	0



**SINGAPORE  
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Tel No: 1800-8529999

Report No. T/20190720/2151

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG PENG NAM	ID No.	S1386976F
Related Vehicle	SHD5888G (Transcab)	Contact No.	97509278
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/07/2019	Date Discharge	20/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

- On 20 July 2019, I was driving transcab registration No: SHD5888G along Central Expressway toward City. This is four to five lanes road and I was driving on the right extreme lane. There was one male/Chinese passenger ( Mr Lim/ 92276467 ) seated at the left rear side of my transcab.
- About 11.50am, while driving behind the vehicle registration No: SGM1897X on the same lane, this driver slowed down and stopped as the traffic was very heavy, I also slowed and stopped behind vehicle registration No: SGM1897X, suddenly I felt a hard impact from the rear of my vehicle and my vehicle was pushed forward causing the front of my vehicle to collided onto the rear of vehicle registration No: SGM1897X.
- I alighted and made a check, and then realized the driver of vehicle registration No: SMK 5795U had collided onto the rear of my vehicle. I did not notice any visible injury on the driver's of vehicle registration No: SGM1897X, SMK5795U and also my the passenger inside my vehicle. I felt pain slight pain at the back of my neck and lower body area.
- No ambulance and Police was called in, No government property was damage. We exchange particulars and left. I had gone to see a doctor on the same day at Intemedical 24 Hr Clinic located at B/525 Ang Mo Kio Avenue 10 #01-2407 and received 4 days medical leave reference MC No: 0000025665. I have informed my passenger to keep me informed if he does consult a doctor and he acknowledged. My transcab front in-car camera captured my vehicle being pushed forward and colliding onto the rear of vehicle registration No: SGM1897X. I have a copy of the recordings.
- Description of damage to my vehicle and other party as follow:
  - SHD5888G ( My transcab )
    - Front lower and top bumper dented inwards
    - Rear booth door and bumper dented inwards and rear booth door mechanism not functioning well when opening.
  - SMK 5795U ( other party )
    - Name: Ramland Bin Mokhtar
    - NRIC No: S1528879E
    - Add: B/425 Choa Chu kang Avenue 4 #08-148





**SINGAPORE  
POLICE FORCE**



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Report No. T/20190720/2151

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**CONTINUATION OF REPORT**

Contact: 97837784  
- Front bumper dented inwards

(c) SGM1987X ( other party)  
Name: Hui Wah Ling  
NRIC No: S7182151Z  
Add: B/216C Compassvale Drive #06-566  
Contact: 96695931  
- Rear bumper dented inwards





**SINGAPORE  
POLICE FORCE**



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## 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:

L /

SSI ANDY LUCAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2019 17:59

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213



Classification Of Case:

SN 085

Signature:

Authentication Stamp

NP168

Singapore Police Force

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

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHD5888G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Jul 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B77441
Chassis No.:	JTDKB3FU203077062
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	04 Dec 2018
First Registration Date:	04 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2026
PARF Rebate Amount:	\$10,685.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
<b>Total Rebate Amount:</b>	<b>\$28,330.00</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 22 Jul 2019

OK