

MTCS19083737 / Trans-Cab Services Pte Ltd - HQ  
 ENTRY DATE & TIME: 27/06/2019 15:25  
 SUBMITTED BY: Amanda Tay Xin Er

## 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	27/06/2019 15:25
Date Of Accident	26/06/2019 12:40
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD216D
<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	OOI CHEE TEONG
NRIC No	S2570837G
Date Of Birth	27/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/08/1989
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93705487

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 49 WHAMPOA SOUTH #06-14
Postcode	330049
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

**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)	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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

Please see the attach Police Report T/20190626/2112.

**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	SKK9691H
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

**SKETCH PLAN****IMPORTANT NOTICE**

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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:

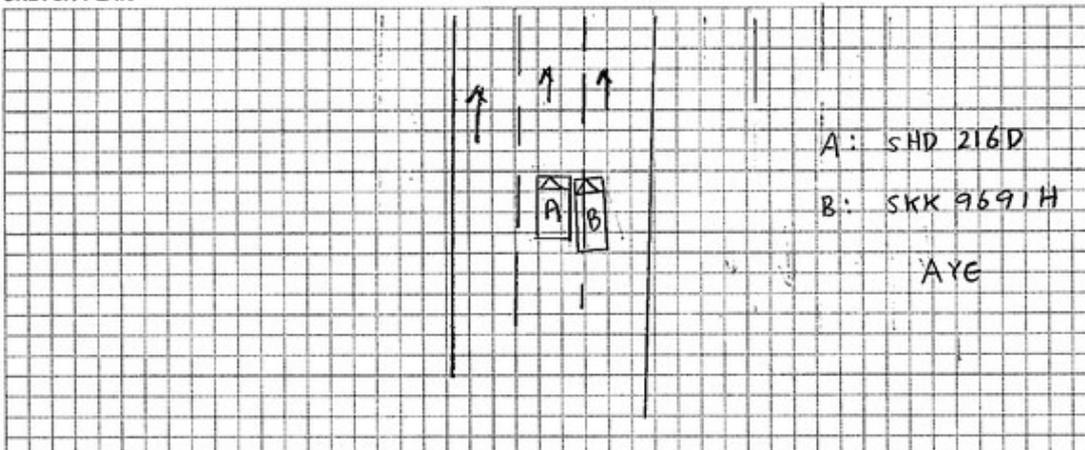
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

GIARMC SketchPlanForm\_V3

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Police Report



**SINGAPORE  
POLICE FORCE**



T/20190626/2112

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

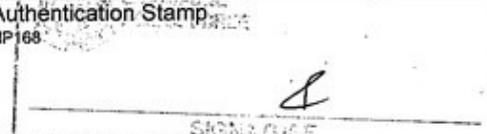
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Report No. T/20190626/2112

**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: A / Sgt 2 MUHAMMAD JANNATUN NA'IM BIN AZUWAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2019 16:22
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190626/2112

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20190626/2112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2019 16:22	Vide Report No.:	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: OOI CHEE TEONG		Address: APT BLK 49 WHAMPOA SOUTH #06-14 SINGAPORE 330049	
ID Type / ID No.: NRIC NO / S2570837G		Contact No.: Home/Office:                      Mobile: 93705487	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 27/02/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2019 12:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY			
Weather: Raining	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD216D	Car				Slightly Damaged	1
SKK9691H	Car					0

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190626/2112

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20190626/2112

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/06/19 at about 1240hrs, I was driving along AYE on the second lane towards Tuas. I heard a loud sound coming from the driver side of my taxi (SHD216D) and realized that a car had hit unto my right side. However, the said car did not stop and continued to drive forward. I managed to take down his car plate number, SKK9691H. Subsequently, I continued to send my passenger to Tuas Ave 2. Afterwards, I sent another customer from Tuas to Changi Airport and subsequently made a check on my vehicle and discovered that my right side mirror and the panel above the right front wheel were dented and had scratches. No one was injured. I am reporting this for insurance purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

