

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	27/08/2019 16:00
Date Of Accident	26/08/2019 19:20
Exact Location Of Accident	YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5170Z
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-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	VFX/P1680520
Cover Note Number	

Driver

Name of Driver	SIM TAY SAH@ERIC SIM YONG HUAT
NRIC No	S1416220H
Date Of Birth	10/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1977
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93806861
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 225 PENDING ROAD #05-173
Postcode	670225
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	DRIZZLING
Road Surface	WET

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?	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: : BENARD YEO - 92256505 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190827/2070

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	FBJ4521K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM7468R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FAROUD
NRIC/Passport Number	
Contact Number	97315757
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

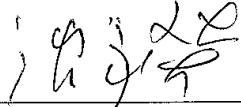
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

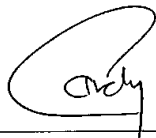
I understand, acknowledge, agree and consent that:

- (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:



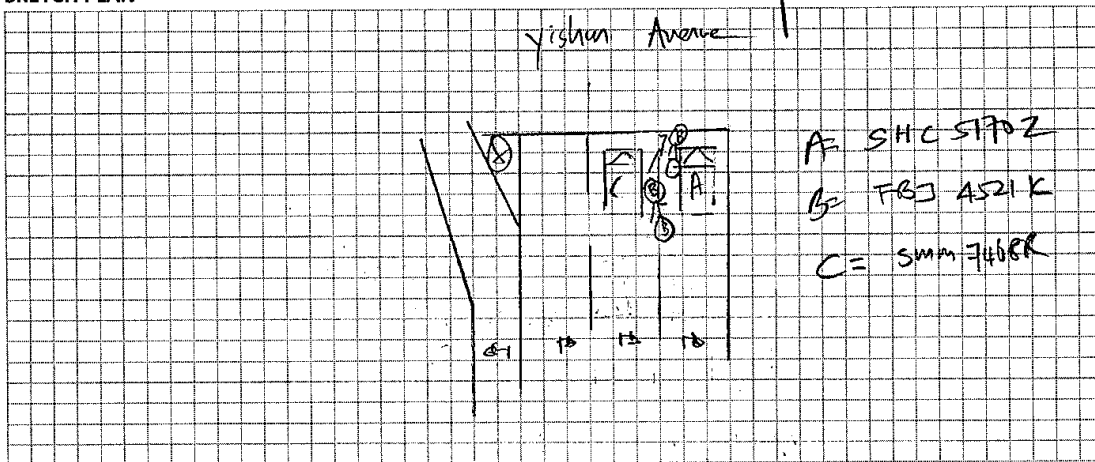
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls 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/20190828/2016

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20190828/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 05:43			Vide Report No.: T/20190827/2070		Station Diary No.: 14
Informant's Particulars					
Name of Informant: SIM TAY SAH			Address: APT BLK 225 PENDING ROAD #05-173 SINGAPORE 670225		
ID Type / ID No.: NRIC NO / S1416220H			Contact No.: Home/Office: Mobile: 93806861		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 10/03/1960	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2019 19:20	Type of Location: YISHUN DAM BRIDGE	
Location: Along Road 1 YISHUN AVENUE 1 YISHUN AVENUE 1 YISHUN DAM BRIDGE					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4521K	Motorcycle			Blue	No Damage	0
SHC5170Z	Car			Red	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190828/2016

2 of 3

Report No. T/20190828/2016

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 26/08/2019 at about 1917hrs, I was parked along Yishun Avenue 1 near Yishun Dam Bridge with my red coloured taxi bearing registration number SHC5170Z. I was parked stationary at the first lane at that time as traffic light was red. Next moment, one motorcycle bearing registration number FBJ4521K came from the rear and hit onto the body of the vehicle beside me (SMM7468R), driver of (SMM7468R) is one namely Faroud (97315757).

After hitting onto right side body of (SMM7468R) vehicle. The motorcycle lost balance and hit onto the front left side portion of my vehicle before falling down to the road with his motorbike. After which, my passenger and I quickly came out and render assistance to the rider. The rider is conscious and manage to pull his own motorbike. The rider still told both Faroud and me that he can private settle with us. Subsequently, the rider just pushed the bike away from us.

As the rider suffered some injury on his leg, we told the rider to take care of his injury first and talk about settlement thereafter. We managed to exchange our contact numbers. No ambulance or police were called down. My passenger and I did not suffer any injury.

However, later in the night at about 2300hrs, the rider message both Faroud and me to lodge a report instead of private settle.



**SINGAPORE
POLICE FORCE**



T/20190828/2016

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20190828/2016

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:

J /

Sgt 3 MUHAMMAD FADZIL BIN ROHAIZAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2019 05:43

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 117

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20190827/2070

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20190827/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 12:46	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars			
Name of Informant: SIM TAY SAH		Address: APT BLK 225 PENDING ROAD #05-173 SINGAPORE 670225	
ID Type / ID No.: NRIC NO / S1416220H		Contact No.: Home/Office: Mobile: 93806861	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 10/03/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2019 19:20	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 7 Yishun Damn Bridge				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBJ4521K	Motorcycle			Blue	No Damage	0
SHC5170Z	Car			Red	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190827/2070

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

2 of 3

Report No. T/20190827/2070

CONTINUATION OF REPORT

Brief Details.

On 26/08/2019 at about 1917hrs, I was parked along Yishun Avenue 7 near Yishun Dam Bridge with my red coloured taxi bearing registration number SHC5170Z. I was parked stationary at the first lane at that time as traffic light was red. Next moment, one motorcycle bearing registration number FBJ4521K came from the rear and hit onto the body of the vehicle beside me (SMM7468R), driver of (SMM7468R) is one namely Faroud (97315757).

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**SINGAPORE
POLICE FORCE**



T/20190827/2070

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190827/2070

CONTINUATION OF REPORT

Sketch Plan

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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: D / Sgt 2 LIH JUN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 12:46
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIE EUN Contact No.: 65476161	Classification Of Case: SN 37
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

