

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	06/11/2019 14:34
Date Of Accident	05/11/2019 19:00
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD498G
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	MOHAMED SIDEK BIN ALWI
NRIC No	S1217673B
Date Of Birth	01/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	09/10/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96671954
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 206A PUNGGOL PLACE #04-2024
Postcode	821206
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , 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/20191106/2038

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	SKK6749X
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	SEAH HAO
NRIC/Passport Number	S8412613F
Contact Number	97987718
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN6600M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD KHAIR BIN ROSLAN
NRIC/Passport Number	S9433388A
Contact Number	81015040
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHAMED SIDEK BIN ALWI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD498G
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

PIE TO JURONG

A= SHO 4985

B= SKK 6749x

C= SUN 6600M

C B A

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191106/2038

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20191106/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2019 11:44		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: MOHAMED SIDEK BIN ALWI			Address: APT BLK 206A PUNGGOL PLACE #04-2024 SINGAPORE 821206		
ID Type / ID No.: NRIC NO / S1217673B			Contact No.: Home/Office: Mobile: 97497673		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 01/09/1956	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
AFTER WHITLEY FLYOVER TOWARDS JURONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD498G	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	3
SKK6749X	Car	SUBARU	FORESTER 2.0XT AWD CVT	Grey	Slightly Damaged	0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191106/2038

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191106/2038

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED SIDEK BIN ALWI	ID No.	S1217673B
Related Vehicle	SHD498G (Car)	Contact No.	97497673
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/11/2019	Date Discharge	06/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SEAH HAO	ID No.	S8412613F
Related Vehicle	SKK6749X (Car)	Contact No.	97987718
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 05/11/2019 at 1900hrs, I was travelling along PIE towards Jurong direction with 3 passengers on board. The traffic at that point of time was very heavy. Vehicles were moving and stopping intermittently. Just after the Whitley flyover, I was on the most right lane (first lane). As the car in front of me has stopped, I also came to a stop at a safe distance. About 5 seconds after being stationary, I suddenly felt a huge impact coming from the rear. The car behind me (Subaru, SKK6749X) had collided to my rear. Fortunately, I did not knock onto the car in front of me. I stepped out of my vehicle discovered that it was a chain collision. There was another car behind the Subaru. We exchanged particulars and took photos and left the scene.

Due to the accident, I went to 'W Y The Family Clinic and Surgery' and was given 3 days of MC from 06/11/2019 to 08/11/2019. There is dash cam in my car however I am not sure if it was recording at that point of time.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20191106/2038

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Report No. T/20191106/2038

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 /

Sgt 3 NG ZHONG QIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/11/2019 11:44

Classification Of Case:

POLICE REPORT Pg. 1

Officer- In -Charge
Investigation Section
Traffic Police

No. 10 Ubi Avenue 3
Singapore 408865

Name : MOHAMED SIDEK BIN ALWI
NRIC : S1217673B
Address: BLK 206A PUNGGOL
PLACE #04-2024
Tel: 97497673

Dear Sir

ACCIDENT INVOLVING SHD498G & SKK6749X & SLN6600M

ALONG PIE TOWARDS JURONG AFTER WHITLEY FLYOVER ON 05/11/2019
AT 1900 HRS

With reference to the above, I have on 06/11/2019 at 1144hrs make a police
report at Changi NPC (Name of police station / NPP) in NP168 / T/20191106/2038

2 On 06/11/2019, at 1320hrs at Changi NPC, I make the following amendments to
the above report.

I wish to include the third vehicle registration number, which is SLN6600M. The
car was behind SKK6749X and part of the chain collision.

Yours faithfully

Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT T140227 Ng Zhong Qian	Station Diary No. 30
Signature	Changi NPC No. 9 Simel Street 2 Singapore 529914 Tel: 1800-5872999

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD498G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Nov 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2016
Engine No.:	M9R8839C003104
Chassis No.:	VF1ABL15AUC283432
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	17 Nov 2017
First Registration Date:	17 Nov 2017
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Nov 2025
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	16 Nov 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$33,596.00
COE Rebate Amount:	\$25,313.00
Total Rebate Amount:	\$40,311.00
Message	
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 06 Nov 2019

OK