

## 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	18/11/2019 14:38
Date Of Accident	16/11/2019 23:30
Exact Location Of Accident	CLEMENCEAU AVENUE NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD272R
<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 D DCI (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	TAN YING JIE
NRIC No	S7934535J
Date Of Birth	31/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81116759
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 62 CHAI CHEE ROAD #03-818
Postcode	460062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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)	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	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191118/2046

#### 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	SHD3499J
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.:

Clemence Avenue North.  
A: SHD272R  
B: SHD3499J.

Refer to Police Report T/2019/118/2046.

I/We declare the foregoing particulars are true in every respect.

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

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



# SINGAPORE POLICE FORCE



F/20191118/2046

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**POLICE REPORT (NP299)**

Report No. F/20191118/2046

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

Date/Time Report Made 18/11/2019 13:45	Vide Report No.	Station Diary No. 30		
Name Of Informant TAN YING JIE	Address APT BLK 62 CHAI CHEE ROAD #03-818 SINGAPORE 460062			
ID Type / ID No. NRIC NO / S7934535J	Contact No. Home/Office	Mobile 81116759		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Taxi driver	Sex Female	Age 40	Date of Birth 31/10/1979	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 16/11/2019 23:30	Location Of Incident CLEMENCEAU AVENUE NORTH SINGAPORE NEAR TO THE OPEN SPACE CAPARK OF NEWTON FOOD CENTRE			

**Brief details.**

On 16/11/2019 at about 11.30pm, I drove my taxi bearing the registration plate number SHD272R along Clemenceau Avenue North (near to Newton Food Centre) heading towards Somerset MRT. During which, another taxi bearing the registration plate number SHD3499J, which was exiting the carpark gantry did not stop to give way to me and as such, the driver collided onto the left side of my taxi. When I saw the taxi was exiting the carpark gantry, I sounded the horn as the driver was not slowing down

Signature Of Officer Recording The Report: F / Sr Staff Sgt MUHAMMAD YUNOS BIN ABDUL RAHMAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SI MOHAMMED SYAZWAN BIN ABDULLAH Contact No.: 64849999

Signature Of Informant: 
Date/Time: 18/11/2019 13:45
Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



F/20191118/2046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191118/2046

however, to no avail. Both of us alighted and however, he refused to exchange his particulars. No Police or ambulance attended to the scene.

I am lodging this report for record purposes.

Signature Of Officer Recording The Report: F / Sr Staff Sgt MUHAMMAD YUNOS BIN ABDUL RAHMAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / SI MOHAMMED SYAZWAN BIN ABDULLAH Contact No.: 64849999

Authentication Stamp

Signature Of Informant: 
Date/Time: 18/11/2019 13:45
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