SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

aloresalu,		
STATISTICS AND STREET	ACCIDENT STATEMENT	MARKET IN STREET
Date Of Report	09/01/2020 14:13	
Date Of Accident	09/01/2020 07:50	
Exact Location Of Accident	ECP TOWARDS MCE(AYE)	
Country/State of Loss	SINGAPORE	
· 使是一次有些支撑的。但是10年的发挥	ETAILS OF OWN VEHICLE	CONTRACTOR OF THE PARTY OF THE
Vehicle Registration Number	SHD5256E	
Insured/Policyholder		
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD	
Co Reg No	2XXXXX878K	
Email Address	CLAIMS@TRANSCAB.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-62866666	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	PRIUS-1.5 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	VFX/P1680520	
Cover Note Number		
Driver		
Name of Driver	YOO TIONG JIN	
NRIC No	SXXXX704A	
Date Of Birth	10/11/1974	
Occupation	OUTDOOR	
Date Of Driving Pass	07/12/1995	
Driving Experience	24 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-82221050	
Fax Number		
Contact Number		
EMail Address	NOEMAII	

NOEMAIL

117A CANBERRA CRESCENT Address

#11-378 751117

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: ADACHI KAZUHIRO - +818020768573

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TOA PAYOH CENTRAL

: MALE

Police Station Address

ROAD: 93 TOA PAYOH CENTRAL, POSTCODE: 319194, 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/20200109/2037

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKN9115P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAUL HOW WEN YAO

NRIC/Passport Number

SXXXX941A

Contact Number

92978273

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YOO TIONG JIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD5256E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- 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.

Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Policyholder's Signature

Date & Time:

Sketch Plan #2 Pg. 1

SKETCH PLAN SHO 5256E Ger towards mice DESCRIBE CIRCUMSTANCES OF THE ACCIDENT police Report PIS 500_ ottach DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Name: (If driver is not the policyholder) Date & Time:

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

Date & Time:

POLICE REPORT Pg. 1





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20200109/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2020 11:41		/lade:	Vide Report No.:	Station Diary No.: 86
Informa	nt's Partic	ulars		· · · · · · · · · · · · · · · · · · ·
Name of YOO TIC	Informant: ONG JIN		Address: APT BLK 117A CANBERRA SINGAPORE 751117	A CRESCENT #11-378
ID Type	/ ID No.:) / S74377	04A	Contact No.: Home/Office: 82221050	Mobile:
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	
Sex: Male	Age: 45	Date of Birth: 10/11/1974	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi_driver			Driving Licence Information Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2020 07:50	Type of Location Straight Road
	FPARK SERVICE ROAD	AD		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Tranic Control.		Moderate

Vehicle No.	Type	Make	Model .	Color Co	ondition	No of Passenge
SHD5256E	Car				eriously amaged	1
SKN9115P	Car				eriously amaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 3

Report No. T/20200109/2037

Name	YOO TIONG JIN		ID No		S7437704A	
Related Vehicle	SHD5256E (Car)		Conta	ict No.	82221050	
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	09/01/2020		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	05	Degree o		Slight	t

Brief Details.

On 9/1/2020 at around 0750 hours while I was travelling along ECP expressway, towards MCE(AYE), I was in queue with other vehicles and stopped behind a vehicle since it stopped moving. I then suddenly felt a jerk on my car and I realized someone had collided onto my car. I then got out of my car and made a check on my vehicle. Rear side of my vehicle was seriously damaged. I also wish to say that this incident was captured in my in car camera. Police and ambulance were not called in. No government property were damaged. Lodging this report of claiming purposes.

POLICE REPORT Pg. 1





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20200109/2037

Sketch Plan

E.

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 E / Sgt 1 AMANULLAH BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2020 11:41
Officer In Charge Of Case: TP / AEIT / ANARCHORING, STEPHANIE SN 168 Contact No.:::65476414	Classification Of Case:
Authentication Stamp NP168	
CICNATURE	

.> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	878K
Vehicle No.:	SHD5256E
Vehicle to be Exported:	Yes
Intended Deregistration Date:	09 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C00224
Chassis No.:	JTDKB3FU103079322
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	17 Jan 2019
First Registration Date:	17 Jan 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$14,247.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jan 2027
PARF Rebate Amount: Intended COE Rebate Details	\$10,685.00
COE Expiry Date:	16 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$16,670.00
Total Rebate Amount: Message	\$27,355.00
	be further renewed. The vehicle must be de-registered upon COE expiry or when the chever is earlier.

The information and involved housing in account on at 00 Jan 2020

The information contained herein is correct as at 09 Jan 2020