

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	15/01/2020 15:57
Date Of Accident	14/01/2020 15:50
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5318K
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-62876666

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 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	FOO SHANG KUAN
NRIC No	SXXXX951H
Date Of Birth	23/01/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1971
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96556198
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 125 SERANGOON NORTH AVENUE 1 #04-117
Postcode	550125
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	COLLISION - HEAD TO REAR
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?	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)	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	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

REFER TO POLICE REPORT T/20200115/2053

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	SJM6159A
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)

DETAILS OF INJURED PERSON 1

Name

FOO SHANG KUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD5318K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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

PIE towards Changi Airport

SJM SH05318K
6159A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020 0115/2053.

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2020 11:48	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: FOO SHANG KUAN			Address: APT BLK 125 SERANGOON NORTH AVENUE 1 #04-117 SINGAPORE 550125	
ID Type / ID No.: NRIC NO / S0034951H			Contact No.: Home/Office: Mobile: 96556198	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 23/01/1951	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: 14/01/2020 15:50	Type of Location: Flyover
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE Towards Changi Airport near Sims Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD3815	TAXI	TOYOTA	PRIUS	Red	Slightly Damaged	1
SJM6159A	Car	NISSAN	NOTE	Blue	Slightly Damaged	0

Details of Person Involved

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



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

Report No. T/20200115/2053

CONTINUATION OF REPORT

Driver				
Name	FOO SHANG KUAN		ID No.	S0034951H
Related Vehicle	SHD3815 (TAXI)		Contact No.	96556198
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/01/2020		Date Discharge	15/01/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	JONATHAN LOH YOU QING		ID No.	S9425715H
Related Vehicle	SJM6159A (Car)		Contact No.	NIL
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 14/10/2019 at about 1550hrs, I was driving my taxi, SHD3815 on the first lane along the Pan Island Expressway towards Changi Airport near Sims Avenue. Traffic was smooth and everyone was driving about 80km/h when suddenly there was a jam brake in front. I then slammed on my brakes and managed to stop in time. Suddenly, I felt an impact from behind. A car, SJM6159 had collided into the rear of my vehicle.

I then alighted from my taxi and we exchanged particulars. I made a check on my taxi and found my rear bumper to be dented and the rear sensor have dropped off.

On 15/01/2020 in the morning, I went to W P SIM family clinic and surgery as I had back pains. I was given 3 days of medical leave.

I wish to add that I do not have any in car camera.



**SINGAPORE
POLICE FORCE**



T/20200115/2053

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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/20200115/2053

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 SITI NATASHA BINTE ABDUL NASSIR

Signature Of Informant:

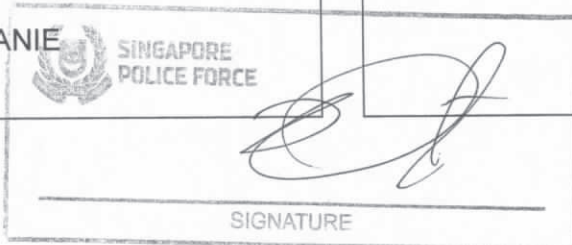
Signature Of Interpreter:
Not applicable

Date/Time:
15/01/2020 11:48

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE



T/20200115/2065

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Report No. T/20200115/2065

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20200115/2053

Report Number T/20200115/2065

Vide Report Number T/20200115/2053

Date/Time of Report Made 15/01/2020 12:18

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant FOO SHANG KUAN

ID Type / ID No. NRIC NO / S0034951H

Home/Office

Mobile 96556198

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 14/01/2020 15:45

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5318K	TAXI	TOYOTA	PRIUS	Red	Slightly Damaged	1
SJM6159A	Car	NISSAN	NOTE	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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Report No. T/20200115/2065

Continuation of CSF For NP168

Driver				
Name	FOO SHANG KUAN		ID No.	S0034951H
Related Vehicle	SHD5318K (TAXI)		Contact No.	96556198
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/01/2020	Date Discharge	15/01/2020	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	JONATHAN LOH YOU QING		ID No.	S9425715H
Related Vehicle	SJM6159A (Car)		Contact No.	NIL
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 Facts.

I wish to make an amendment to my registration plate number of my taxi.



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Report No. T/20200115/2065

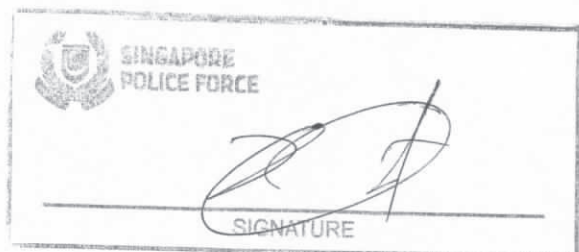
Continuation of CSF For NP168

Sketch Plan

Informant is not able to provide sketch plan

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Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / ANG YI TING, STEPHANIE
Classification of Case	1) INJURY / OTHERS



[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5318K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B92052
Chassis No.:	JTDKB3FU103078509
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	19 Dec 2018
First Registration Date:	19 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
Total Rebate Amount:	\$28,330.00
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 15 Jan 2020

OK