

## 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	28/01/2020 13:43
Date Of Accident	25/01/2020 02:30
Exact Location Of Accident	CORPORATION ROAD TOWARDS JURONG PORT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD202T
<b>Insured/Policyholder</b>	
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	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	TNG BOON CHIEW
NRIC No	SXXXX235F
Date Of Birth	06/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1998
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98229479
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 513 JURONG WEST STREET 52 #04-42
Postcode	640513
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 - CROSS JUNCTION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200128/2022

#### 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	SHD4866B
Vehicle Make/Model/Colour	COMFORT TAXI
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)

#### DETAILS OF INJURED PERSON 1

Name TNG BOON CHIEW

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHD202T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN


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6. 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.
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

Handwritten text in the sketch plan area: *pls see attachment*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: *pls see attach police Report*

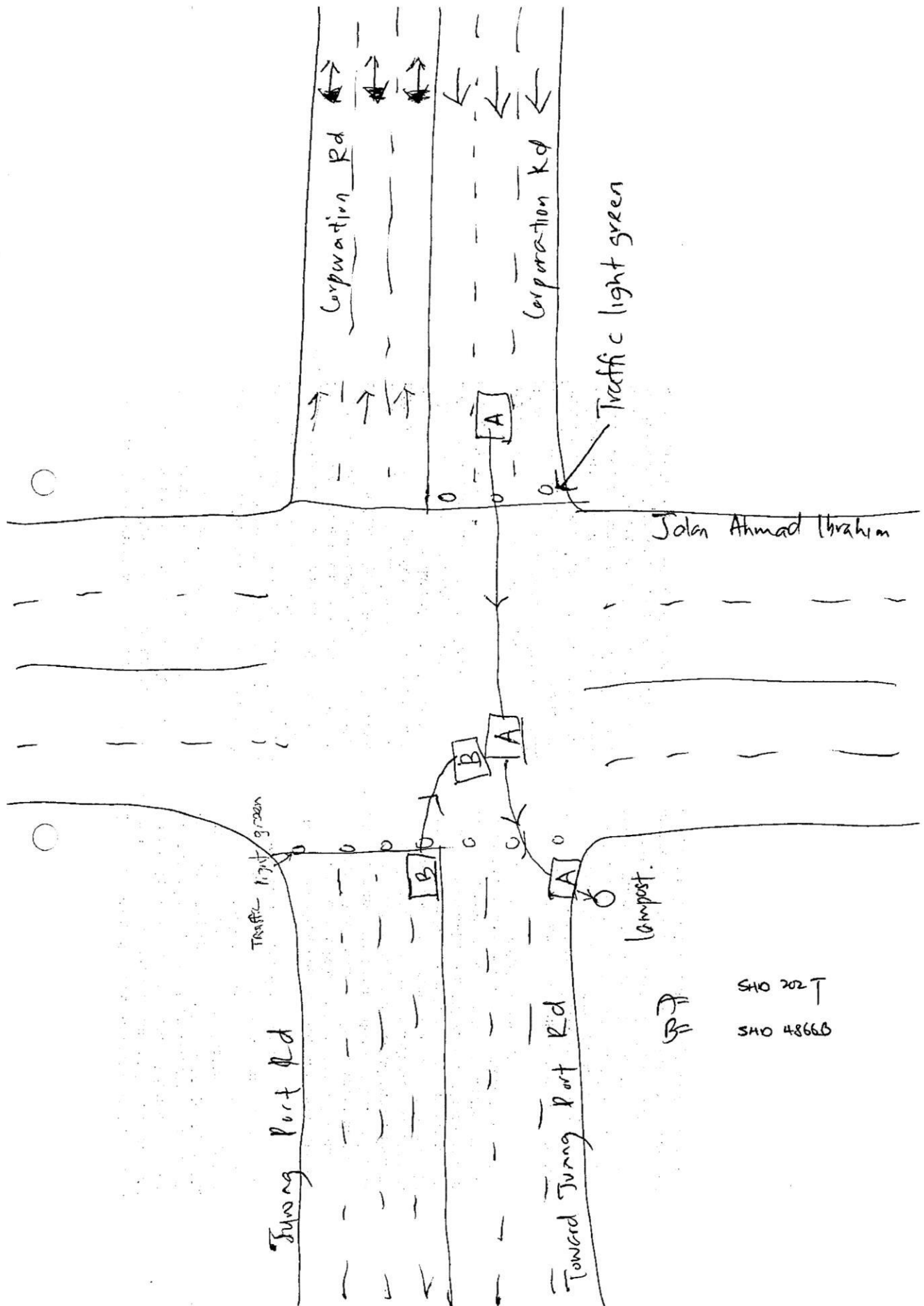
DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



SHO 202 T  
SHO 4866B

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200128/2022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200128/2022

**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:  
TP /  
MUHAMMAD AMIRUL M

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp  
NP168


Signature Of Informant:

Date/Time:  
28/01/2020 09:54

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200128/2022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200128/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 09:54		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TNG BOON CHIEW			Address: APT BLK 513 JURONG WEST STREET 52 #04-42 WEST WOOD COURT SINGAPORE 640513		
ID Type / ID No.: NRIC NO / S1828235F			Contact No.: Home/Office: Mobile: 98229479		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 06/08/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2020 02:30	Type of Location:
Location: Along Road 1 CORPORATION ROAD  ALONG CORPORATION ROAD TOWARDS JURONG PORT ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD202T	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR			0
SHD4866B	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT			0



## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200128/2022

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200128/2022

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TNG BOON CHIEW	ID No.	S1828235F
Related Vehicle	SHD202T (Car)	Contact No.	98229479
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2020	Date Discharge	26/01/2020
No. of Days granted Medical Leave	15	Degree of Injury	NIL

**Brief Details.**

ON STATED DATE, TIME AND LOCATION,  
I WAS DRIVING ALONG CORPORATION ROAD AND DRIVING STRAIGHT TOWARDS JURONG PORT ROAD AT A JUNCTION. ALL OF A SUDDEN, A CAR TURNING RIGHT FROM JURONG PORT ROAD INTO JALAN AHMAD IBRAHIM ROAD HIT ONTO TO ME. THE TRAFFIC LIGHT WAS BOTH GREEN BUT THERE WAS NO ARROW UP FOR THE OTHER VEHICLE TO MAKE A RIGHT TURN. AS A RESULT, HE COLLIDED INTO ME. AFTERWARDS, I LOST CONTROL OF MY VEHICLE AND ENDED UP SPINNING INTO THE LAMPOST. I CONTACTED THE POLICE AND BOTH MY PASSENGER AND I WAS CONVEYED TO THE HOSPITAL BY THE AMBULANCE AFTER. THAT'S ALL.

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	878K
<b>Vehicle Details</b>	
Vehicle No.:	SHD202T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Jan 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002881
Chassis No.:	VF1ABL15AUC282365
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	02 Oct 2015
First Registration Date:	02 Oct 2015
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	01 Oct 2023
PARF Rebate Amount:	\$14,998.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	01 Oct 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$45,439.00
COE Rebate Amount:	\$20,873.00
<b>Total Rebate Amount:</b>	<b>\$35,871.00</b>
<b>Message</b>	
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 28 Jan 2020

OK