

## 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	06/02/2020 13:58
Date Of Accident	06/02/2020 09:55
Exact Location Of Accident	OLD TAMPINES ROAD TOEWARD KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF769P
<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-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	TEO POH TECK
NRIC No	SXXXX798C
Date Of Birth	13/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1996
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90914181
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 154 MEI LING STREET #04-40
Postcode	140154
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: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT ; T/20200206/2051

#### 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	SMK2840S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90308146

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TEO POH TECK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHF769P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN**

**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. 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 first line of the description area: *pls see attached 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)

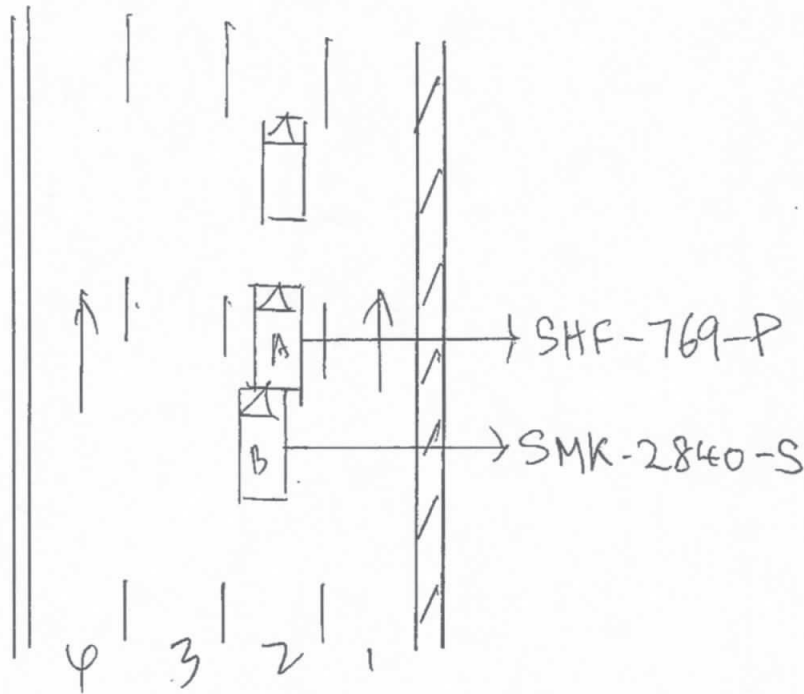
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

old Tampem Rd Toward  
K P E.





**SINGAPORE  
POLICE FORCE**



T/20200206/2051

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200206/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2020 13:08		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: TEO POH TECK			Address: APT BLK 154 MEI LING STREET #04-40 SINGAPORE 140154		
ID Type / ID No.: NRIC NO / S7526798C			Contact No.: Home/Office: Mobile: 90914181		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 13/09/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

<b>General Information of Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2020 09:55	Type of Location: Straight Road
Location: Along Road 1 OLD TAMPINES ROAD  Old Tampines Road toward KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHF769P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		1
SMK2840S	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200206/2051

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20200206/2051

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TEO POH TECK		ID No. S7526798C
Related Vehicle	SHF769P (Car)		Contact No. 90914181
Hospital/Clinic	MEDICAL UNION CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3,4;5 Date of Expiry: NIL
Date Treatment	06/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SMK2840S (Car)		Contact No. 90308146
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 the 06/02/2020 at about 9:55am, I was driving my vehicle (SHF769P) along Old Tampines Road toward KPE. As the traffic was quite congested, the flow of the traffic was very slow.

While I was moving slowly on the road, I suddenly felt a impact on the rear of my vehicle. When I came down from my vehicle, I discovered that another vehicle (SMK2840S) had collided into the rear of my vehicle.

The other driver wanted to have a private settlement with me however I was told by my company (TransCab) to lodge a police report.

I had sustained some back injuries from the accident. I was given 3 days of MC by the doctor.





**SINGAPORE  
POLICE FORCE**



T/20200206/2051

3 of 3

Report No. T/20200206/2051

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## 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 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2020 13:08

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING

Contact No.: 65474885

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE