

## 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	28/02/2020 16:54
Date Of Accident	25/02/2020 23:00
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD55B
<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 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	LAI SER THIT
NRIC No	SXXXX754J
Date Of Birth	24/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1973
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93389854
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 643 PASIR RIS DRIVE 10 #12-28
Postcode	510643
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	CHAIN COLLISION
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	4
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: : SIM BEE WAH 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

REFER TO POLICE REPORT T/20200228/2083

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6202P
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD899T  
Vehicle Make/Model/Colour SMRT  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJE5923J  
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 LAI SER THIT  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD55B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SIM BEE WAH  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHD55B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode



**SKETCH PLAN**

**IMPORTANT NOTICE**


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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

Refer to Attached.


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report T/20200228/2083.

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.:



# SINGAPORE POLICE FORCE



T/20200228/2083

1 of 4

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

Report No. T/20200228/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2020 15:59	Vide Report No.: E/20200225/0171	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LAI SER THIT			Address: APT BLK 643 PASIR RIS DRIVE 10 #12-28 SINGAPORE 510643		
ID Type / ID No.: NRIC NO / S0036754J			Contact No.: Home/Office: Mobile: 93389854		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 24/12/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2020 23:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  PIE towards Jurong				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHB6202P	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR		Seriously Damaged	0
SHD55D	Taxi				Seriously Damaged	1
SHD899T	Taxi				Seriously Damaged	0
SJE5923J	Car	KIA	CERATO 1.6(M)		Seriously Damaged	0





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

Report No. T/20200228/2083

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAI SER THIT	ID No.	S0036754J
Related Vehicle	SHD55D (Taxi)	Contact No.	93389854
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/02/2020	Date Discharge	28/02/2020
No. of Days granted Medical Leave	30	Degree of Injury	Serious
Passenger			
Name	SIM BEE WAH	ID No.	S1489346F
Related Vehicle	SHD55D (Taxi)	Contact No.	63533393
Hospital/Clinic	ACCESS MEDICAL TOA PAYOH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/02/2020	Date Discharge	26/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 25/02/2020 at about 2300hrs I was driving my taxi at PIE towards Jurong and I was in lane 3. Suddenly a vehicle in front of me jam brake as the driver trying to avoid the break down lorry. I was able to brake in time however I feel a impact from the rear side of my taxi that involved 4 vehicle(including my taxi). I checked with my female passenger who sat behind me and asked her if she ok and need some medical attention and she told me she having a back pain. I got off from my taxi and checked the damages of my taxi and I did took few photograph of the damages.

I wish to state traffic police and ambulance were at scene to assist us. I didn't exchange particular with the other driver as I having a neck and back pain.

One of the traffic police took my sd card from my inbuild car camera and he issued me NP 323.

The damages of my taxi is dented on the rear side and my taxi currently at the workshop. My taxi company is Tran cab and I already informed them.

My passenger received 3 days of mc because of her back pain and my son accompany me to go to SGH for medical attention and I was warded on 26/02/2020 due to they want observe me more as I having a neck pain and I was discharged on 28/02/2020 and was received 30 days of mc.





**SINGAPORE  
POLICE FORCE**



T/20200228/2083

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Changkat NPP

109 Tampines Street 11 #01-261

SINGAPORE 521109

Tel No: 1800-7819999

Report No. T/20200228/2083

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200228/2083

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

Report No. T/20200228/2083

**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 MUHAMMAD RAIHAN BIN SUHAIMI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/02/2020 15:59

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE



1. A—SHD-55-D

2. B—SHB-6202-P

3. C—SHD-899-T.

4. D—SJE-5923-J.



[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD55B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Feb 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003234
Chassis No.:	VF1ABL15AUC283193
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	31 Aug 2016
First Registration Date:	31 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2024
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date:	30 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,215.00
COE Rebate Amount:	\$23,211.00
<b>Total Rebate Amount:</b>	<b>\$38,209.00</b>
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 28 Feb 2020

OK