

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	03/03/2020 15:42
Date Of Accident	02/03/2020 01:30
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5861M
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	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	GIAN CHEOK SAN
NRIC No	SXXXX449I
Date Of Birth	26/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/10/1987
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88095793
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 282A SENGKANG EAST AVENUE #06-583
Postcode	541282
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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 N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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/20200302/2023

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	SHD3601E
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 GIAN CHEOK SAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5861M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

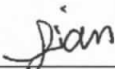
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8. Consent under the Personal Data Protection Act (PDPA)


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:

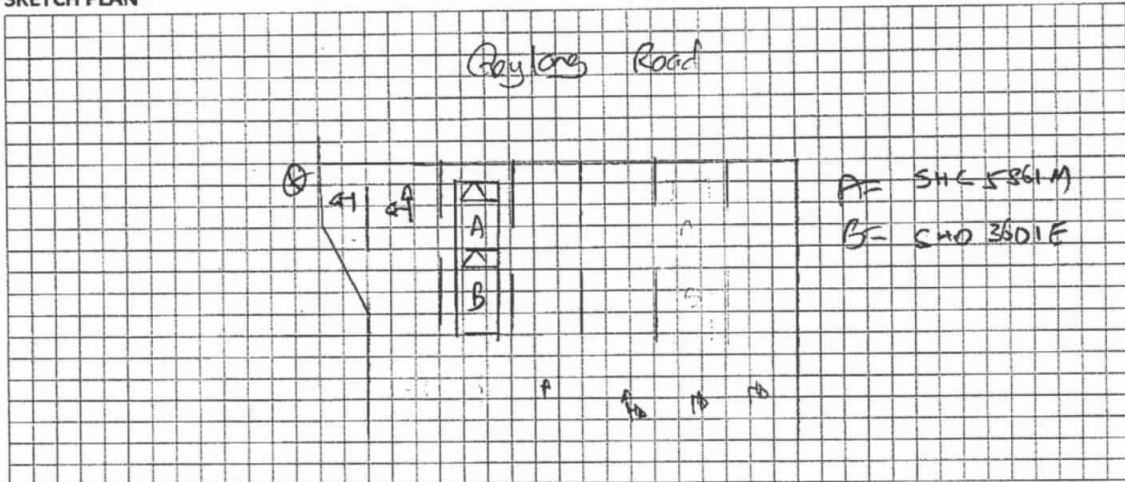


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach 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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200302/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200302/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 10:58		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: GIAN CHEOK SAN			Address: APT BLK 282A SENGKANG EAST AVENUE #06-583 SINGAPORE 541282		
ID Type / ID No.: NRIC NO / S1806449I			Contact No.: Home/Office: Mobile: 88095793		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 26/02/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2020 01:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 GEYLANG ROAD GUILLEMARD ROAD JUNCTION OF ROAD 1 AND 2, HEADING TOWARDS GRANDLINK (GEYLANG AREA)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC5861M	Car				Slightly Damaged	1
SHD3601E	Car					0

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200302/2023

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20200302/2023

CONTINUATION OF REPORT

Driver			
Name	GIAN CHEOK SAN	ID No.	S1806449I
Related Vehicle	SHC5861M (Car)	Contact No.	88095793
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	02/03/2020	Date Discharge	02/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 02/03/2020, I was driving my company vehicle (Transcab, SHC5861M) along Geylang Road (6-lane road) and I was on lane number 2. I stopped at a traffic light of Geylang Road and Guillemard road. I had a female Vietnamese passenger who was seated at the rear portion of my vehicle. I picked her at around Joo Chiat Road and was headed to Geylang area.

While I was waiting for the traffic light to turn green, I suddenly felt an impact from the rear and heard a bang. I alighted from my vehicle and noticed that a car (Comfortdelgro, SHD3601E) has collided into the rear portion of my vehicle. I spoke to the other driver and took pictures of the accident. I did not managed to exchanged particulars with the other party as I had a passenger.

My passenger informed me she was injured but she does not wish to provide her particulars.

At about 0600hrs, I went to Mount Alvernia Hospital as I felt giddiness and pain on my back and neck area. I was given 5 days of MC. I wish to state that my vehicle has no in car camera. My vehicle sustained dents and scratches at the rear portion, along with my rear boot unable to close properly.

**SINGAPORE
POLICE FORCE**

T/20200302/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200302/2023

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 2 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Informant: .

jian

Signature Of Interpreter:

Not applicable

Date/Time:

02/03/2020 10:58

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZLI BIN ABDULLAH
Contact No.: 65476204

POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

POLICE REPORT Pg. 1



TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No.	: T/20200302/2023	Name	: Gian Cheok San
Accident Date/Time	: 02/03/2020 @ 0130hrs	Address	: Blk 282A Sengkang East Ave #06-583 Singapore 541282
Vehicle(s) Involved	: SHC5861M SHD3601E	NRIC No	: S1806449I
		Tel No	: 88095793
		Date	: 03/03/2020

Dear Sir / Madam

Accident involving SHC5861M & SHD3601E
along Junction of Geylang Road and Guillemard Road on 02/03/2020 at 0130 hours

With reference to the above, I have on 02/03/2020 (date) 1058 hours (time) make a police report at Tampines NPC
In NP 168 - T/20200302/2023 (Police Station/NPP/NPC)

On 03/03/2020 (date), 1656 hours (time) at Kebun Baru NPP
(Police Station/NPP/NPC), I make the following amendments to the above report;

- 1) The incident location was a 7-lane road instead of 6
- 2) The incident occurred when I was at Lane 5

Yours Faithfully,

(Signature)

FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: SSgt T09677 Muhd Fahmy
Date and Time	: 03/03/2020
Station Dairy No	: 24
Signature	:

Kebun Baru NPP
Blk 111 Ang Mo Kio Ave 4
Singapore 560111
Tel: 1800-4849999