

**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	06/03/2020 14:18
Date Of Accident	05/03/2020 18:15
Exact Location Of Accident	ECP NEAR BAYSHORE EXIT
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHB9911G
<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	TOYOTA
Model	ALPHARD-2.5 SC 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/P2368459
Cover Note Number	

**Driver**

Name of Driver	MELVIN SIM TZE LONG
NRIC No	SXXXX642J
Date Of Birth	09/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2006
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82820205
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 470C UPPER SERANGOON CRESCENT  
#07-350  
Postcode 533470  
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) 5  
Passenger 1 NAME: : UNKNOWN  
GENDER: : MALE  
Passenger 2 NAME: : UNKNOWN  
GENDER: : MALE  
Passenger 3 NAME: : UNKNOWN  
GENDER: : FEMALE  
Passenger 4 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 SERANGOON NORTH NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2849999 - FAX NO: 63431742  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200305/2132

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: FILE SIZE TOO LARGE  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJN7078M  
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 MELVIN SIM TZE LONG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHB9911G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

Sketch Plan Pg. 1

**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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

Refer to Attached Sketch Plan.																			
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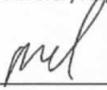
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200305/2132.																			
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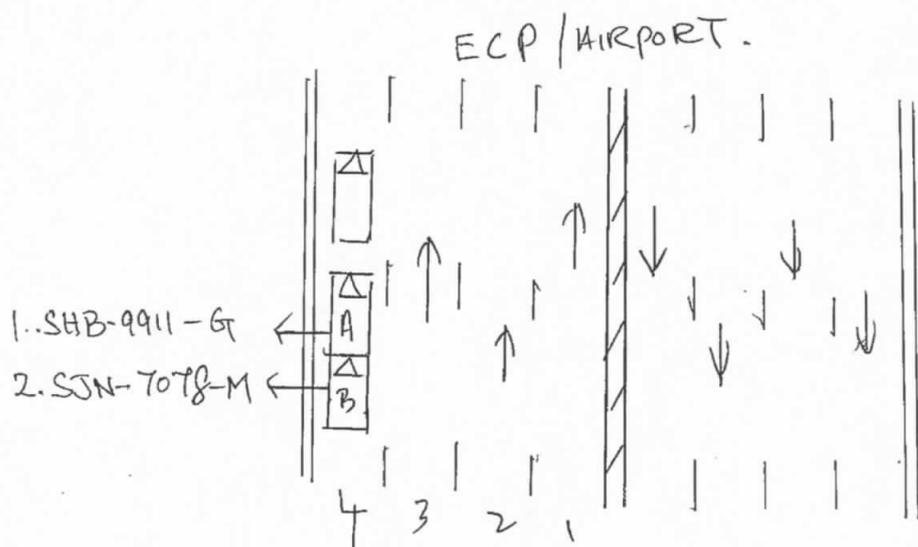
DECLARATION

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.:



1815



**SINGAPORE  
POLICE FORCE**



T/20200305/2132

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20200305/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/03/2020 21:47	Vide Report No.:	Station Diary No.: 25
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Informant Particulars			
Name of Informant: MELVIN SIM TZE LONG		Address: APT BLK 470C UPPER SERANGOON CRESCENT #07-350 SINGAPORE 533470	
ID Type / ID No.: NRIC NO / S7936642J		Contact No.: Home/Office: Mobile: 82820205	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 09/12/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2020 18:15	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY along ECP near Bayshore exit				
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
SHB9911G	Car	TOYOTA		White	Seriously Damaged	4
SJN7078M	Car	MERCEDES BENZ		Black	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20200305/2132

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Report No. T/20200305/2132

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

## CONTINUATION OF REPORT

Driver			
Name	MELVIN SIM TZE LONG	ID No.	S7936642J
Related Vehicle	SHB9911G (Car)	Contact No.	82820205
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/03/2020	Date Discharge	05/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 05/03/2020 at about 1815hrs, I was driving my car White Toyota Alphard taxi bearing SHB9911B (TransCab) along ECP with 4 passengers on board. The traffic was heavy and it came to a stop. Shortly, I felt an hitting impact coming from the rear. I checked my passengers and all of them were fine. I came out to make a check and discovered a Black Mercedes bearing SJN7078M had hit onto the rear of my car. My car's rear suffered serious damage and the other car's front suffered slight damages. No one was injured at scene. I then exchanged particulars with the other driver and left.

On the same day I felt pain at my back and went to CARE MEDICAL PTE LTD to see a doctor. I was given 5 days of MC.

I am lodging this report for insurance purpose.



**SINGAPORE  
POLICE FORCE**



T/20200305/2132

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
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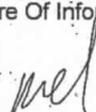
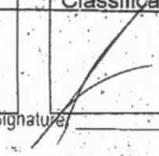
Report No. T/20200305/2132

**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: F / Sgt 3 LOGHANATHAN S/O AYYASAMY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2020 21:47
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 154
Authentication Stamp NP168	 Signature  Singapore Police Force