

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	15/04/2020 11:36
Date Of Accident	14/04/2020 20:10
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5158E
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	TOYOTA
Model	PRIUS-1.8 (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	NGEOW KHOI NEN
NRIC No	SXXXX695B
Date Of Birth	03/07/1955
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1979
Driving Experience	40 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93957298
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 163C RIVERVALE CRESCENT #07-266
Postcode	543163
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200415/2012

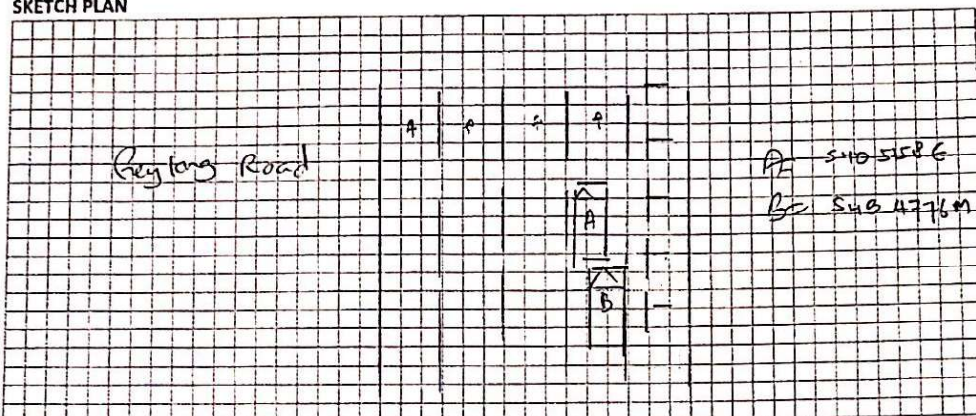
Attachment(s)

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	SHB4776M
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98382392
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

as per 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.:

GIARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20200415/2012

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Report No. T/20200415/2012

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2020 11:16	Vide Report No.:	Station Diary No.: 18
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Name of Informant: NGEOW KHOI NEN		Address: APT BLK 163C RIVERVALE CRESCENT #07-206 SINGAPORE 543163	
ID Type / ID No.: NRIC NO / S1145695B		Contact No.: Home/Office: Mobile: 93957298	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 03/07/1955	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2020 20:10	Type of Location: Straight Road
Location: Along Road 1 GEYLANG ROAD After Lor 13 Geylang Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHB4776M	Car				Seriously Damaged	2
SHD5158E	Car				Seriously Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20200415/2012

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Report No. T/20200415/2012

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	NGEOW KHOI NEN		ID No. S1145695B
Related Vehicle	SHD5158E (Car)		Contact No. 93957298
Hospital/Clinic	Chung & Ee Medical Clinic		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I was travelling in my taxi (SHD5158E) along Geylang Rd, after Lor 13, I saw a passenger waving at me so I slowed down in the first lane and turned on my hazard light to pick up the passenger. Before the passenger got into my taxi, another taxi (SHB4776M) drove and hit the back of my taxi. The front of his taxi was severely damaged and there was a passenger inside, but the passenger left as soon as he was involved the accident. I felt pain at the back of my neck, lower back and giddiness, so I went to Chung & EE medical clinic and was given 5 days MC. I am here to lodge a police report for the traffic police to investigate into this matter.