

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 ability.
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 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	27/03/2017 11:52
Date Of Accident	25/03/2017 00:30
Exact Location Of Accident	PASIR RIS DRIVE 1 X PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7566H
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	TAN BUCK SENG
NRIC No	S1589954I
Date Of Birth	09/05/1963
Occupation	Outdoor
Date Of Driving Pass	10/05/1988
Driving Experience	28 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-90118166
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 558 PASIR RIS STREET 51 #04-297
Postcode	510558
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 Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
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)	3

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20170325/2073

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	SJU1882K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHAMED SIDIK BIN MOHAMED ISA
NRIC/Passport Number	S8627199J
Contact Number	97411471
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	TAN BUCK SENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHB7566H
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

SKETCH PLAN

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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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Please see attachment

Describe Circumstances of the Accident

pls see attach police Report

Declaration

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

Witnessed by Reporting Centre Personnel

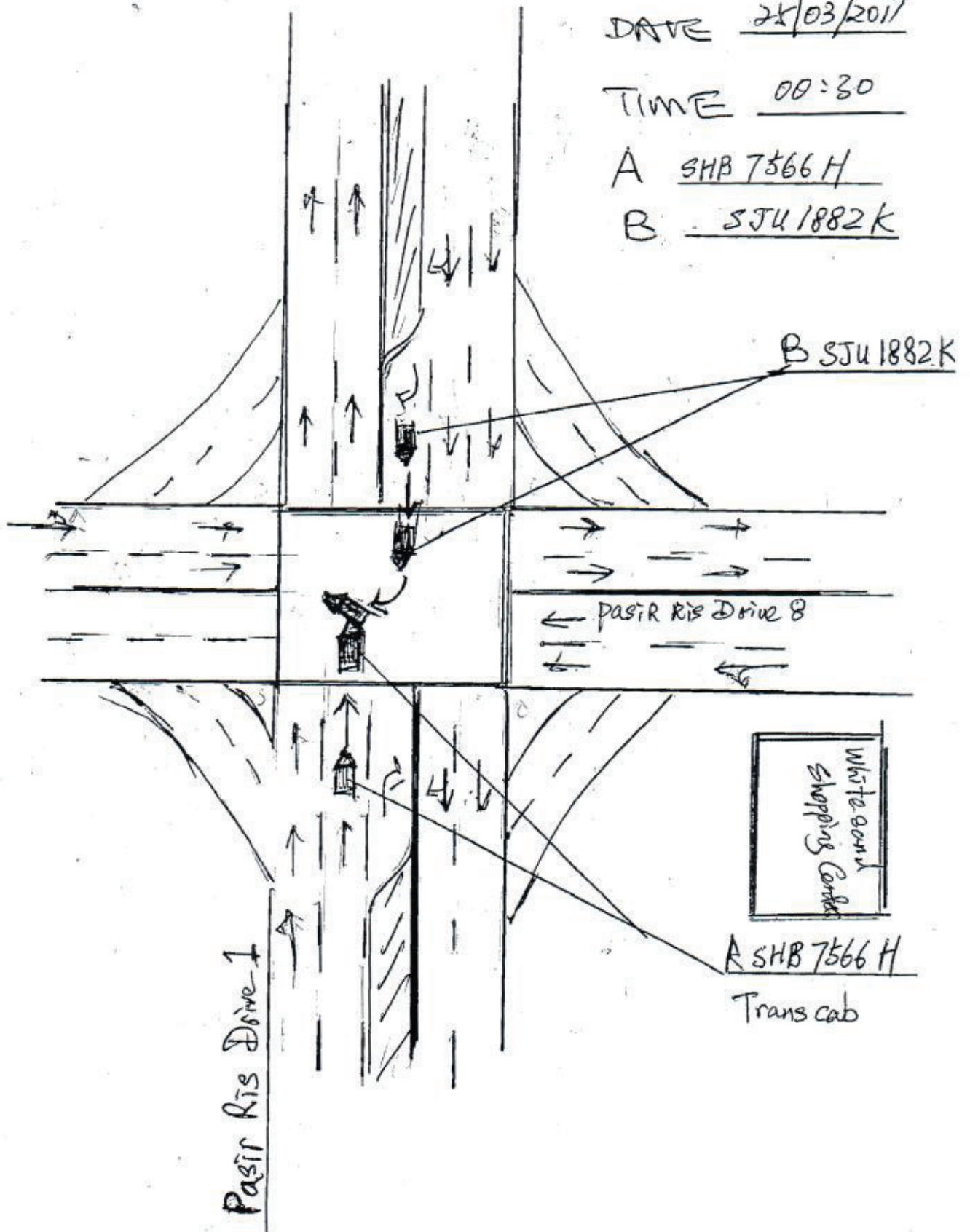
Accident Sketch Plan Pg.1

DATE 25/03/2017

TIME 00:30

A SHB 7566 H

B SJU 1882 K



POLICE REPORT Pg.1



**SINGAPORE
POLICE FORCE**



T/20170325/2073

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170325/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2017 14:17	Vide Report No.:	Station Diary No.: 60
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Informant's Particulars

Name of Informant: TAN BUCK SENG			Address: APT BLK 558 PASIR RIS STREET 51 #04-297 SINGAPORE 510558		
ID Type / ID No.: NRIC NO / S15899541			Contact No.: Home/Office: Mobile: 90118166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 09/05/1963	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

General Information				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2017 00:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7566H	Taxi				Slightly Damaged	2
SJU1882K	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT Pg.1



**SINGAPORE
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T/20170325/2073

1 of 3

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Name of Informant: TAN BUCK SENG			Address: APT BLK 558 PASIR RIS STREET 51 #04-297 SINGAPORE 510558		
ID Type / ID No.: NRIC NO / S1589954I			Contact No.: Home/Office:		

General Information of the Accident

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Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 8				
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Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
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POLICE REPORT Pg.1



**SINGAPORE
POLICE FORCE**



T/20170325/2073

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20170325/2073

CONTINUATION OF REPORT

Driver:			
Name	TAN BUCK SENG	ID No.	S1589954I
Related Vehicle	SHB7566H (Taxi)	Contact No.	90118166
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/03/2017	Date Discharge	25/03/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	MOHAMED SIDIK BIN MOHAMED ISA	ID No.	S8627199J
Related Vehicle	NIL	Contact No.	97411471
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 25/03/2017 at about 0030hours, I was driving 2 passengers to Pasir Ris st 51. I was at the junction when I saw the traffic light turn green and I proceeded forward. As I made my way towards the center of the junction, A car suddenly came from the opposite lane and I believed that he spotted me and tried to dodge but could not and skidded into my direction in a fast speed and collided into my taxi. we then exited our vehicles and made a check. the top left side of my taxi had dents, cracks and scratches. The other car has a dent on the left rear door just above the rear tire.

Both my passengers as well as me was injured. One of them injured the neck and the other was had dizziness. My left thumb was move properly and both my neck and waist was injured. No traffic police and ambulance was at scene. My in car camera was spoilt hence did not capture the incident. One of the passenger, Sandra, Hp: 97425527 is willing to become my witness. no passersby was present.



**SINGAPORE
POLICE FORCE**

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20170325/2073

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Report No. T/20170325/2073

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 / XAVIER LEE ZHENG YI <i>[Signature]</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430

Signature Of Informant: <i>[Signature]</i>
Date/Time: 25/03/2017 14:17
Classification Of Case:

Authentication Stamp NP 168	SN 163
	Signature: <i>[Signature]</i>
Singapore Police Force	

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHB7566H

Vehicle to be Exported: Yes

Intended De-registration Date: 27 Mar 2017

Vehicle Make: CHEVROLET

Vehicle Model: EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO

Primary Colour: Red

Manufacturing Year: 2011

Engine No.: Z20S1450735K

Chassis No.: KL1LA69RJB078199

Maximum Power Output: 110.0 kW (147 bhp)

Open Market Value: \$14,281.00

Original Registration Date: 20 Apr 2012

First Registration Date: 20 Apr 2012

Transfer Count: 0

Actual ARF Paid: \$14,281.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 Apr 2020

PARF Rebate Amount: \$10,710.00

Intended COE Rebate Details

COE Expiry Date: 19 Apr 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 8

PQP Paid: \$42,384.00

COE Rebate Amount: \$16,230.00

Total Rebate Amount: \$26,940.00

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 27 Mar 2017

OK

Land Transport Authority

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