

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	29/06/2020 08:53
Date Of Accident	27/06/2020 15:00
Exact Location Of Accident	CTE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD497J
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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-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	PEH ENG HUAT
NRIC No	SXXXX512A
Date Of Birth	06/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1971
Driving Experience	49 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96615405
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 35 CHAI CHEE AVENUE
#13-268
Postcode 461035
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHAI CHEE NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-445 9999 - FAX NO: 6244 4375
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200628/2036

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 SML8696Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200628/2036.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

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

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**SINGAPORE
POLICE FORCE**



T/20200628/2036

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

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Report No. T/20200628/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2020 14:06		Vide Report No.:		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: PEH ENG HUAT		Address: APT BLK 35 CHAI CHEE AVENUE #13-268 SINGAPORE 461035			
ID Type / ID No.: NRIC NO / S0777512A		Contact No.: Home/Office: Mobile: 96615405			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 67	Date of Birth: 06/03/1953	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/06/2020 15:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE Toward City before exit of Braddell Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHD497J	Car	RENAULT		Red	Seriously Damaged	0
SML8696Y	Car	KIA		Silver	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20200628/2036

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Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

Report No. T/20200628/2036

CONTINUATION OF REPORT

Driver			
Name	PEH ENG HUAT	ID No.	S0777512A
Related Vehicle	SHD497J (Car)	Contact No.	96615405
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	28/06/2020	Date Discharge	28/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 27/06/2020 at about 1500hrs, I was travelling along CTE towards City. Suddenly a vehicle in front of me make a sudden stop. I manage to brake and stop on time. However another vehicle from the rear hit the rear of my vehicle. I get out of the car to make a check and discovered that the rear was seriously damage but still able to drive.

As such I just exchange contact number and left after taking picture. Accident happen along CTE near the exit of Braddell Road before the ERP gantry. As today I felt discomfort, I went to hospital to make a check and was given 5 days MC.