

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	06/07/2020 11:25
Date Of Accident	05/07/2020 15:10
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB9800T
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	POH CHENG HER
NRIC No	SXXXX234J
Date Of Birth	18/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1989
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91898490
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 398 YISHUN RING ROAD
#12-1739
Postcode 760398
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) 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 10 UBI AVENUE 3
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , 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/20200706/7004

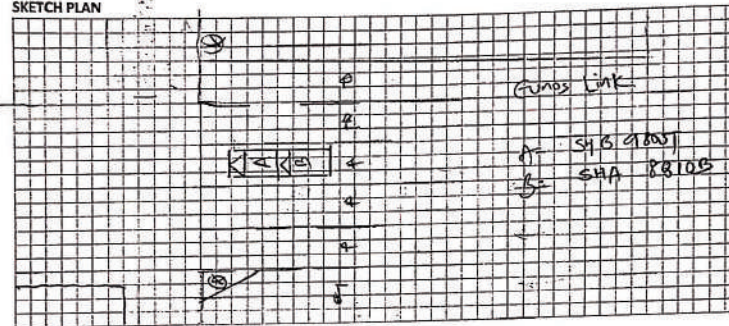
Attachment(s)

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 SHA8810B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number 96866078

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see 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.:

CIAT/ACC SketchPlanForm_V3

2



**SINGAPORE
POLICE FORCE**



T/20200706/7004

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200706/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 10:46	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars:

Name of Informant: JASON POH CHENG HER		Address: APT BLK 398 YISHUN RING ROAD #12-1739 SINGAPORE 760398	
ID Type / ID No.: NRIC NO / S1650234J		Contact No.:	Mobile: 91898490
Nationality: SINGAPORE CITIZEN		Email: jasonpohch@gmail.com	
Sex: Male	Age: 56	Date of Birth: 18/01/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2020 15:10	Type of Location: T-Junction
Location: EUNOS LINK(JUNCTION OF EUNOS LINK AND KAKI BUKIT AVE 1)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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 Passengers
SHA8810B	Car	HYUNDAI	I40	Yellow	Slightly Damaged	0
SHB9800T	Car	RENAULT	LATITUDE	Red	Slightly Damaged	1

Details of Person Involved:

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



**SINGAPORE
POLICE FORCE**



T/20200708/7004

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200708/7004

CONTINUATION OF REPORT

Driver			
Name	TAN	ID No.	NIL
Related Vehicle	SHA8810B (Car)	Contact No.	96866078
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
Driver			
Name	JASON POH CHENG HER	ID No.	S1650234J
Related Vehicle	SHB9800T (Car)	Contact No.	91898490
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/07/2020	Date Discharge	06/07/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 5/7/2020 about 1510hrs i SHB9800T was traveling along Eunos Link towards Hougang with 1 passenger onboard.I stopped at the junction of Eunos Link and Kaki Bukit Ave 1 as the light was in RED.Suddenly a great impact from behind,me and my passenger feel the impact. Hence i stepped out of my vehicle and realize that a taxi SHA8810B cannot stop on time and rear ended my vehicle rear portion. We exchange contact number and left the scenes.I checked with my passenger as she complains a bit pain on her neck and i doesn't know where the she will consult doctor later.
Today i wake up i feel my neck and back was in pain due to the impact of the accident,so i consult doctor at INTEMEDICAL 24 HR CLINIC and was given 4 days MC from 6/7/2020 to 9/7/2020.