

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	13/07/2020 09:14
Date Of Accident	11/07/2020 16:40
Exact Location Of Accident	BLK 93 HENDERSON ROAD CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD230L
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	PENG SEE KEOW
NRIC No	SXXXX374F
Date Of Birth	14/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	14/10/1950
Driving Experience	69 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94368289
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 240 LORONG 1 TOA PAYOH
#04-112
Postcode 310240
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 SIDE SWIPE
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) 3
Passenger 1 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 2 NAME: : UNKNOWN CHILD
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES N.P.C
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200712/2010

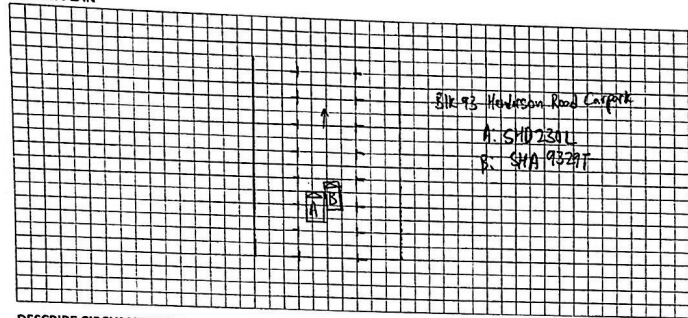
Attachment(s)

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 SHA9329T
Vehicle Make/Model/Colour CITY CAB
Details Of Properties
Vehicle Category TAXI
Name of Driver

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20200712 /2010.

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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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2020 11:10	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: PENG SEE KEOW			Address: APT BLK 240 LORONG 1 TOA PAYOH #04-112 SINGAPORE 310240	
ID Type / ID No.: NRIC NO / S2014374F			Contact No.: Home/Office: Mobile: 94368289	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 69	Date of Birth: 14/10/1950	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: 11/07/2020 16:40	Type of Location: Car Park
Location: Along Road 1 HENDERSON ROAD				
Blk 93 Henderson Road Open car park. Car park number: BMHE17				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9329T	TAXI					0
SHD230L	TAXI	RENAULT		Red	Slightly Damaged	2

Details of Person Involved

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



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200712/2010

CONTINUATION OF REPORT

Driver			
Name	PENG SEE KEOW	ID No.	S2014374F
Related Vehicle	SHD230L (TAXI)	Contact No.	94368289
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/07/2020	Date Discharge	12/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 11/07/2020 at 4.40pm. Taxi that I am driving involve in a accident at Blk 93 Henderson Road Open car park. Car park number: BMHE17. At that point of time, there is 2 passengers in my taxi.

What happen is while travelling at the open carpark and travelling in a one way road on my left. Suddenly there is a yellow in colour taxi overtake my taxi from the right and then turn left and hit my taxi front side and right front. We then went down to make a check and to report to insurance company. I then left. The driver refuse to give his particulars and I also did not give him my particulars.

On 12/07/2020, I went to clinic as I feel pain on my neck, right shoulder and was given 3 days of MC.