

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 23/07/2020 16:02
Date Of Accident 23/07/2020 11:50
Exact Location Of Accident ANG MO KIO AVENUE 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5860R
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 YONG MONG CHENG
NRIC No SXXXX140D
Date Of Birth 26/10/1968
Occupation OUTDOOR
Date Of Driving Pass 02/01/2004
Driving Experience 16 YEARS AND 6 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-98802466
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 610 ANG MO KIO AVENUE 4 #09-1245
Postcode	560610
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
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	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , 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/20200723/2066

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	SKR5710B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG LING YING
NRIC/Passport Number	SXXXX448F
Contact Number	98576536
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGP3740K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ANAND

NRIC/Passport Number

Contact Number

98569757

Address

Postcode

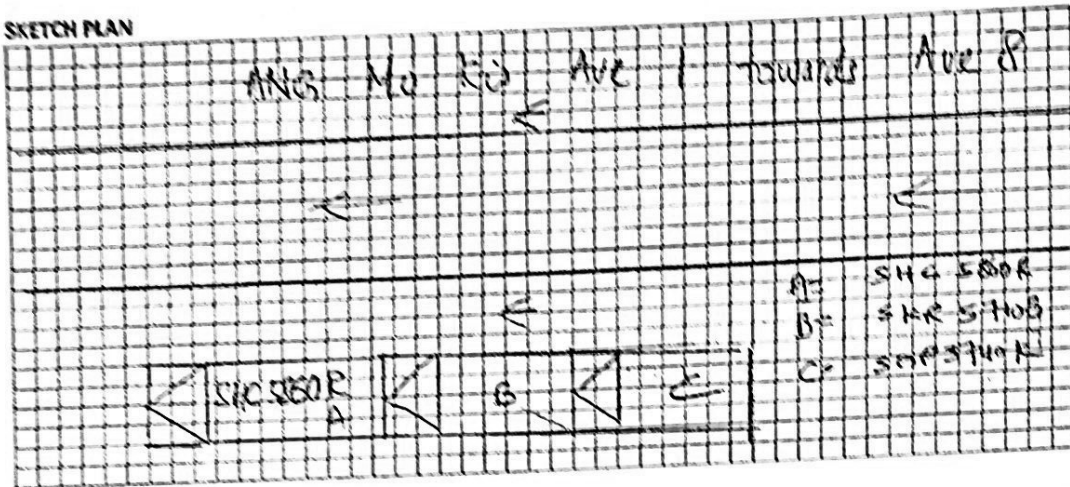
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pis see attach police report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

GIARMC SketchPlanForm_V3

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**SINGAPORE
POLICE FORCE**



T/20200723/2068

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Report No. T/20200723/2068

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4560000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2020 14:33		Video Report No.:		Station Diary No.: 11	
Name of Informant: YONG MONG CHENG			Address: APT BLK 610 ANG MO KIO AVENUE 4 #09-1245 SINGAPORE 560610		
ID Type / ID No.: NRIC NO / S6S44140D			Contact No.:		Mobile: 98802466
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 51	Date of Birth: 26/10/1968	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:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/07/2020 11:50	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 1 ANG MO KIO AVENUE 6 Along AMK ave 1 near to AMK ave 6 towards AMK ave 8				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Vehicle No.	Type	Name	Age	Sex	Damage	Passenger
SGP3740K	Car				Slightly Damaged	0
SHC5860R	Taxi				Slightly Damaged	0
SKR5710B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200723/2066

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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20200723/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Anand	ID No.	NIL
Related Vehicle	SGP3740K (Car)	Contact No.	98569757
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	YONG MONG CHENG	ID No.	S6844140D
Related Vehicle	SHC5860R (Taxi)	Contact No.	98802466
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Chong Ling Ying	ID No.	S9048448F
Related Vehicle	SKR5710B (Car)	Contact No.	98576536
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 23/07/2020 at about 1150hrs, I was driving along AMK Ave 1 towards AMK Ave 8 in my company's taxi bearing SHC5860R. I was driving on the most left lane at about less than 50Km/hrs. I saw a female passenger standing at the roadside waving for my taxi. I then signaled left with the intention to stop my vehicle. I then saw a vehicle at my rear (SKR5710B) was very near to my vehicle, as such I stopped my vehicle beyond my passenger about 10M away from her.

As my vehicle came to a complete stop, about 2 seconds later, I felt an impact coming from the rear. I came down to make a checked and discovered it to be a chained - accident involving 3 vehicles. I