

## 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 24/09/2020 13:26  
Date Of Accident 24/09/2020 11:20  
Exact Location Of Accident OUTRAM ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD363L  
**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/P2348706  
Cover Note Number

### Driver

Name of Driver CHU CHI SHING DANNY  
NRIC No SXXXX012J  
Date Of Birth 07/07/1965  
Occupation OUTDOOR  
Date Of Driving Pass 30/08/2006  
Driving Experience 14 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-90306548  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 441A CLEMENTI AVENUE 3  
#38-01  
Postcode 121441  
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) 2  
Passenger 1 NAME: REGINA - 94577464  
GENDER: FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200924/2092

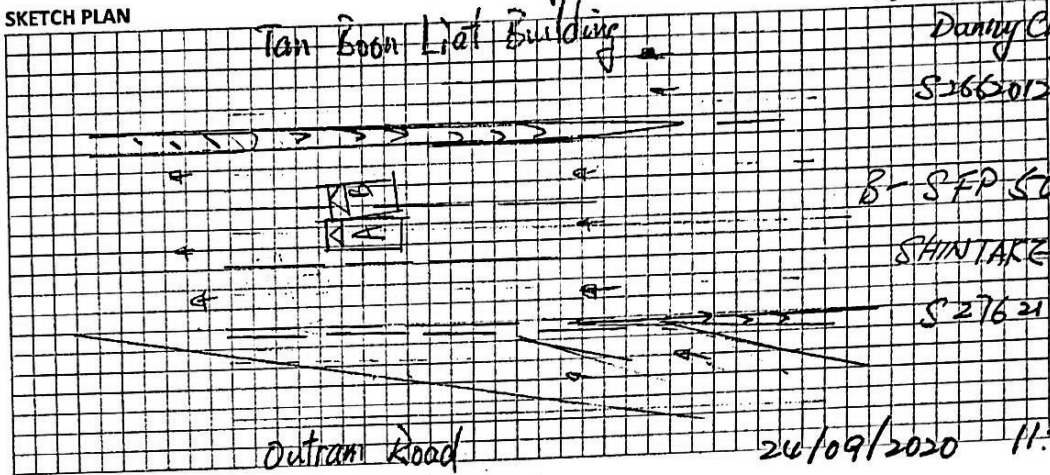
#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: FILE TOO BIG  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFP50A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SHINTAKE TAKAE  
NRIC/Passport Number SXXXX178C

SKETCH PLAN



A-SHD363L

Danny Chiu Chi Shing

S2662012J

B-SFP50A

SHINTAKE TAKAI

S2762178C

Outram Road

26/09/2020 11:20 AM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

plc see attach police report

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.:



**SINGAPORE  
POLICE FORCE**



T/20200924/2092

1 of 4

Report No. T/20200924/2092

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2020 16:46	Vide Report No.:	Station Diary No.: 58
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHU CHI SHING DANNY		Address: APT BLK 441A CLEMENTI AVENUE 3 #38-01 SINGAPORE 121441	
ID Type / ID No.: NRIC NO / S2662012J		Contact No.: Home/Office:	Mobile: 90306548
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 07/07/1965	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: 24/09/2020 11:20	Type of Location: Straight Road
Location: OUTRAM ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SFP50A	Car	TOYOTA	RAV4 2.0 PREMIUM SUV (AUTO)(2W)	Blue		0
SHD363L	Motor-Taxi	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		1

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200924/2092

2 of 4

Report No. T/20200924/2092

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	SHINTAKE TAKAE	ID No.	S2762178C
Related Vehicle	SFP50A (Car)	Contact No.	98308654
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
<b>Driver</b>			
Name	CHU CHI SHING DANNY	ID No.	S2662012J
Related Vehicle	SHD363L (Motor-Taxi)	Contact No.	90306548
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2020	Date Discharge	24/09/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	REGINA	ID No.	NIL
Related Vehicle	SHD363L (Motor-Taxi)	Contact No.	94577464
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.

I inside Lane 4, she stay in Lane 3 suddenly she turn to hit my car and she didn't stop her car. She stop at the traffic light then I tell her that her car hit my car. She deny hitting my car. There were visible damage on her front left bumper and on my driver's door area. My car is installed with driving recorder, front-and-back. I did not notice if her car is installed with driving recorder or not or whether there is any LTA/Police camera(s) overlooking the accident location or not. At the accident location, she never tell me if she got injured or not. My passenger also told me that she was not injured. For myself, I was already experiencing some pain on my rear right neck, right shoulder, right back area but it was tolerable. It was only after my Company advised me to seek Doctor consultation that I went to see a Doctor for my



**SINGAPORE  
POLICE FORCE**



T/20200924/2092

3 of 4

Report No. T/20200924/2092

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

**CONTINUATION OF REPORT**

body pain. On the same day I sought outpatient treatment at MOUNT ALVRNIA HOSPITAL' A&E and was given 5-days MC for my injuries.