

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	16/10/2020 09:54
Date Of Accident	15/10/2020 15:30
Exact Location Of Accident	BLK 37 TABAN GARDEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD660D
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	YEO KIM HOO
NRIC No	SXXXX396G
Date Of Birth	16/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1974
Driving Experience	46 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88098339
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 691A WOODLANDS DRIVE 73 #02-19
Postcode	731691
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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 : F/20201016/2017

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	YP9617G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUGANE S/O RAJAKRISHNAN
NRIC/Passport Number	SXXXX669D
Contact Number	92382219
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

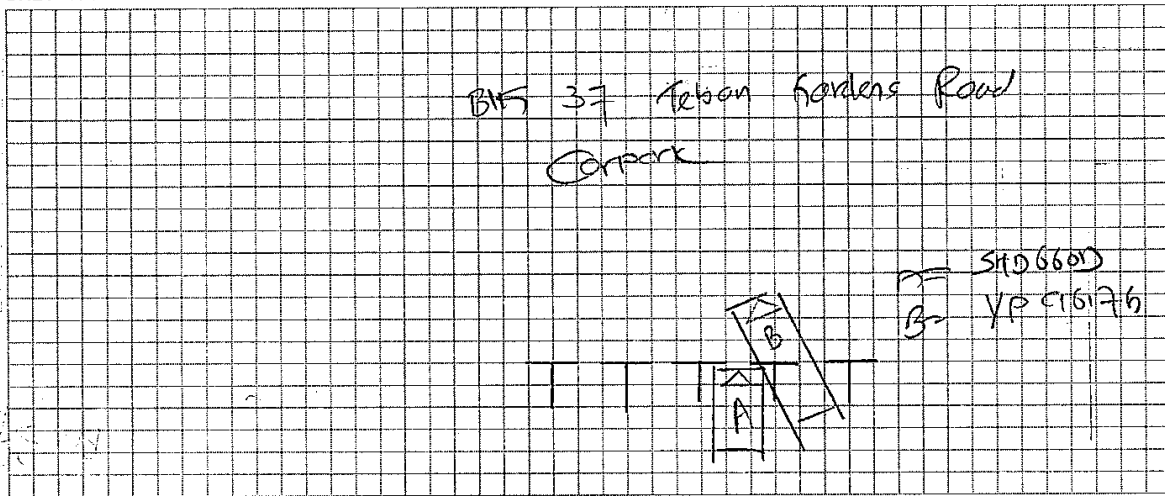
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach 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.:



**SINGAPORE
POLICE FORCE**



F/20201016/2017

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POLICE REPORT (NP299)

Report No. F/20201016/2017

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

Date/Time Report Made 16/10/2020 11:33	Vide Report No.	Station Diary No. 14
Name Of Informant YEO KIM HOO	Address APT BLK 691A WOODLANDS DRIVE 73 #02-19 SINGAPORE 731691	
ID Type / ID No. NRIC NO / S1216396G	Contact No. Home/Office Mobile 88098339	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 64
Institution/School Name	Date of Birth 16/11/1955	Race Chinese
Date/Time Of Incident 15/10/2020 15:30	Location Of Incident APT BLK 37 TEBAN GARDENS ROAD HDB-JURONG EAST SINGAPORE 600037 OPEN SPACE CARPARK LOT NUMBER 139	

Brief details.

On 15/10/2020 at about 1400hrs, I have parked my Transcab taxi of car plate number SHD660D at Blk 37 Teban Garden open space carpark. At about 1730hrs, I came back to my vehicle and realized that my vehicle front bumper was seriously damaged. I contacted my company Transcab and they arrange for tow truck to come and tow my vehicle.

Signature Of Officer Recording The Report: F / Sgt 3 CHUA KAI LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2020 11:33
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62181343	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20201016/2017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201016/2017

I went back home and watched the video from my in car camera. I realized that the damage was done by a lorry of car plate number YP9617G at about 1530hrs. I also realized from the video that the said driver had left a note on my vehicle however I did not see the note upon my return to the vehicle. I contacted the said company, Foster Asia Pacific Pte Ltd and manage to trace the driver to Sugane S/O Rajakrishnan, S6844669D, HP: 92382219. He also told me that he had left a note.

We have decided to settle the issue via insurance claim. I wish to state that no one was injured. I am lodging this report for my own insurance action.

Signature Of Officer Recording The Report: F / Sgt 3 CHUA KAI LING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2020 11:33
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 62181343	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

