

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	09/11/2020 21:03
Date Of Accident	09/11/2020 15:30
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD23T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident	HIRE & 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	NA

Driver

Name of Driver	SIM KAY HUA
NRIC No	S1527699A
Date Of Birth	12/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/06/1984
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92778367
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NA
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	5
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: : LINCY HENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BUKIT PANJANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TPOLICE REPORT

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 Witness 1

Name	LINCY HENG
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5276C
Vehicle Make/Model/Colour	RENAULT / LATITUDE 2.0L DCI AUTO D/AB 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG CHENG SIONG
NRIC/Passport Number	S1724375F
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLH2561A
Vehicle Make/Model/Colour HONDA / STREAM 1.8X A
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBA9623D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TAN BAK SIAH
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBH6092D
Vehicle Make/Model/Colour TOYOTA / HIACE DX 2.8 AUTO
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD23T

Were seat belts worn?

YES

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
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.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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 #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

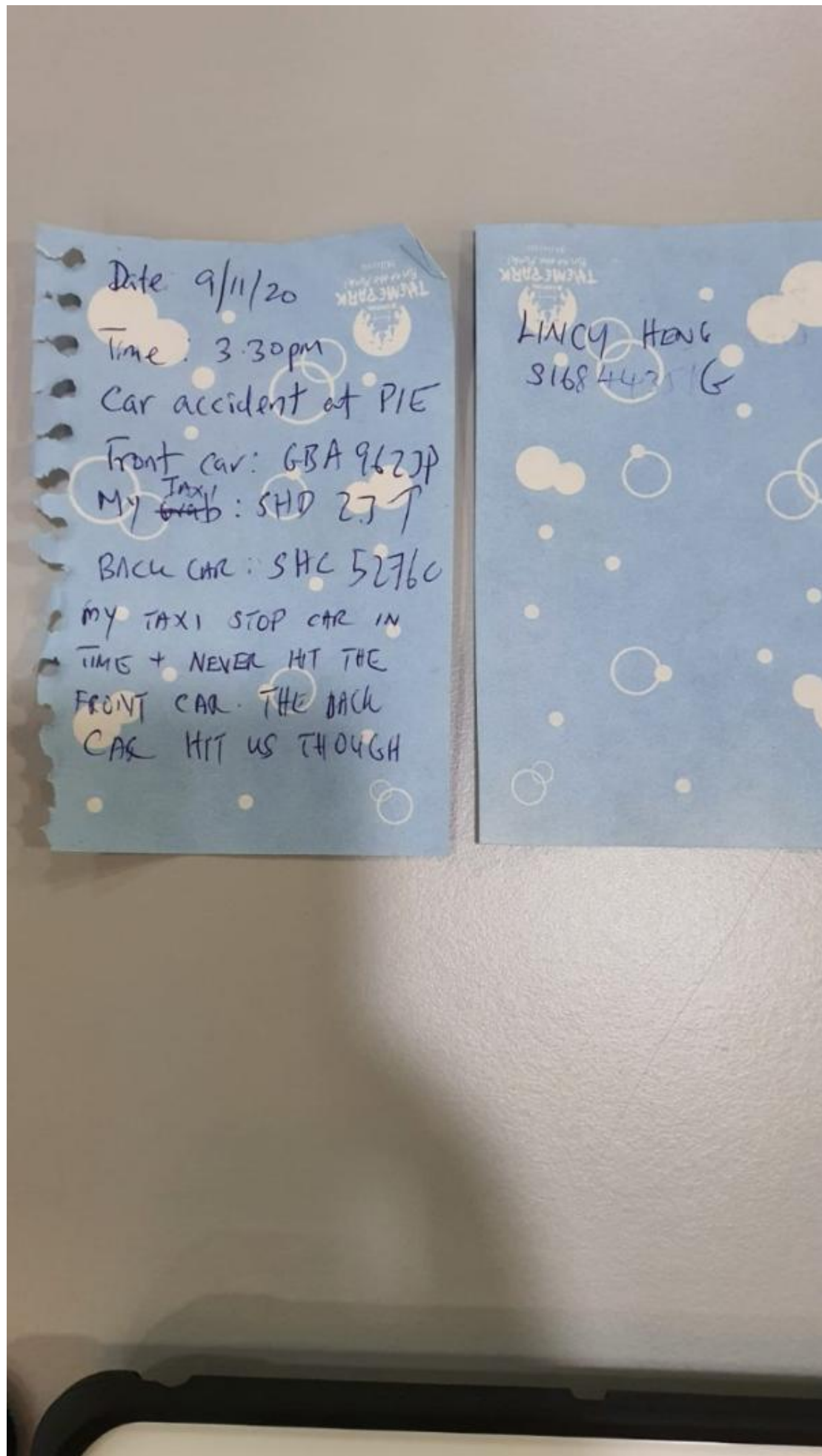
VICTOR ANG

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement



Date 9/11/20

Time: 3:30pm

Car accident at PIE

Front car: GBA 962JP


My ^{Taxi} ~~Grab~~: SHD 27T

BACK CAR: SHC 52760


MY TAXI STOP CAR IN
TIME + NEVER HIT THE
FRONT CAR. THE BACK
CAR HIT US THOUGH

LINCY HENG
8168 442516

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201110/2108

1 of 4

Report No. T/20201110/2108

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No. 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2020 17:03	Vide Report No.: T/20201110/2058	Station Diary No.: 68
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Informant's Particulars

Name of Informant: SIM KAY HUA		Address: APT BLK 2 HOLLAND AVENUE #06-100 SINGAPORE 271002	
ID Type / ID No.: NRIC NO / S1527699A		Contact No.: Home/Office: Mobile: 92778367	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 12/12/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3, 4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2020 15:30	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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 Passenger
GBA9623P	Van				Seriously Damaged	0
GBH6092D	Van				Seriously Damaged	0
SHC5276C	Car				Seriously Damaged	0
SHD23T	Car				Seriously Damaged	1
SLH2561A	Car				Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

T/20201110/2108
2 of 4
Report No. T/20201110/2108

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM KAY HUA	ID No.	S1527699A
Related Vehicle	SHD23T (Car)	Contact No.	92778367
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	10/11/2020	Date Discharge	10/11/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	LINCY HENG	ID No.	S1684435G
Related Vehicle	SHD23T (Car)	Contact No.	82331793
Hospital/Clinic	DA CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/11/2020	Date Discharge	09/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 09/11/2020 at about 1530hrs, I was driving my taxi (SHD23T) along CTE towards PIE and I saw that there was an accident just ahead and I emergency braked before colliding in to the rear of the van (GBA 9623P) involved in another accident in front of my taxi. Just as I was about to turn out suddenly a red taxi (SHC5276C) collided in to my rear resulting the impact that caused my taxi to shift forward and hit the rear of the van (GBA9623P). There was another red car (SLH2561A) that hit the car behind me therefore resulting the car behind me to collide in to my rear and hence my car collided in to the van in front. The vehicles involved in the accident are as follows.

Vehicle 1 (Van)
Toyota Van GBH6092D

Vehicle 2 (Van)
Toyota Van GBA9623P

Vehicle 3 (Taxi)
Red Transcab SHD23T

Vehicle 4 (Taxi)
Red Transcab SHC5276C

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201110/2108

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No: T/20201110/2108

CONTINUATION OF REPORT

Vehicle 5 (Car)
Honda Stream SLH2561A

My passenger details is as follows :

Name : Lincy Heng
NRIC : S1684435G
HP : 82331793

I then check to see if my passenger was injured. My passenger had told me that her head was swollen and I told her that I will send her to the nearest hospital. After awhile without my acknowledgement an accident and claims specialist from the company (RICO60 Auto Services) asked her to get in to his car and they drove off after therefore I do not know where did he take her to. I had then contacted my passenger and she told me that she had see a doctor and have gotten 03 days mc plus she had also made a police report. I had suffered from neck and shoulder muscle injuries and I have also seen a doctor and was given 05 days mc.

I am unsure of the parties involved in this accident if they have any passengers or have suffered any injuries.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8829999



T/20201110/2108

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Report No: T/20201110/2108

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474855 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 1 YAP YU PENG

Signature Of Interpreter:

Not applicable

Officer in Charge Of Case

TP / AEIT /

Insp BOON YEN KIAN EVE

Contact No.: 65476172

Authentication Stamp

Serial

Signature Of Informant:

Date/Time:

10/11/2020 17:03

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

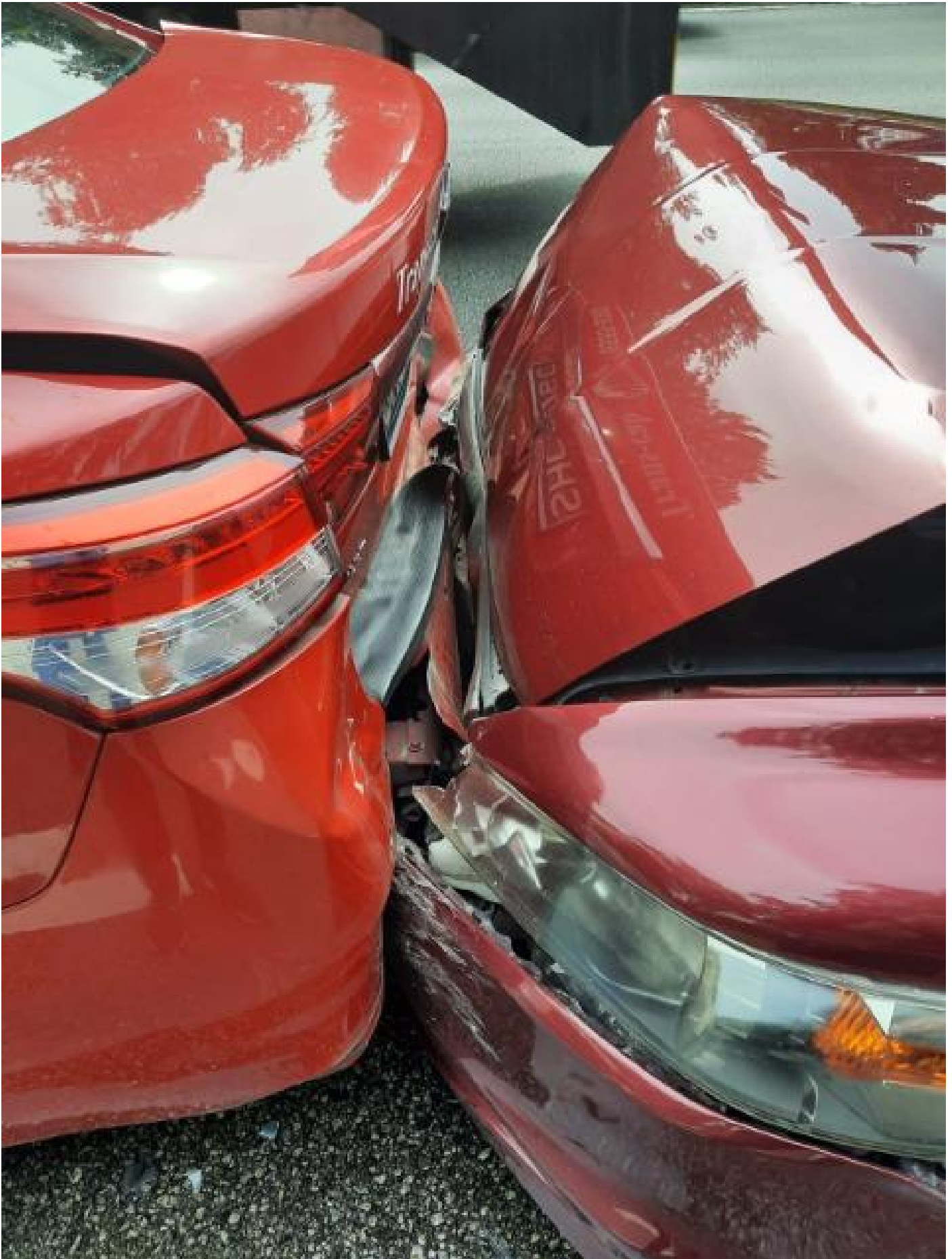


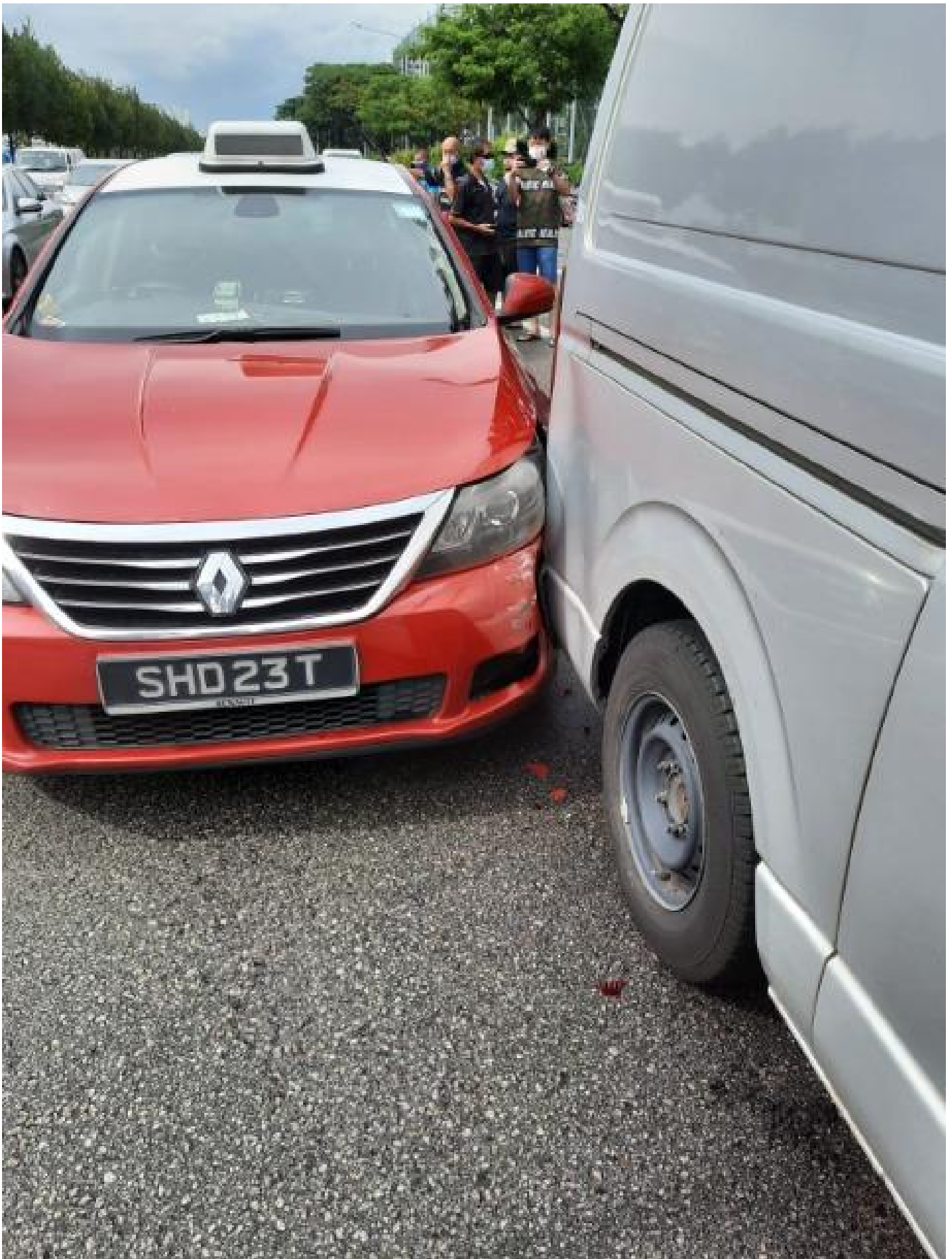
Accident Photo



PICS BY DRIVER









PICS BY DRIVER



PICS BY DRIVER





PICS BY DRIVER



PICS BY DRIVER



PICS BY DRIVER





Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20099157 Vehicle Registration No: SHD23T
Name (as shown in NRIC) : SIM KAY HUA NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 92778367
Email Address :
Date of Accident : 09/11/2020 Time of Accident : 15:30
Place of Accident : CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Insurance Company : AXA INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1- RE-ATTACH POLICE REPORT

Policyholder / Driver's Signature
Date:

SHAZZLIN

Reporting Centre Personnel's Signature
Name: SHAZZLIN
NRIC/FIN No.:
Date: 10/11/2020