

## 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             | 16/11/2020 09:33              |
| Date Of Accident           | 15/11/2020 22:30              |
| Exact Location Of Accident | BRADDELL ROAD EXITED FROM CTE |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD401K                    |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | TRANS-CAB SERVICES PTE LTD |
| Co Reg No                   | 2XXXXXX78K                 |
| Email Address               | CLAIMS@TRANSCAB.COM        |
| 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         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHUNG WOON CHIP       |
| NRIC No              | SXXXX692D             |
| Date Of Birth        | 07/12/1957            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 13/09/1979            |
| Driving Experience   | 41 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96758392  |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### 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)   | 1   |

#### Details of Police Action

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

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT.

#### Attachment(s)

|   |          |
|---|----------|
| Are accident photos available for attachment? | YES      |
| Was there any video captured by Car Camera?   | YES      |
| Remarks/ Reasons:                             | UPLOADED |
| Was there any audio recorded?                 | NO       |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                     |
|-------------------------------------|---------------------|
| Vehicle Registration Number         | SLE6777J            |
| Vehicle Make/Model/Colour           | KIA / FORTE K3 1.6A |
| Details Of Properties               |                     |
| Vehicle Category                    | PRIVATE CAR         |
| Name of Driver                      | LIM CHONG THYE      |
| NRIC/Passport Number                | SXXXX073B           |
| Contact Number                      | 83283798            |
| Address                             |                     |
| Postcode                            |                     |
| Insurance Company Name              |                     |
| Nature Of Damage                    |                     |
| No. Of Passenger (Including Driver) |                     |

**DETAILS OF INJURED PERSON 1**

|   |                 |
|---|-----------------|
| Name  | CHUNG WOON CHIP |
| Approximate Age                                     |                 |
| Injuries Sustain                                    |                 |
| Injured person in which vehicle?                    | SHD401K         |
| Were seat belts worn?                               | YES             |
| Was this injured conveyed to hospital by ambulance? | NO              |
| Address   |                 |
| Postcode  |                 |

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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6. The 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 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**  
**WONG JUN KEAT**

\_\_\_\_\_  
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.:

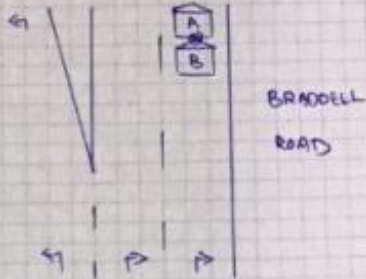
16/11/2020

## Sketch Plan #2

SKETCH PLAN

A. SHD401K

B. SLE6777J



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  
WONG JUN KEAT

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

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20201116/2005

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20201116/2005

## REPORT OF A TRAFFIC ACCIDENT

|  |            |  |                              |                          |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made:<br>16/11/2020 01:49 |            | Vide Report No.:   |                              | Station Diary No.:<br>19 |
| <b>Informant's Particulars</b>             |            |  |                              |                          |
| Name of Informant:<br>CHUNG WOON CHIP      |            | Address:<br>APT BLK 275C COMPASSVALE LINK #03-218 SINGAPORE 543275 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S1273692D   |            | Contact No.:<br>Home/Office: Mobile: 96758392                      |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                          |
| Sex:<br>Male                               | Age:<br>62 | Date of Birth:<br>07/12/1957                                       | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:  | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                              |                          |

## General information of the Accident

|  |                  |   |  |                                     |
|--|------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>15/11/2020 22:30 | Type of Location:<br>X-Junction     |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |   |  |                                     |
| Weather:<br>Heavy rain                                       |                  | Road Surface:<br>Wet                        |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make    | Model                           | Color | Condition        | No of Passenger |
|-------------|------|---------|---------------------------------|-------|------------------|-----------------|
| SHD401K     | Car  | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red   | Slightly Damaged | 0               |
| SLE6777J    | Car  | KIA     | FORTE K3 1.6A                   | White | Slightly Damaged | 0               |



# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20201116/2005

2 of 3

Report No. T/20201116/2005

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

|                                   |                         |  |                                 |
|-----------------------------------|-------------------------|--|---------------------------------|
| <b>Details of Person Involved</b> |                         |  |                                 |
| Any Pedestrian Involved: No       |                         |  |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                 |
| <b>Driver</b>                     |                         |  |                                 |
| Name                              | CHUNG WOON CHIP         | ID No.                                 | S1273692D                       |
| Related Vehicle                   | SHD401K (Car)           | Contact No.                            | 96758392                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 16/11/2020              | Date Discharge                         | 16/11/2020                      |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                          |

## Brief Details.

On 15/11/2020 at about 2230hrs, I was driving my taxi (registration number: SHD401K) along CTE towards SLE and exited at Braddell Road (Upper Serangoon Road). I then stopped along Braddell Road (Upper Serangoon Road) as the traffic light was red. Out of a sudden, I felt an impact from the rear as such I applied brakes and stopped the car. I then alighted to make a check. The other vehicle (registration number: SLE6777J) had collided into the rear of my taxi. I then exchanged particulars with the other driver (Lim Chong Thye, S8116073B, C/N: 83283798) and my friend who had driven to the location assisted to take photos of both cars for me. Due to the collision, my vehicle had crack at the rear bumper area. The other car had cracks on the front bumper area, grilles and driver's side headlight. Subsequently, I drove home and felt pain at my neck and lower back area as such I decided to go to Mount Alvernia Hospital to see a doctor. I was then given 3 days of medical leave. There is in-car camera installed in my taxi and was recording during the incident.

I am lodging a report for insurance claims purpose.

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20201116/2005

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20201116/2005

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 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 ESTHER CLARE KOH MEI CHIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2020 01:49

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN EVE

Contact No.: 65476172

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 168

Authentication Stamp

NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo













