

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 ability.
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 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	30/03/2017 16:43
Date Of Accident	29/03/2017 18:50
Exact Location Of Accident	Nicoll Highway
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD899H
-----------------------------	---------

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-62876666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MB E 220 BLUE TEC
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	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	HO KOK KONG
NRIC No	S1455105J
Date Of Birth	25/08/1960
Occupation	Outdoor
Date Of Driving Pass	21/09/1981
Driving Experience	35 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-97564688
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 422 CHOA CHU KANG AVENUE 4 #15-242
Postcode	680422
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	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
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)	3

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Address	ROAD: 1 Duke Road , POSTCODE: 268914 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

Please refer to Police Report - T/20170330/2105

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	SJC1685H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	HO KOK KONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD899H
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	
Postcode	

Sketch Plan Pg.1

SKETCH PLAN

IMPORTANT NOTICE

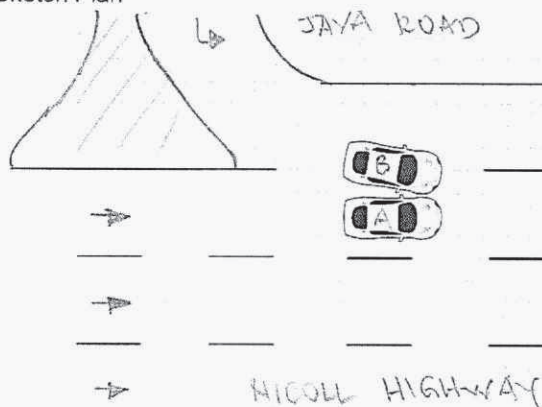
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SH899H

B: SC1685H

Describe Circumstances of the Accident

PLS REFER TO 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

Witnessed by Reporting Centre
Personnel

Police Report Pg.1



**SINGAPORE
POLICE FORCE**



T/20170330/2105

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20170330/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2017 15:54	Vide Report No.:	Station Diary No.: 62
--	------------------	--------------------------

Informant's Particulars

Name of Informant: HO KOK KONG			Address: APT BLK 422 CHOA CHU KANG AVENUE 4 #15-242 SINGAPORE 680422		
ID Type / ID No.: NRIC NO / S1455105J			Contact No.: Home/Office: Mobile: 97564688		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 25/08/1960	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2017 18:50	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY Nicoll Highway Towards KPE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
SHD899H	Car	MERCEDES BENZ		White	Slightly Damaged	2
SJC1685H	Car			Grey		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20170330/2105

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20170330/2105

CONTINUATION OF REPORT

Driver			
Name	HO KOK KONG	ID No.	S1455105J
Related Vehicle	SHD899H (Car)	Contact No.	97564688
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/03/2017	Date Discharge	30/03/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 29/03/2017 at about 1850hrs, I was driving my car (SHD 899H) along Nicoll Highway towards KPE. I was on the outmost left lane. While driving, another car (SJC 1685H) turn out from slip road of Java road to Nicoll highway. The driver did not wait for the major road, left lane, to be cleared before merging. While I was driving, he merged into Nicoll Highway without checking his blind spot. As such his car collided into my car's left side. I then horn the driver to stop however he continued to drive away. The driver was busy talking to the front passenger. I only managed to get his vehicle number. My car's left bonnet was dented and the paint chipped off. I also suffered sniff neck and arms and swollen left ankle due to the impact. Subsequently I went to the hospital and was given 5days outpatient sick leave. I am not sure about the damages on his car.

I have a car camera but I need to check whether the incident is recorded. I will be reporting this matter to my insurance as well. I am lodging this report for police to take action against the driver.



**SINGAPORE
POLICE FORCE**



T/20170330/2105

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

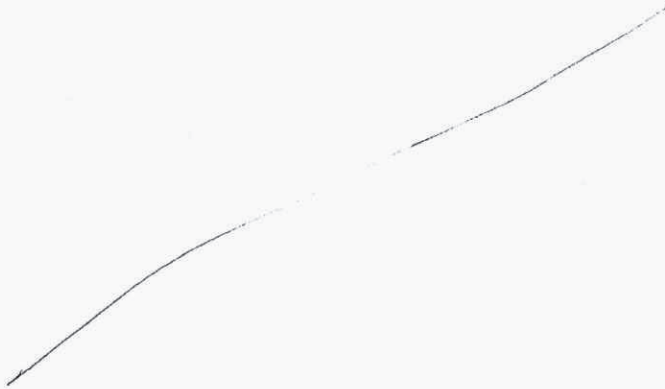
3 of 3

Report No. T/20170330/2105



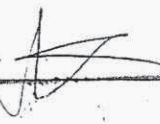
CONTINUATION OF REPORT

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 YUVARANI D/O MAHENDRAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2017 15:54
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215	SN 170 Classification Of Case: 
Authentication Stamp NP168	