

# 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 Submission ..... 11/12/2020 16:17 (SGT)  
Date of Accident ..... 11/12/2020 07:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE (CTE-CITY) BEFORE MANDAI AVE EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5767C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS-CAB SERVICES PTE LTD  
Company Reg No ..... 200303878K  
Email Address ..... Claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-62866666  
Alternative Phone No ..... (Office) +65-62866666

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... PRIUS 5DR HATCHBACK (AUTO)  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Taxi

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2348706  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YING TECK WAH  
NRIC No ..... S7232517F  
Date Of Birth ..... 09/09/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/10/1992
Driving experience .....	28 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92277293
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	NA
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MR RUBAH
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG SLE TOWARDS CTE . WHEN I SAW VEHICLE C IN FRONT OF MY VEHICLE SUDDENLY JAM BRAKE . I STOPPED IN TIME BUT VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C . TOTAL 5 VEHICLES INVOLVED . I WILL SEE DOCTOR LATER .

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKK6546P
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	5 2.0L SP 5EAT ABS D/AB 2WD 5DR SR
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BOND HSIAO CHING LEE
Passport No/FIN .....	G3048044P
Contact Number .....	(Phone) +65-91693016
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJK3074R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SGL1085C
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SJH9205G
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Lancer
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... MR RUBAH  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SHC5767C  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN****IMPORTANT NOTICE**

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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  
WONG JUN KEAT**



Policyholder's Signature  
Date & Time:

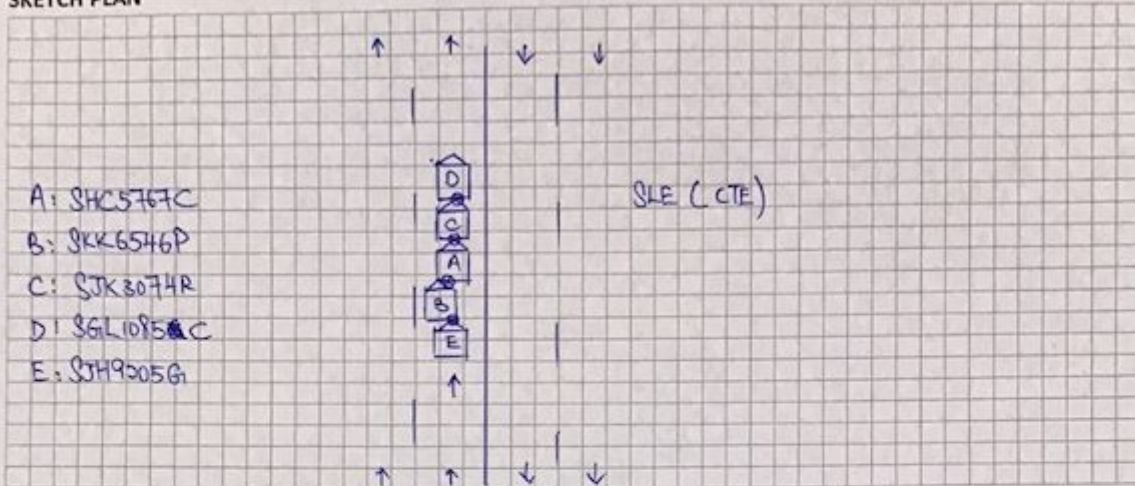
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

11/12/2020



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  
WONG JUN KEAT

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

**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG SLE TOWARDS CTE . WHEN I SAW VEHICLE C IN FRONT OF MY VEHICLE SUDDENLY JAM BRAKE . I STOPPED IN TIME BUT VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE AND MY VEHICLE HIT ONTO VEHICLE C . TOTAL 5 VEHICLES INVOLVED . I WILL SEE DOCTOR LATER .


Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 December 2020 at 9:44 AM

Date/Time:

11 December 2020 at 9:44 AM

























































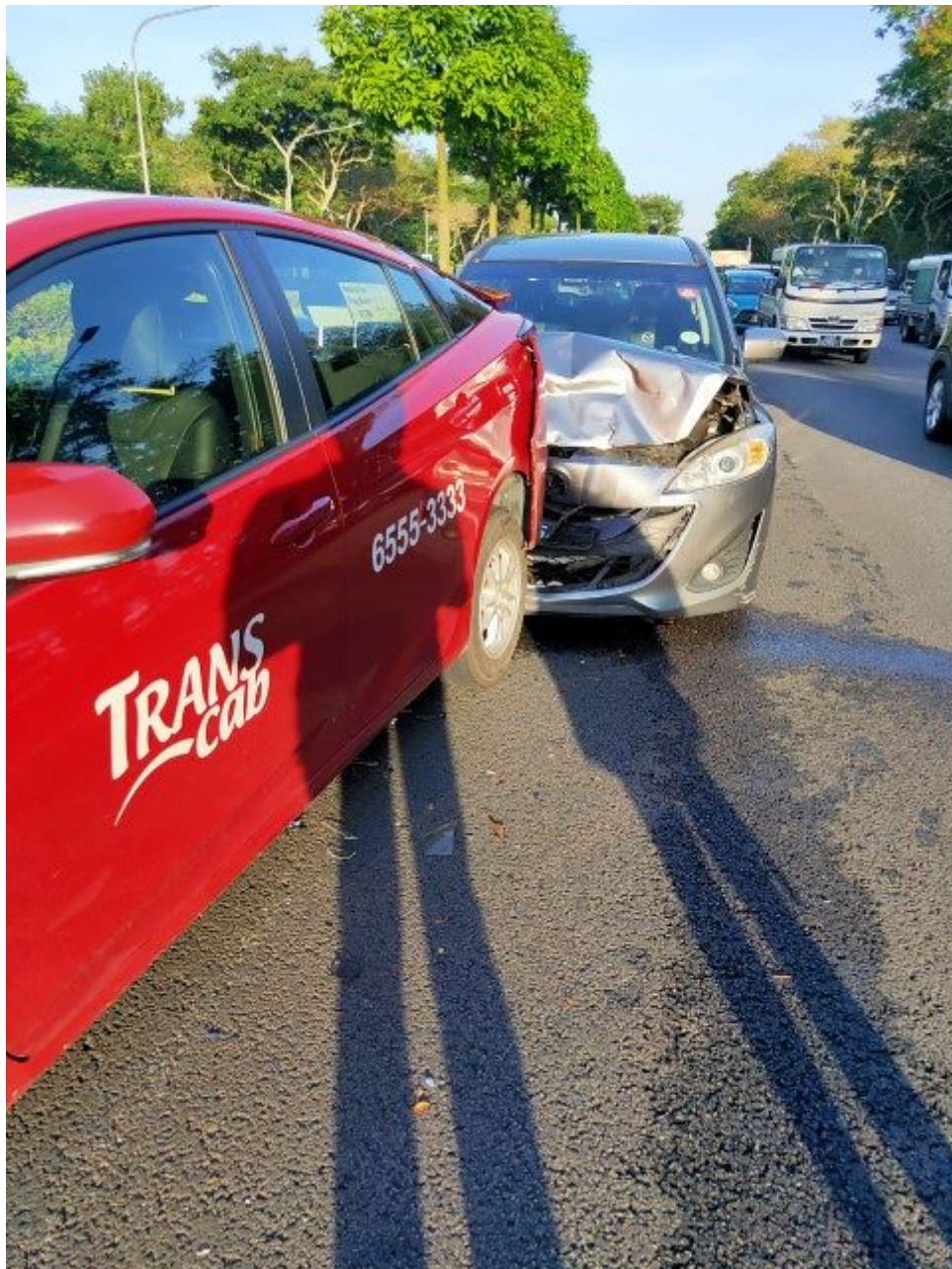






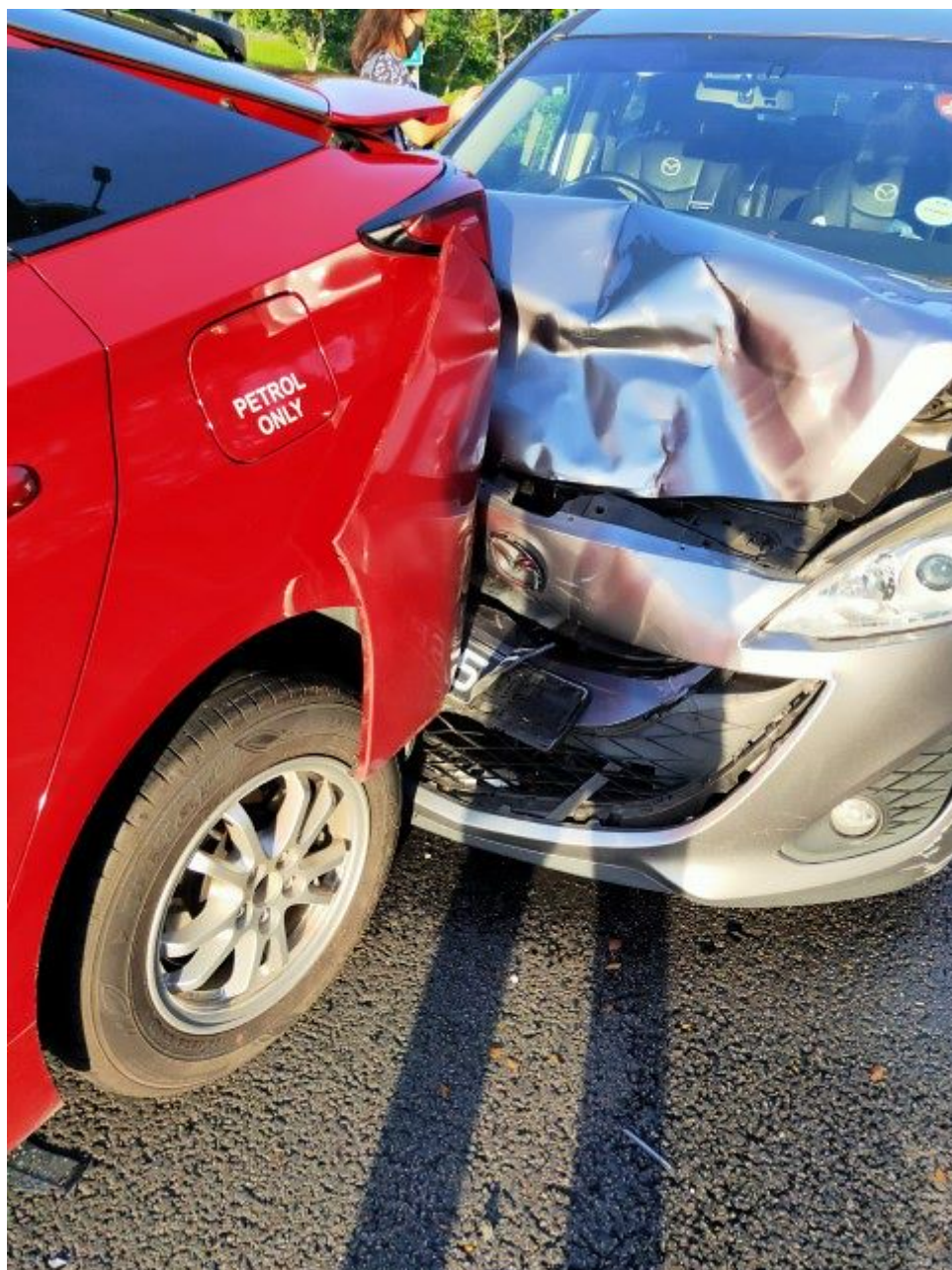















**SINGAPORE  
POLICE FORCE**


T/20201211/2067

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

1 of 4

Report No. T/20201211/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2020 14:45	Vide Report No.:	Station Diary No.: 44
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**Informant's Particulars**

Name of Informant: YING TECK WAH			Address: APT BLK 341B SEMBAWANG CLOSE #05-39 SINGAPORE 752341	
ID Type / ID No.: NRIC NO / S7232517F			Contact No.:	Mobile: 92277293
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 48	Date of Birth: 09/09/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2020 07:45	Type of Location: Sraight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		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
SGL1085C	Car	HONDA	VEZEL	White	Slightly Damaged	0
SHC5767C	Car	TOYOTA	PRIUS	Red	Seriously Damaged	1
SJH9205G	Car	MITSUBISHI	LANCER	Silver	Slightly Damaged	0
SJK3074R	Car	TOYOTA	WISH	White	Slightly Damaged	0
SKK6546P	Car	MAZDA	5	Silver	Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20201211/2067

2 of 4

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20201211/2067

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	RUBAN SUBRAMANIAM	ID No.	G2498492W
Related Vehicle	SHC5767C (Car)	Contact No.	83500387
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
Driver			
Name	YING TECK WAH	ID No.	S7232517F
Related Vehicle	SHC5767C (Car)	Contact No.	92277293
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	11/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	WOO MUNG CHIEW	ID No.	S7873416G
Related Vehicle	SJH9205G (Car)	Contact No.	NIL
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



**SINGAPORE  
POLICE FORCE**



T/20201211/2067

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20201211/2067



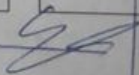
**CONTINUATION OF REPORT**

Driver			
Name	BOND HSIAO CHING		ID No. G3048044P
Related Vehicle	SKK6546P (Car)		Contact No. 91093016
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.**

On the 11/12/2020 at about 0745hrs, I was driving along SLE towards CTE before Mandai Ave exit. I was driving on the first lane when the car ahead of me slowed down and came to a complete stop. When I spotted the car slowing down and stopping, I slowed down my vehicle and came to a complete stop. After stopping, I felt an impact coming from the rear of my car. My car moved forward and hit onto the car that was ahead of me due to the impact. I then check on the well being of my passenger, he complained of feeling some pain on his head. I called for the ambulance. The ambulance made a check on my passenger and he does not require conveyance to the hospital.

I made a check on the damage of my car and took down the details of the driver that is involve in the accident.

 <b>SINGAPORE POLICE FORCE</b>	 T/20201211/2067
Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999	4 of 4 Report No. T/20201211/2067
<b>CONTINUATION OF REPORT</b>	
<b>Sketch Plan</b> Informant is not able to provide sketch plan	
<p>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 <u>report number</u> as reference.</p>	
Signature Of Officer Recording The Report: L / Sgt 2 ELFY TARMYZY BIN YOSREY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2020 14:45
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	SN 085
Signature: 	
Singapore Police Force	





**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: S66550020G / 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 : SA0A20CB0002 Vehicle Registration No: SHC5767C  
Name (as shown in NRIC) : YING TECK WAH NRIC/FIN/Passport No :  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Singapore ( )  
Contact (Tel) : Mobile No. : 92277293  
Email Address :  
Date of Accident : 11/12/2020 Time of Accident : 07:45hrs  
Place of Accident : SLE (CTE-CITY) BEFORE MANDAI AVE EXIT  
Insurance Company : Axa

**(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:

ATTACH POLICE REPORT

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

MEILIN CHAI  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: G7422715K  
Date: 11 DEC 2020