

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 17/12/2020 17:56 (SGT)
Date of Accident 17/12/2020 08:25 (SGT)
Exact Location of Accident 590 Ang Mo Kio Street 51, Singapore
Additional Location Information ALONG ANG MO KIO ST 51 TOWARDS ANG MO KIO AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD15S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXX878K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-62866666
Alternative Phone No (Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer Renault
Model Latitude
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 NA

DRIVER

Name of Driver LIO KOON MENG
NRIC No SXXXX585G
Date Of Birth 12/07/1965
Occupation Outdoor

Date Of Driving Pass	13/09/1985
Driving experience	35 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96900474
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	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Female

PASSENGER 3

Name	PASSENGER 3
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 SHA4414M
Vehicle Manufacturer Hyundai
Vehicle Model Ae ioniq
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Taxi
Name of Driver HOO
Contact Number (Phone) +65-92478827
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 LIO KOON MENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old 55
Injuries Sustained -
Injured person in which vehicle? SHD15S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person PASSENGER 1
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD15S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person PASSENGER 2
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD15S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person PASSENGER 3
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD15S
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

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/PIN No.:

SKETCH PLAN

Ang Mo Kio St 51

Contact point

vehA: SHD155
vehB: SHA4414M

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
ANG QI HAO, VICTOR

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

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**SINGAPORE
POLICE FORCE**


T/20201217/7007

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201217/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 11:49		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LIO KOON MENG		Address: 229 COMPASSVALE WALK #15-404 SINGAPORE 540229	
ID Type / ID No.: NRIC NO / S1689585G		Contact No.:	Mobile: 96900474
Nationality: SINGAPORE CITIZEN		Email: ryaneko92@gmail.com	
Sex: Male	Age: 55	Date of Birth: 12/07/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2020 08:25	Type of Location: Straight Road
Location: ANG MO KIO STREET 51				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA4414M	Car					0
SHD15S	Car					3

Details of Person Involved

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

**SINGAPORE
POLICE FORCE**

T/20201217/7007

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201217/7007

CONTINUATION OF REPORT

Driver			
Name	LIO KOON MENG	ID No.	S1689585G
Related Vehicle	SHD15S (Car)	Contact No.	96900474
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	17/12/2020	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight



Brief Details.

On _17/12/2020_ (Date) at about __0825 hours, I was travelling at along Ang Mo Kio street 51 towards Ang Mo Kio Avenue 3.
Suddenly, a vehicle (B) exited out from the driveway of Blk 590A Ang Mo Kio without cautious and collided into my right portion of my vehicle (A) causing damages to my vehicle (A).
I wish to state that I have 3 female passengers inside my vehicle and complained that they are not feeling well.

After the accident, i went to consult the doctor and was awarded 5 days mc.

Vehicles involving in the situation:

- (A) SHD15S
(B) SHA4414M

 SINGAPORE POLICE FORCE	 T/20201217/7007
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	3 of 3 Report No. T/20201217/7007
CONTINUATION OF REPORT	
<u>Sketch Plan</u> Informant is not able to provide sketch	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2020 11:49
Officer In Charge Of Case: TP / TP1B / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP165	