

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	21/12/2020 16:59 (SGT)
Date of Accident	21/12/2020 09:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TANJONG PAGAR RD INFRONT OF TANJONG PAGAR PLAZA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9035A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
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	YEO KIM LAI
NRIC No	SXXXX970J
Date Of Birth	26/09/1955

Occupation	Outdoor
Date Of Driving Pass	19/07/1978
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98651977
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 - Cross Junction
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPROT

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	SHC7809C
Vehicle Manufacturer	Hyundai
Vehicle Model	AE IONIQ HEV FL 1.6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHAMED SHAHAR BIN ZAIN_

NRIC No	SXXXX018F
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	YEO KIM LAI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9035A
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: _____

1/00

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

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

SKETCH PLAN

Tanjong Pagar Plaza

Tanjong Pagar Road

Contact point

Illegal u-turn

Veh A: SH09035A
Veh B: SH 7809C

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.:

2




















**SINGAPORE
POLICE FORCE**


T/20201221/2026

1 of 3

Report No. T/20201221/2026

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/12/2020 11:55

Vide Report No.:

Station Diary No.:
24

Informant's Particulars

Name of Informant:
YEO KIM LAI

Address:
APT BLK 105 POTONG PASIR AVENUE 1 #02-436
SINGAPORE 350105

ID Type / ID No.:
NRIC NO / S1122970J

Contact No.:
Home/Office: Mobile: 98651977

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 65 26/09/1955

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
Others

Drink
Drive:
No

Date/Time of
Accident:
21/12/2020 09:55

Type of Location:
Straight Road

Location:

TANJONG PAGAR PLAZA

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7809C	Car	HYUNDAI		Yellow	Slightly Damaged	0
SHD9035A	Car	TOYOTA		Red	Slightly Damaged	0


Details of Person Involved

Any Pedestrian Involved: No


No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

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 **SINGAPORE POLICE FORCE**

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T/20201221/2026

2 of 3
Report No. T/20201221/2026

CONTINUATION OF REPORT


Name	Mohamed Shahar Bin Zain	ID No.	S1411018F
Related Vehicle	SHC7809C (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
Driver			
Name	YEO KIM LAI	ID No.	S1122970J
Related Vehicle	SHD9035A (Car)	Contact No.	98651977
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.
On the above date, time and location, I was driving my vehicle, namely SHD9035A along Tanjong Pagar Plaza. Suddenly, the other party, namely SHC 7809C was driving at the opposite direction and tried to make a U-turn at the same road. As a result, he did not notice my car and ended up hitting the side of my car, causing a collision as a result. We then parked at a corner and exchanged particulars. I sustained minor damages at the front left portion of my vehicle while the other party sustained damages to his front license plate, causing it to fall off as a result.


I do have an in-car camera installed, although I am not sure whether it was able to capture the occurrence, although I did notice that there was a CCTV installed in the vicinity. I also went to see a doctor with regards to my sore neck and got a 3 days MC vide MC2012211636.

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POLICE FORCE**

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 Changi N.P.C
 9 Simei Street 2 SINGAPORE 529914
 Tel No: 1800-5872999



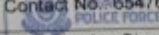



 T/20201221/2026

3 of 3
 Report No. T/20201221/2026

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 65474685 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 SHOW XIN DA, DYLAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2020 11:55
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No: 65476436  Authentication Stamp NP168 	Classification Of Case:
 SIGNATURE	