

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 28/12/2020 21:52 (SGT)
Date of Accident 27/12/2020 15:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information CENTRAL EXPRESSWAY TOWARDS CITY BEFORE PIE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF512M

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 2.0L DCI AUTO D/AB 4DR
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
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 SOH KEE HONG
NRIC No SXXXX629C
Date Of Birth 18/12/1952
Occupation Outdoor

| | |
|--|--|
| Date Of Driving Pass | 06/04/1999 |
| Driving experience | 21 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81138307 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | HDB Geylang East Grove, 120 Geylang East Central |
| Address complement | #04-62 |
| Postcode | 380120 |
| 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? | Yes |
| 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 | 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 T/20201228/2029

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 | GBG8716E |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 |
| Vehicle Variant | - |
| Vehicle Colour | White |
| Vehicle Category | Commercial vehicle |
| Name of Driver | A MOHAN_ |
| NRIC No | SXXXXX711H |

| | |
|---|---|
| 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 2

| | |
|---|------------------------|
| Vehicle Registration Number | SLS7259H |
| Vehicle Manufacturer | Honda |
| Vehicle Model | VEZEL HYBRID 1.5X AUTO |
| 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 | GBB6126Y |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | DYNA 150 MANUAL 3SEATER |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | GW3811C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | HIACE DIESEL |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | SOH KEE HONG |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHF512M |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

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:

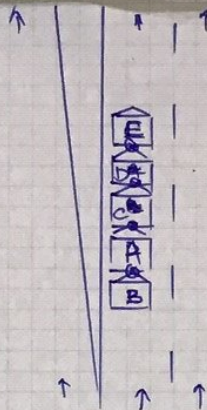
Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

28/12/2020

SKETCH PLAN

A: SHF512M
 B: GBB8716E
 C: SL87259H
 D: GBB6126Y
 E: GW3811C

CTE (CITY)



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:

[Signature]
 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.:

























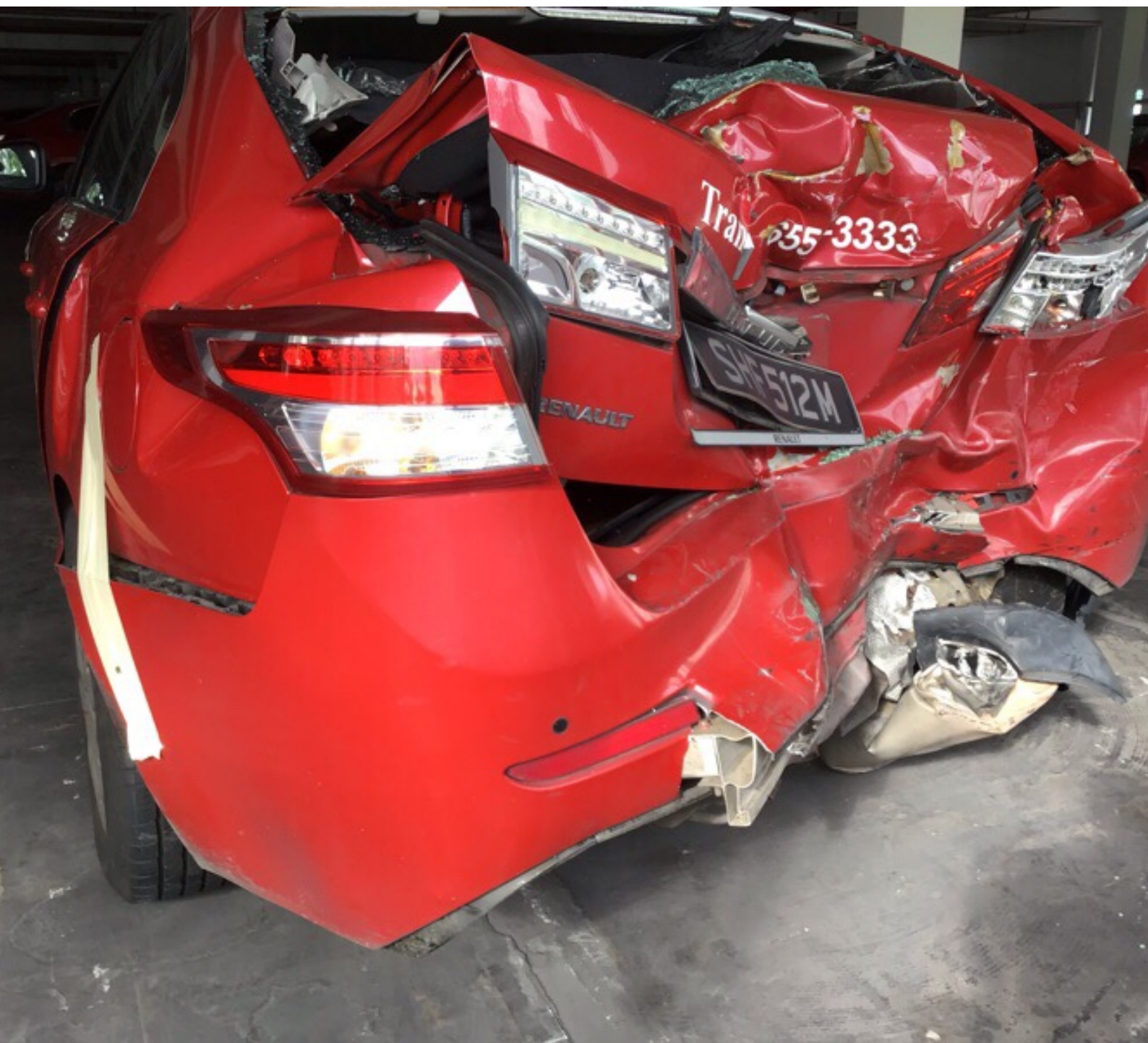






















**SINGAPORE
POLICE FORCE**



T/20201228/2029

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

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Report No. T/20201228/2029

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 28/12/2020 11:23 | | Vide Report No.: E/20201227/0146 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SOH KEE HONG | | | Address: APT BLK 120 GEYLANG EAST CENTRAL #04-62 GEYLANG EAST GROVE SINGAPORE 380120 | | |
| ID Type / ID No.: NRIC NO / S0080629C | | | Contact No.: Home/Office: Mobile: 81138307 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 68 | Date of Birth: 18/12/1952 | 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 Attended by Police | Drink Drive: No | Date/Time of Accident: 27/12/2020 15:50 | Type of Location: |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|--------|---|--------|-----------|-----------------|
| GBB6126Y | Van | TOYOTA | DYNA 150 MANUAL 3SEATER | Silver | | 0 |
| GBG8716E | Lorry | NISSAN | CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 | White | | 0 |
| GW3811C | Van | TOYOTA | HIACE DIESEL | Gold | | 0 |



**SINGAPORE
POLICE FORCE**

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

T/20201228/2029

Report No. T/20201228/2029

CONTINUATION OF REPORT

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|--|--------|-----------|-----------------|
| SHF512M | Car | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red | | 0 |
| SLS7259H | Car | HONDA | VEZEL HYBRID 1.5X AUTO | Silver | | 0 |

Details of Person Involved

| | | | |
|-----------------------------------|------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | A MOHAN | ID No. | S1616711H |
| Related Vehicle | GBG8716E (Lorry) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | SOH KEE HONG | ID No. | S0080629C |
| Related Vehicle | SHF512M (Car) | Contact No. | 81138307 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 27/12/2020 | Date Discharge | 27/12/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

MY VEHICLE WAS IN A STATIONARY POSITION, WAITING FOR MY TURN TO ENTER PIE. THEN WHILE STATIONARY, SUDDENLY A VEHICLE HIT THE REAR END OF MY VEHICLE. THEN MY VEHICLE JERKED FORWARD AND HIT THE VEHICLE IN FRONT AND A CHAIN COLLISION HAPPENED BETWEEN 5 VEHICLES AS THE IMPACT WAS REALLY HUGE. I STAYED IN MY VEHICLE FOR AWHILE AS I WAS FEELING GIDDY. THEN I WANTED TO EXIT MY VEHICLE FROM MY SIDE BUT I COULD NOT HENCE I LEFT MY VEHICLE FROM MY FRONT PASSENGER DOOR. I THEN STARTED TO TAKE PHOTOS OF THE ACCIDENT SCENE AND TOOK PHOTOS OF SOME OF



SINGAPORE
POLICE FORCE



T/20201228/2029

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

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Report No. T/20201228/2029

CONTINUATION OF REPORT

THEIR PARTICULARS. I DO NOT KNOW WHO CALLED FOR THE POLICE, THE AMBULANCE AND POLICE ARRIVED. I FELT SOME PAIN AND I WAS THEN CONVEYED TO TAN TOCK SENG HOSPITAL.

THAT IS ALL.

**SINGAPORE
POLICE FORCE**

T/20201228/2029

4 of 4

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

Report No. T/20201228/2029

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:

TP /

WINSTON KOH WEN ZHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/12/2020 11:23

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

Signature:



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 : SA0A20CS000C Vehicle Registration No: SHF512M
Name (as shown in NRIC) : SOH KEE HONG NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81138307
Email Address : _____
Date of Accident : 27/12/2020 Time of Accident : 15:50HRS
Place of Accident : CENTRAL EXPRESSWAY TOWARDS CITY BEFORE PIE 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 PHOTOS

Policyholder / Driver's Signature
Date:

MEILIN CHAI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: G7422715K
Date: 31 DEC 2020