

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	21/01/2021 13:15 (SGT)
Date of Accident	20/01/2021 23:25 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	ALONG BALESTIER ROAD TRAFFIC LIGHT JUNCTION BESIDE VALUE HOTEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9820A
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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	Toyota
Model	Prius
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/P2413997
Cover Note Number	-

DRIVER

Name of Driver	CHUA SWEE PEOW
NRIC No	SXXXX298Z
Date Of Birth	19/04/1958

Occupation	Outdoor
Date Of Driving Pass	09/02/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98382245
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Compassvale Plains, 241 Compassvale Walk #09-590
Address complement	-
Postcode	540241
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 - Head to Rear
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	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
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	SLM4793H
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED GANI

NRIC No	SXXXX159H
Contact Number	(Phone) +65-84129669
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

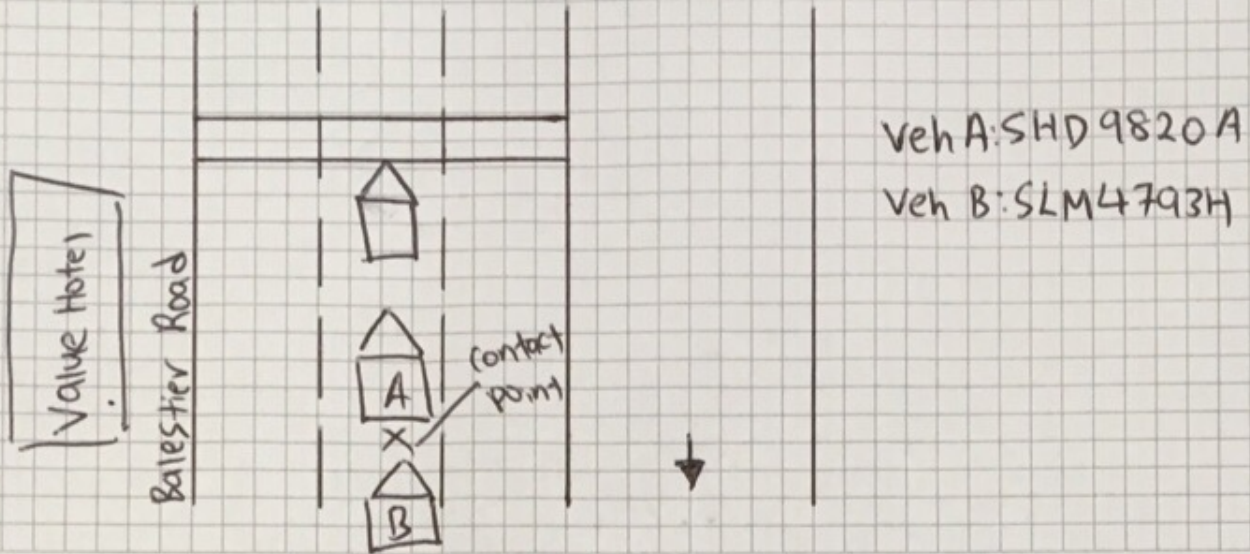
Name of injured person	CHUA SWEE PEOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9820A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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- 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.
- 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.
- 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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.





















**SINGAPORE
POLICE FORCE**



T/20210121/2072

1 of 3

Report No. T/20210121/2072

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 15:28	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: CHUA SWEE PEOW		Address: APT BLK 241 COMPASSVALE WALK #09-590 SINGAPORE 540241	
ID Type / ID No.: NRIC NO / S1336298Z		Contact No.: Home/Office: Mobile: 98382245	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 19/04/1958	Type of Informant: Driver
Race: Chinese		Language: Mandarin	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: 20/01/2021 23:20	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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
SHD9820A	Car				Slightly Damaged	0
SLM4793H	Car					0

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999


T/20210121/2072

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Report No. T/20210121/2072

CONTINUATION OF REPORT

Brief Details.
On the above mentioned date, at about 11.20pm. I was on duty driving my Taxi (SHD9820A) travelling along Balestier Rd towards CTE.

I was at the middle lane and there was a red light traffic light, and my vehicle came to a stop. There was one taxi in front of me, and I was behind the vehicle in the traffic. Subsequently when the light turned green, I then waited for the front taxi to move off before I accelerate. After I drove off, the vehicle (SLM4793H) behind me rear ended to the rear of my vehicle.

After the accident, I felt headache. I also felt pain around the back of my neck and right shoulder. We then alighted our vehicles and exchanged particulars and drove off.

I had a job on hand and I went ahead to pick up my passenger and dropped my passenger off. Subsequently I went home to rest.

Today when I woke up, I had difficulty in breathing. I then proceeded down to Singapore SPORTS and Orthopaedic Clinic located at Gleneagles Medical Centre to consult the doctor. I was being issued with 7 days of MC.

I have an in-car camera in the vehicle and I have saved the footage of the accident.

The driver particulars as follows:
Name: Mohamed Gani
NRIC: S7497159H
Cit: 84129869

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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: S66SS0020G / 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 : SA0A211L0006 Vehicle Registration No: SHD9820A
Name (as shown in NRIC) : CHUA SWEE PEOW NRIC/FIN/Passport No :
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 98382245
Email Address :
Date of Accident : 20/01/2021 Time of Accident : 23:25
Place of Accident : ALONG BALESTIER ROAD TRAFFIC LIGHT JUNCTION BESIDE
VALUE HOTEL
Insurance Company : AXA INSURANCE PTE LTD

(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:

1-ATTACH POLICE REPORT

Policyholder / Driver's Signature
Date:

SHAZZLIN
Reporting Centre Personnel's Signature
Name: SHAZZLIN
NRIC/FIN No.:
Date: 21/01/2021