

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 10:41 (SGT)
Date of Accident 20/01/2021 21:09 (SGT)
Exact Location of Accident Buangkok Cres, Singapore
Additional Location Information BLK 986C BUANGKOK CRESCENT OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD777B

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 +65-62866666

VEHICLE PARTICULARS

Manufacturer Renault
Model Latitude
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 NA

DRIVER

Name of Driver ZULKIFLI LIM BIN ABDULLAH
NRIC No SXXXX610B
Date Of Birth 13/06/1956
Occupation Outdoor

Date Of Driving Pass	13/06/1981
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96169633
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Punggol Opal, 256B Sumang Walk
Address complement	#03-623
Postcode	822256
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH HUI YIN
Gender	Female

PASSENGER 2

Name	P2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
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	SGW4542Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TAN
Contact Number	(Phone) +65-97105450
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

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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SKETCH PLAN

BIK 986C Buangkok Crescent

Reversing

Contact point

Veh A: SH07778
Veh B: SGW45428

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/IN No.:

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SKETCH PLAN

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1/20210121/0000
1 of 3
Report No: T/20210121/0000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 00:00
Vide Report No.:
Station Diary No.: 1

Informant's Particulars

Name of Informant: ZULKIFLI LIM BIN ABDULLAH
Address: APT BLK 256B SUMANG WALK #03-623 SINGAPORE 822250
ID Type / ID No.: NRIC NO / S1158610B
Contact No.: Home/Office: Mobile: 96169633
Nationality: SINGAPORE CITIZEN
Email:
Sex: Male Age: 64 Date of Birth: 13/06/1956
Type of Informant: Driver
Race: Chinese Language: English Institution / School Name:
Occupation: Taxi driver Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident: Injury Conveyed By Ambulance: Drink Drive: No Date/Time of Accident: 20/01/2021 21:05 Type of Location:
Location: BUANGKOK CRESCENT
Weather: Clear Road Surface: Dry Road Speed Limit:
Traffic Flow: Two Way Traffic Control: Traffic Volume: Light
Type of Collision: Rear to Side Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW4542Y	Car	MERCEDES BENZ				3
SHD777B	Car	RENAULT			Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210121/2000

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Report No. T/20210121/2000

Police Station Of Origin:
Hougang N.P.C.
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver		ID No.		51198610B	
Name		ZULKIFLI LIM BIN ABDULLAH		Contact No.	
Related Vehicle		SHD777B (Car)		96189633	
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	

Brief Details.


On 20 January 2021 at about 2109, I was driving my taxi bearing vehicle registration number SHD777B entering the open carpark in front of Blk 966C Buangkok Crescent. While I was preparing to make a right turn into the carpark from Buangkok Crescent, a vehicle bearing registration number SGW4542Y reversed and hit on the right side of my vehicle.

After which, both of us alighted from our vehicle. He apologised to me and informed that he drove overshot from the carpark and wanted to reverse as he thought that there was no vehicle behind him at the point of time.

After which, I checked on the 2 passengers that was in my taxi. They told me that they were feeling giddy. I then asked them to alighted from my taxi and I called ambulance and police for assistance.

Shortly, ambulance and traffic police arrived at scene. Both of my passengers were being conveyed by ambulance to Sengkang General Hospital.

My taxi sustained a huge dent on right side of my taxi as a result both front right door and rear right door unable to open. I am not sure if there is any damages on the party's vehicle.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Barcode: 1/202101210000
3 of 3
Report No: 1/202101210000

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: F / Sgt 2 KELVIN TAN KIM HENG <i>Kelvin</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2021 00:00
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No: 65476247 Authentication Stamp nr108 <i>Kelvin</i>	Classification Of Case: