

# 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 ..... 08/02/2021 15:31 (SGT)  
Date of Accident ..... 06/02/2021 23:35 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... JUNCTION OF BUKIT TIMAH ROAD AND KAMPONG JAVA ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD232G

### 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 ..... 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 ..... GOH TSE HUAT  
NRIC No ..... SXXXXX103I  
Date Of Birth ..... 09/05/1962

Occupation .....	Outdoor
Date Of Driving Pass .....	20/08/1982
Driving experience .....	38 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96675908
Alt. Phone Number .....	-
Email Address .....	exoclesiates@gmail.com
Address .....	572 ANG MO KIO AVENUE 3 #06-3371 SINGAPORE
Address complement .....	-
Postcode .....	560572
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER 1
Gender .....	Male

#### 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

PLEASE REFRE TO THE POLICE REPORT NO:T/20210207/7003

#### 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 .....	SME9634G
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	Cx-3

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) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	GOH TSE HUAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD232G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 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.
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:

8/2/2021

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT**

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







































**SINGAPORE  
POLICE FORCE**



T/20210207/7003

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

1 of 3

Report No. T/20210207/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2021 05:43	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH TSE HUAT		Address: 572 ANG MO KIO AVENUE 3 #06-3371 SINGAPORE 560572	
ID Type / ID No.: NRIC NO / S1557103I		Contact No.: Home/Office:                      Mobile: 96675908	
Nationality: SINGAPORE CITIZEN		Email: exoclesiates@gmail.com	
Sex: Male	Age: 58	Date of Birth: 09/05/1962	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 Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 23:35	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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	Conditio	No of
SHD232G	Car					0
SME9634G	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210207/7003

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

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Report No. T/20210207/7003

**CONTINUATION OF REPORT**

Driver			
Name	GOH TSE HUAT		ID No. S1557103I
Related Vehicle	SHD232G (Car)		Contact No. 96675908
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On 06-02-2021 at around 2335HRS, I was working as a trans cab taxi driver and was ferrying a customer back home to Kim Keat Link. I was driving my vehicle bearing car plate SHD232G, along Bukit Timah Road going straight towards Newton Roundabout.

As I was driving slowly adhering to the traffic flow as it was just before the controlled junction. Out of a sudden, I felt a impact coming from the rear. I came out of my vehicle and saw that the vehicle banged into my rear. The vehicle plate was SME9634G.

I did not feel well with the impact that happened when the vehicle banged into me. Therefore, I went to Intemedical 24HR CLINIC to seek assistance for my injuries. I was given medication for my injuries and a 3 Days MC.



**SINGAPORE  
POLICE FORCE**



T/20210207/7003

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

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Report No. T/20210207/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 07/02/2021 05:43
Classification Of Case:

Authentication Stamp  
NP168



**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 : SA0A21280007 Vehicle Registration No: SHD232G  
 Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 06/02/2021 Time of Accident : 23:35 (SGT)  
 Place of Accident : Bukit Timah Rd, Singapore  
 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 PICS BY DRIVER  
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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: SUGANYA  
 NRIC/FIN No.:  
 Date: 08022021