

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 15/02/2021 19:42 (SGT)
Date of Accident 15/02/2021 06:10 (SGT)
Exact Location of Accident Upper Cross St & Chin Swee Rd, Singapore
Additional Location Information JUNCTION OF UPPER CROSS ST AND CHIN SWEE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF785S

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/P2413997
Cover Note Number NA

DRIVER

Name of Driver KAN SIEW LUEN
NRIC No SXXXX440I
Date Of Birth 28/09/1960
Occupation Outdoor

Date Of Driving Pass	24/04/1978
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91461631
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	59 LENGKOK BAHRU #05-559
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 - 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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210215/2038

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	GBF3812Z
Vehicle Manufacturer	Toyota
Vehicle Model	HIACE DX 3.0 MANUAL
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	KAN SIEW LUEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	DRIVER SUFFERED MUSCLE STRAIN AT THE NECK
Injured person in which vehicle?	SHF785S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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**

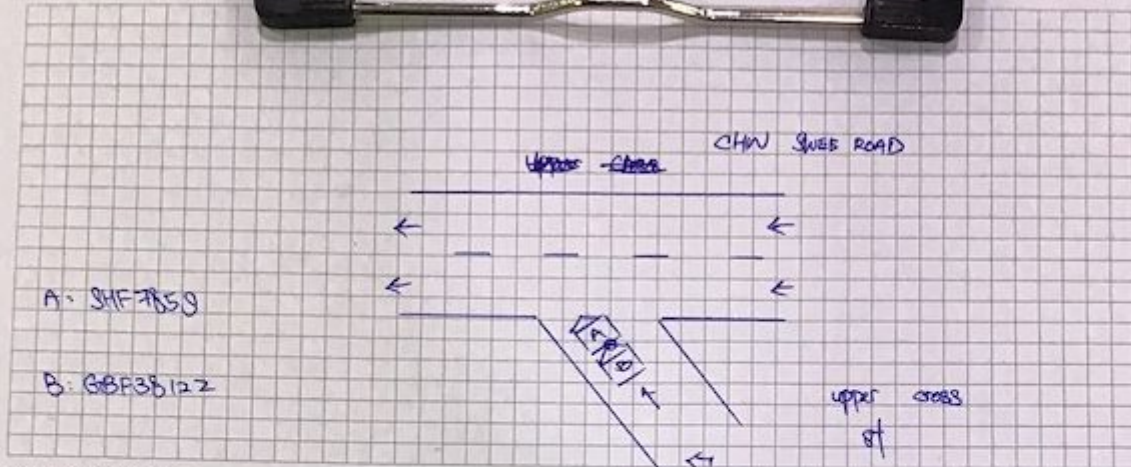
Policyholder's Signature
Date & Time:

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

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

15/2/2021

SKETCH PLAN



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
WONG JUN KEAT

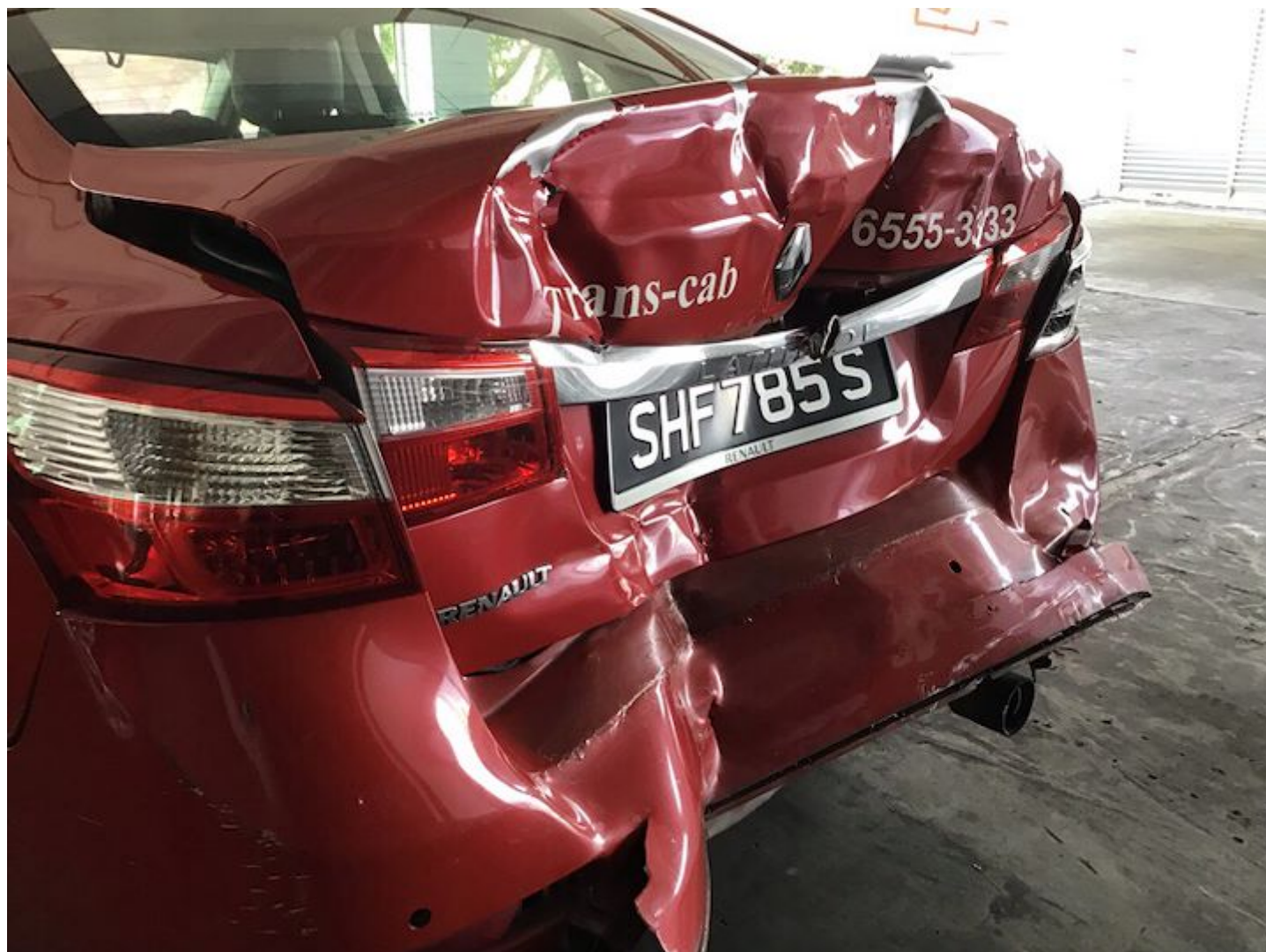
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













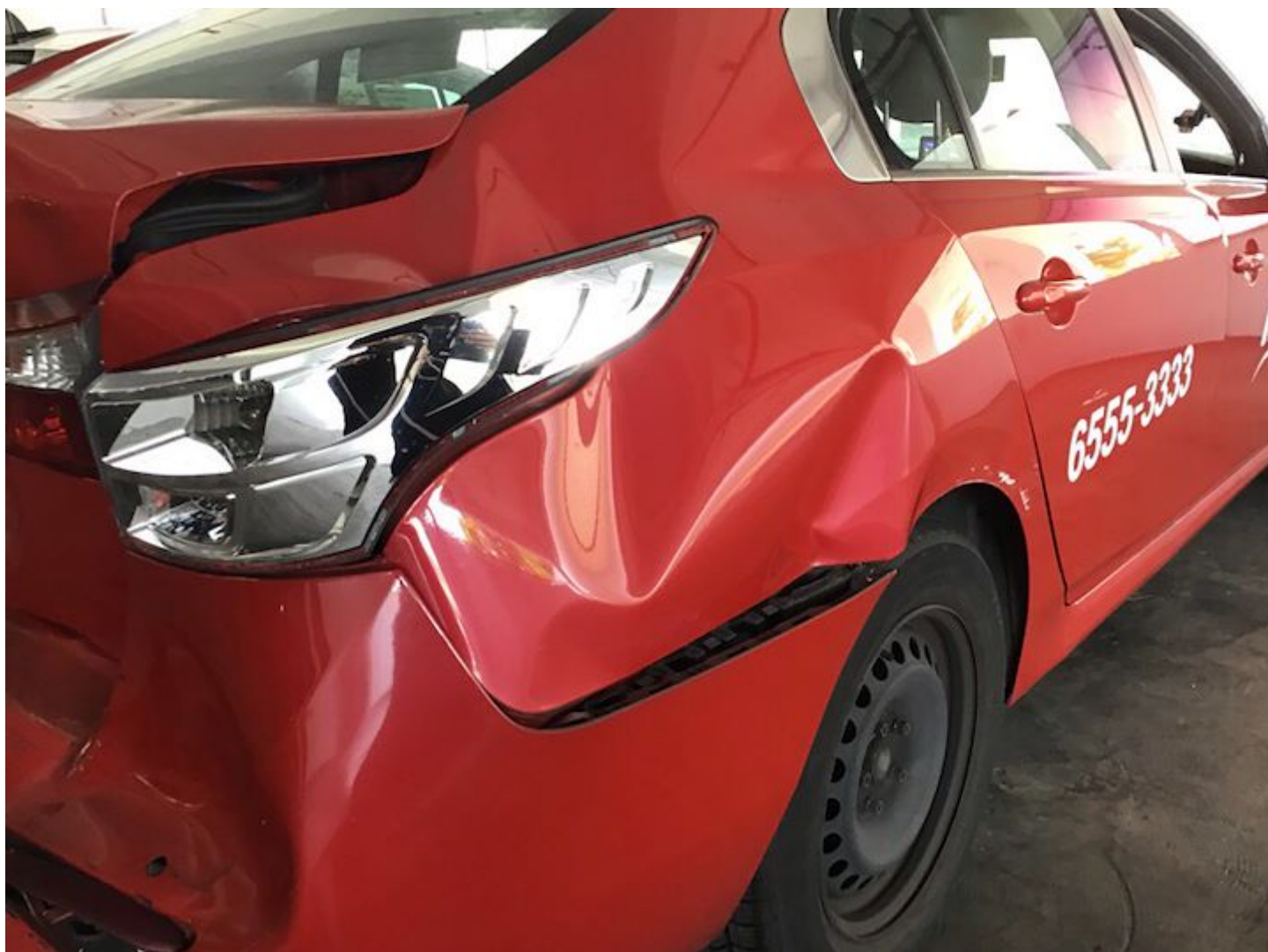














SINGAPORE POLICE FORCE



T/20210215/2038

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Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20210215/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2021 12:28	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: KAN SIEW LUEN			Address: APT BLK 59 LENGKOK BAHRU #05-559 SINGAPORE 150059		
ID Type / ID No.: NRIC NO / S1424440I			Contact No.: Home/Office: Mobile: 91461631		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 28/09/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/02/2021 06:10	Type of Location: Filter lane
Location: UPPER CROSS STREET				
Weather: Clear		Road Surface: normal		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBF3812Z	Van	TOYOTA		Black	Seriously Damaged	0
SHF785S	Car	RENAULT		Red	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



T/20210215/2038

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Report No. T/20210215/2038

CONTINUATION OF REPORT

Driver		ID No.		S1424440I	
Name	KAN SIEW LUEN			Contact No.	91461631
Related Vehicle	SHF785S (Car)				
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	15/02/2021		Date Discharge	15/02/2021	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	

Brief Details.

On 15/02/2021 at 0610hrs, I was driving along upper cross street after dropping off a passenger, I wanted to head to the nearest coffee shop to take a break. While I stopped my car(SHF785S) at the filter lane turning into Chin Swee Road to allow 2 cars on the main road to pass. 10 seconds after stopping, a black van(GBF3812Z) belonging to Henghup Huat Food stuffs rammed into the rear of my taxi, I felt very dizzy and immediately called for police. There were a few passersby that helped me take picture of the car and damage as I was feeling very dizzy. The driver of the black van came to my car to apologise and mentioned he was dozing off at the wheel. Additionally, the supervisor of the company called me and mentioned the driver of the black van has gotten into several traffic incidents and apologized to me. The ambulance arrived and checked on me, the traffic police arrived and took down my particulars. I was then conveyed to SGH for further checkup, the doctor said I have suffered muscle strain at my neck area, I feel a sharp pain at my neck whenever I try to tilt it sideways, upwards and downwards. After I was discharged at 1055 hrs and given 5 days MC. I came to lodge a police report afterwards.

**SINGAPORE
POLICE FORCE**

T/20210215/2038

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20210215/2038

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:

A /
SC2 LAU YI XUE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/02/2021 12:28

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476395

Classification Of Case:

Authentication Stamp
NP168

Signature

Singapore Police Force