

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 27/02/2021 18:35 (SGT)
Date of Accident 26/02/2021 13:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information WEST COAST ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5357Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXXXX8K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-90383390
Alternative Phone No (Office) +65-90383390

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA PRIUS 5 DR HATCHBACK (AUTO)
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 HAI HUAT
NRIC No SXXXX456Z
Date Of Birth 15/05/1950
Occupation Outdoor

| | |
|--------------------------------------------------------------------|--------------------------------------------|
| Date Of Driving Pass | 23/01/1976 |
| Driving experience | 45 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-90383390 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | HDB Jurong East, 257 Jurong East Street 24 |
| Address complement | #06-391 |
| Postcode | 600257 |
| 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 - Major/Minor Rd |
| 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? | Yes |
| 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 Refer to Police Report T/20210227/2021 LODGED AT TRAFFIC POLICE

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 | NO DETAIL |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| 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) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|-----------------------------------------------------------|--------------|
| Name of injured person | GOH HAI HUAT |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHD5357Y |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN**SHD5357Y****IMPORTANT NOTICE**

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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.



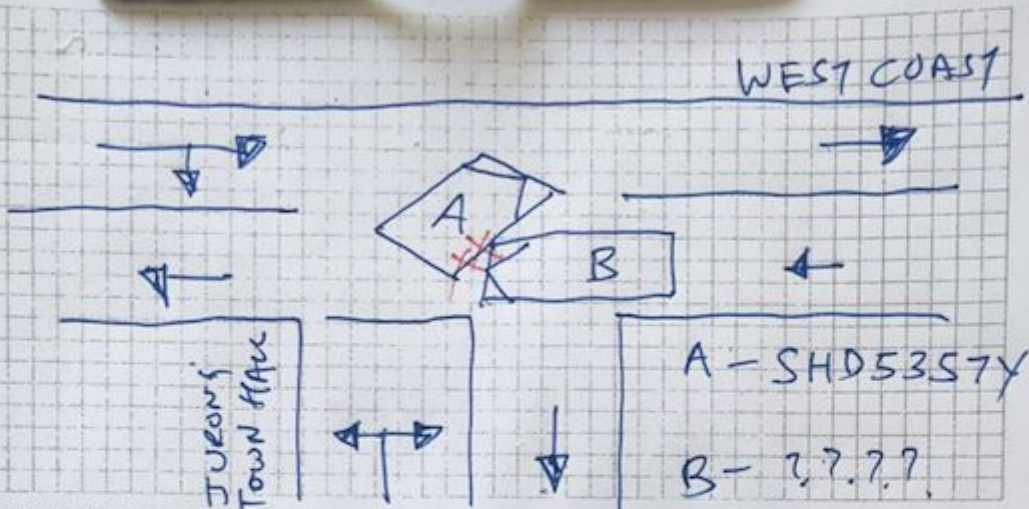
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: **27 Feb 2021**

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH**

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

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:

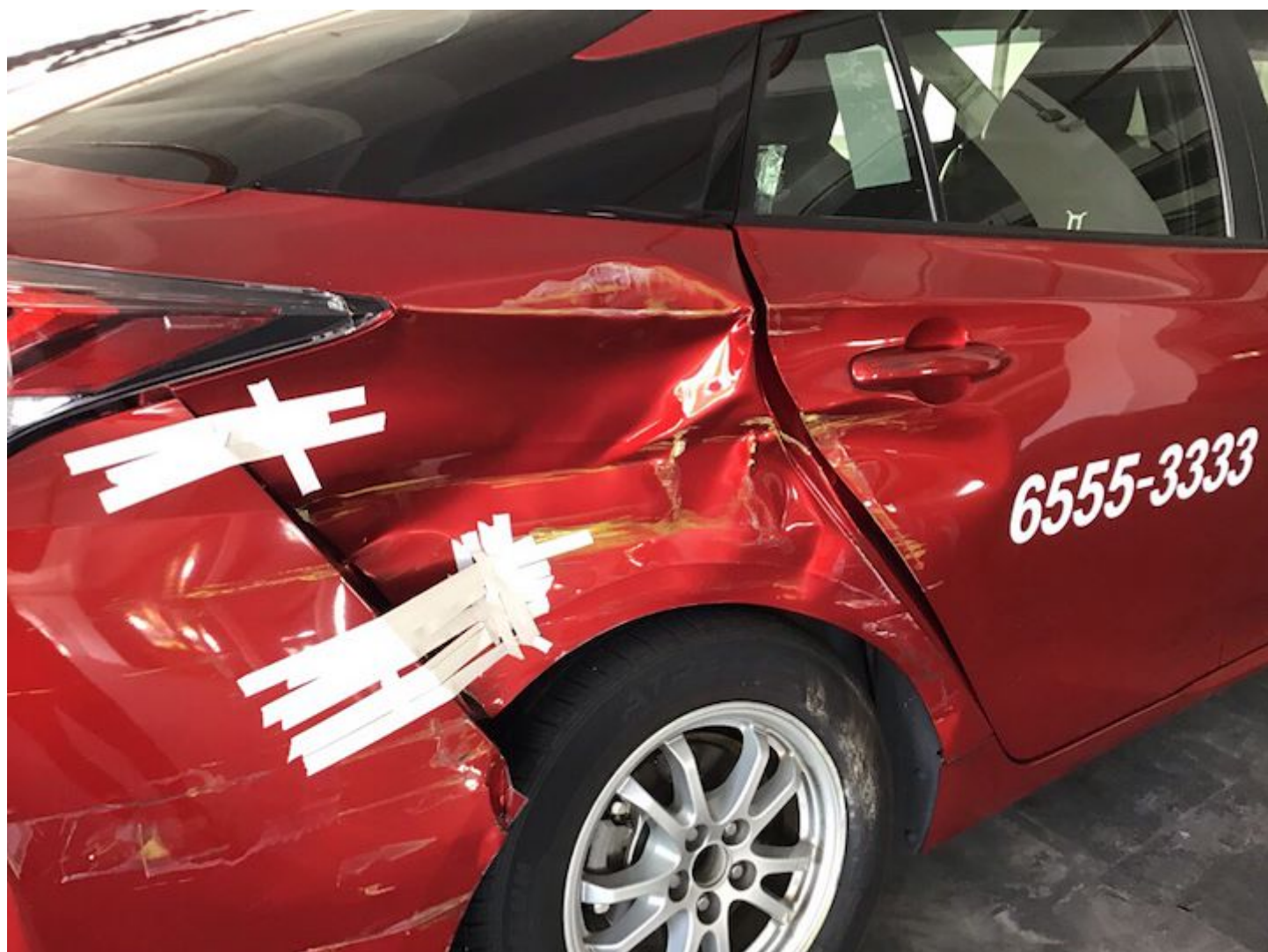
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/2/21

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



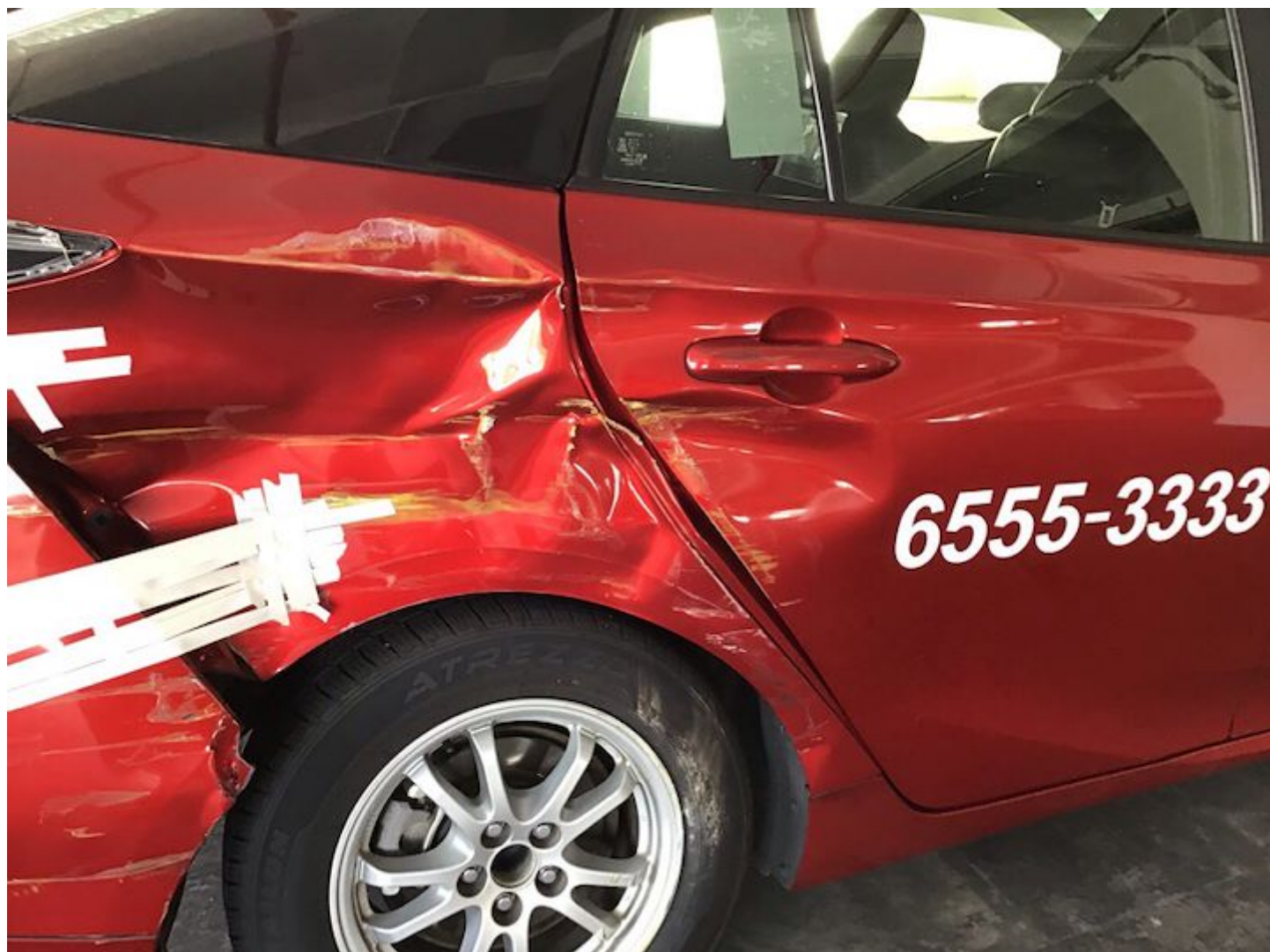






















**SINGAPORE
POLICE FORCE**



T/20210227/2021

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

1 of 3

Report No. T/20210227/2021

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------|
| Date/Time Report Made: 27/02/2021 10:15 | Vide Report No.: D/20210226/0057 | Station Diary No.: |
|--------------------------------------------|-------------------------------------|--------------------|

Informant's Particulars

| | | | | |
|------------------------------------------|------------|------------------------------|---------------------------------------------------------------------------|----------------------------|
| Name of Informant: Goh Hai Huat | | | Address: APT BLK 257 JURONG EAST STREET 24 #06-391 SINGAPORE 600257 | |
| ID Type / ID No.: NRIC NO / S0728456Z | | | Contact No.: Home/Office: Mobile: 90383390 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 70 | Date of Birth: 15/05/1950 | 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: 26/02/2021 13:50 | Type of Location: T-Junction |
| Location: WEST COAST ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | 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 |
|-------------|------|--------|--------------|-------|------------------|-----------------|
| SHD5357Y | Taxi | TOYOTA | Prius Hybrid | Red | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210227/2021

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

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Report No. T/20210227/2021

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|----------------------------------------|---------------------------------|
| Driver | | | |
| Name | Goh Hai Huat | ID No. | S0728456Z |
| Related Vehicle | SHD5357Y (Taxi) | Contact No. | 90383390 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 26/02/2021 | Date Discharge | 26/02/2021 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On the above mentioned date and time, I, Hai Huat, bearing NRIC of S0728456Z, was driving my taxi Toyota(SHD5357Y) with one passenger on board along Jurong Town Hall Road. As I was about to turn for the right to West Coast Road while it was appearing green on the traffic light, I noticed that there was a lorry(unknown number plate) heading towards me. I didn't managed to press the brake on time, subsequently my vehicle inched forward and the lorry collided with my vehicle causing damage do the rear back door on the right side. I sustained minor injury on my left shoulder after the collision. Afterwards I came out of my vehicle and went over to the back to check with the passenger. I also went over to the vehicle to exchange particulars but he refused to come out.

At about 1400hrs subsequently Traffic Police and ambulance came to the scene. The TP officer then instructed myself and the other driver to drive to the side of the road. He also informed he will be taking my vehicle Video Camera SD card and issued me with an acknowledgement slip. Paramedics then attended to me and conveyed myself alone to Ng Teng Fong General Hospital. I wasn't informed about my vehicle whether it was being towed or not. I would also like to inform that I wasn't aware if there is any camera around the vicinity.

**SINGAPORE
POLICE FORCE**

T/20210227/2021

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

3 of 3

Report No. T/20210227/2021

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:

D /

Sgt 2 KHAIRUL IRFAN BIN NORHISHAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2021 10:15

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168

SN 34

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 : SA0A212R0006 Vehicle Registration No: SHD5357Y
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 : 26/02/2021 Time of Accident : 13:50 (SGT)
Place of Accident : WEST COAST ROAD
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:

1. ADDING PICS

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 05032021