

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 08/03/2021 16:29 (SGT)
Date of Accident 04/03/2021 23:10 (SGT)
Exact Location of Accident Queensway, Singapore
Additional Location Information ALONG QUEENSWAY T-JUNCTION OF COMMONWEALTH
DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD258H

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 NA

DRIVER

Name of Driver LAW HOCK CHENG
NRIC No SXXXX435B
Date Of Birth 02/09/1953

Occupation	Outdoor
Date Of Driving Pass	26/05/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90225998
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Tampines, 283 Tampines Street 22 520283 #03-113
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Female

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

REFER TO POLICE REPORT /CASE SUMMARY FORM NO. T/20210308/2012 &T/20210311/2054

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	YP5488M
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN6685S
Vehicle Manufacturer	Mazda
Vehicle Model	6
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	LAW HOCK CHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD258H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

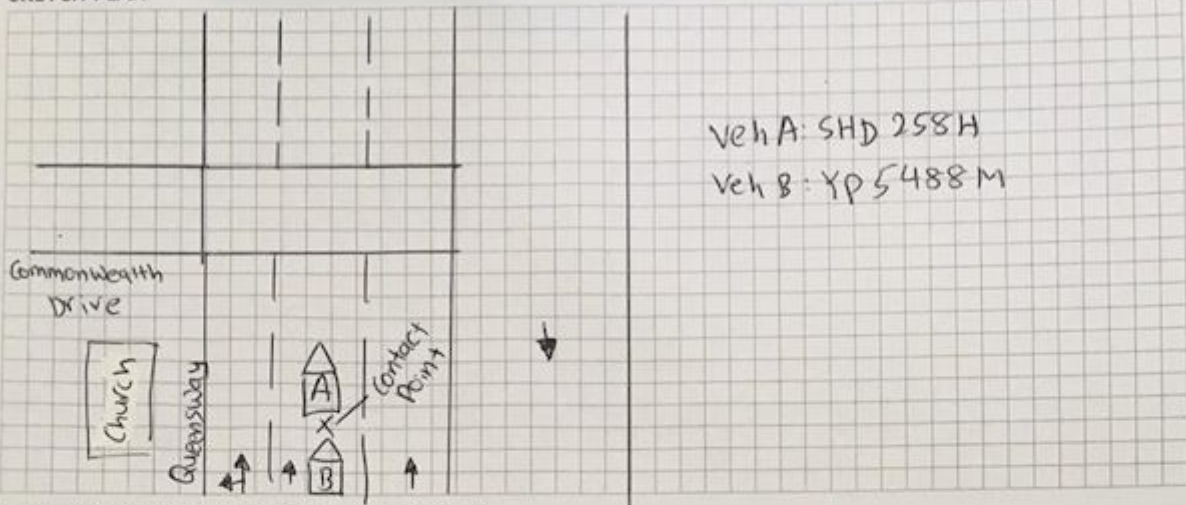
Policyholder's Signature
Date & Time:

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:

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:

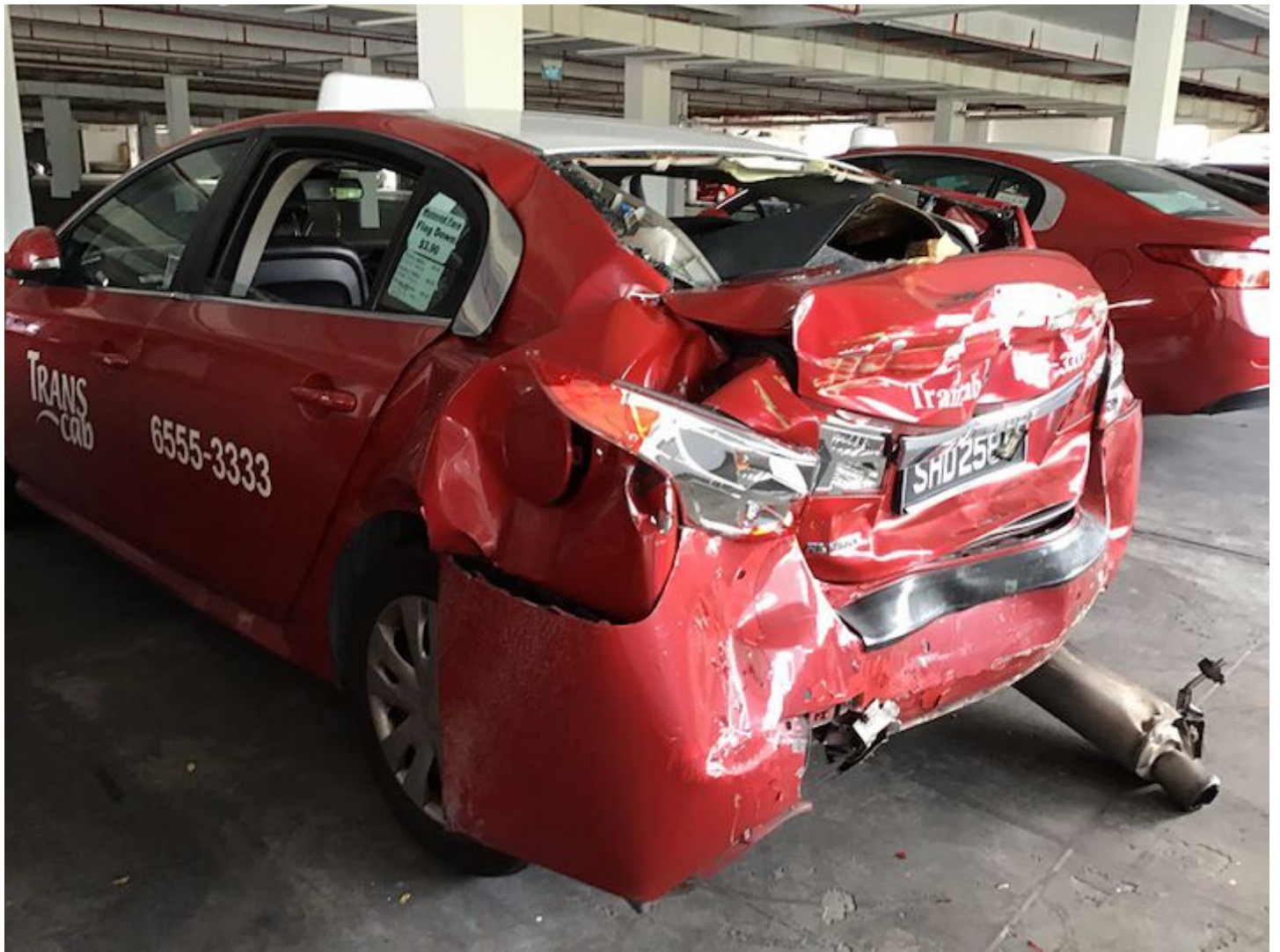
Driver's Signature
(If driver is not the policyholder)
Date & Time:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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













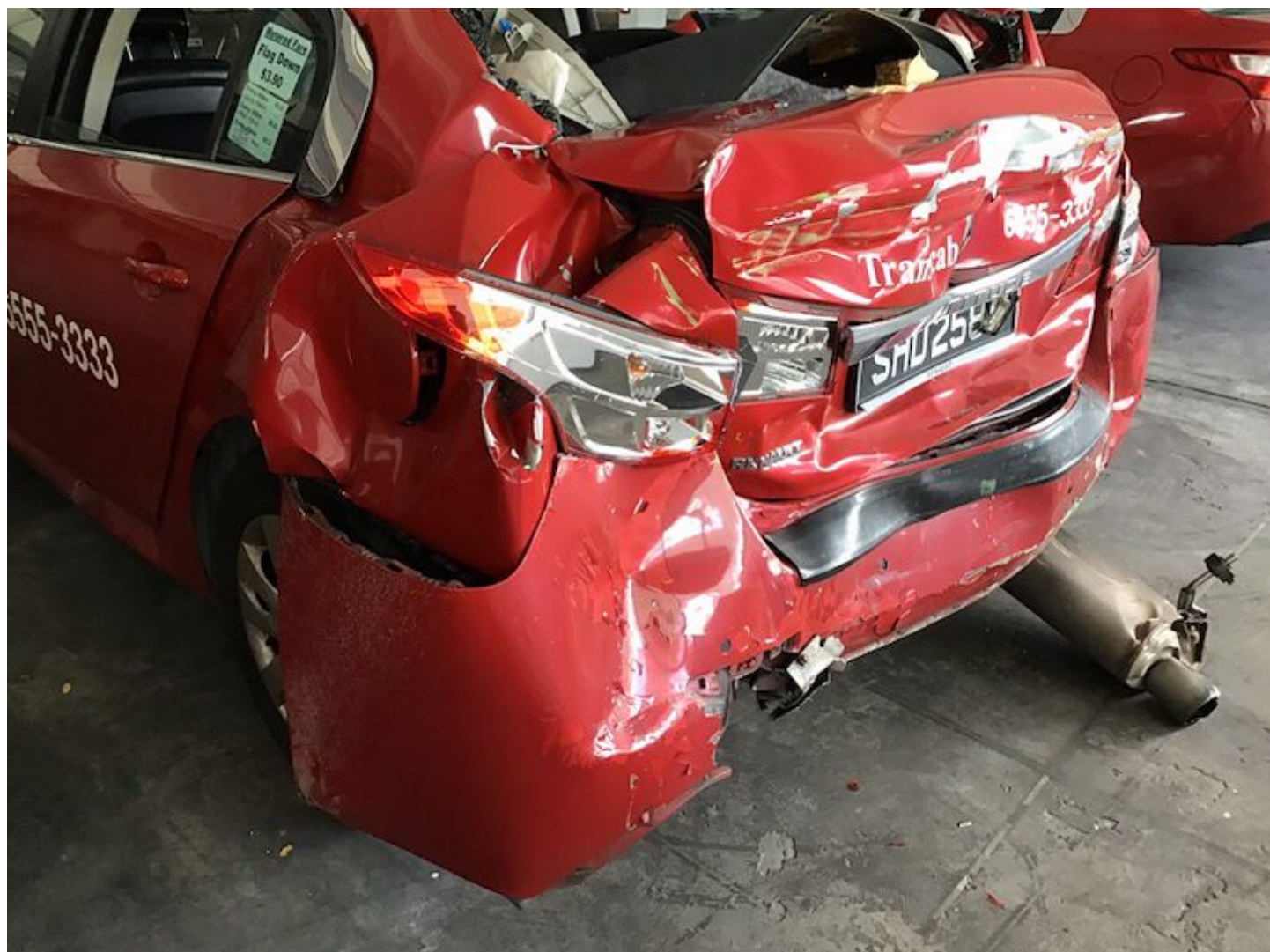




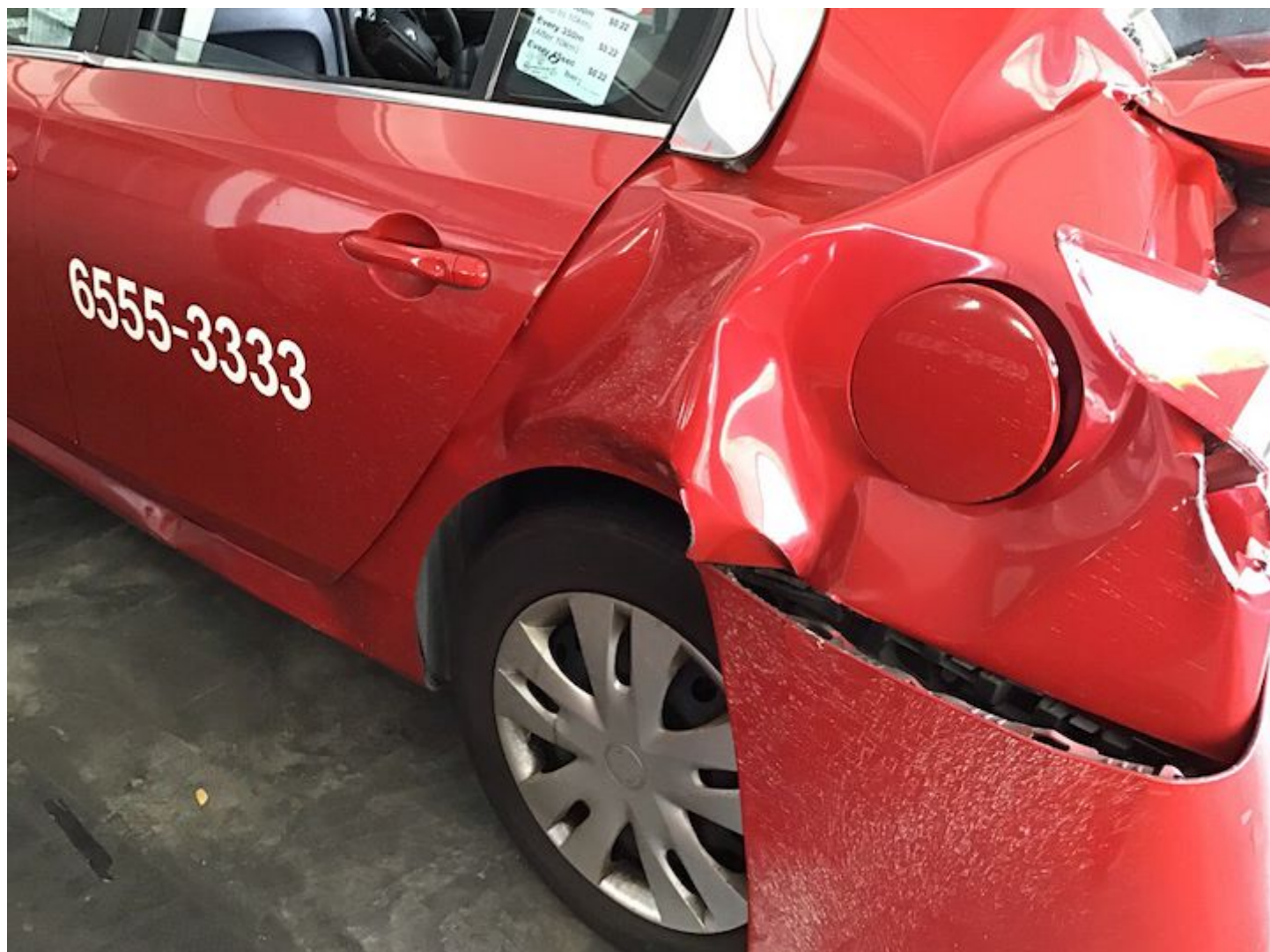




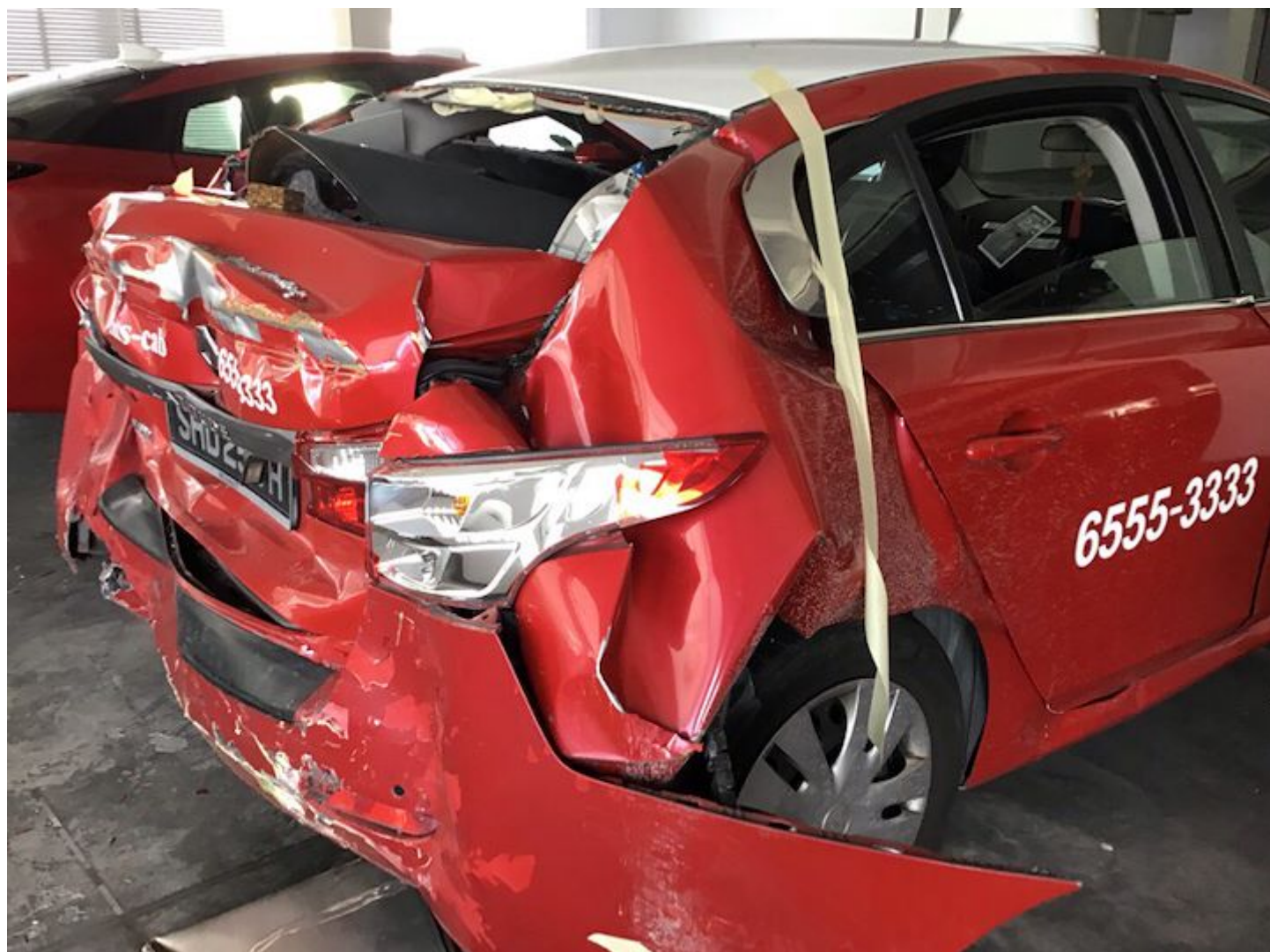














**SINGAPORE
POLICE FORCE**



T/20210308/2012

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

1 of 3

Report No: T/20210308/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 10:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LAW HOCK CHENG		Address: APT BLK 283 TAMPINES STREET 22 #03-113 SINGAPORE 520283	
ID Type / ID No.: NRIC NO / S0177435B		Contact No.: Home/Office: Mobile: 90225998	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 02/09/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2021 23:10	Type of Location: T-Junction
Location: QUEENSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD258H	TAXI				Seriously Damaged	1
YP5488M	Lorry				Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210308/2012

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Report No. T/20210308/2012





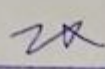
Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	LAW HOCK CHENG	ID No.	S0177435B
Related Vehicle	SHD258H (TAXI)	Contact No.	90225998
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/03/2021	Date Discharge	07/03/2021
No. of Days granted Medical Leave	23	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YP5488M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 04/03/2021 AT ABOUT 2310 HOURS, I WAS DRIVING MY TAXI (SHD258H) ALONG QUEENSWAY AND STOPPED AT THE RED TRAFFIC LIGHT. THERE WERE TWO VEHICLES IN FRONT OF ME. WHEN THE LIGHT TURNED GREEN, THE FIRST VEHICLE DID NOT MOVE SO I HONKED AT THE CAR. LATER WHEN THE VEHICLE STARTED MOVING, A LORRY (YP5488M) CAME AND HIT MY REAR AND I WAS SERIOUSLY INJURED. WITHIN 5 MINUTES AMBULANCE AND POLICE CAME DOWN AND I WAS CONVEYED TO NUH AND WAS HOSPITALISED FOR 4 DAYS. THAT IS ALL.

 SINGAPORE POLICE FORCE		 T/20210308/2012
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20210308/2012
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: TP / SC TOH CHIN XIONG	Signature Of Informant: 	
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 10:15	
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:  SINGAPORE POLICE FORCE	
Authentication Stamp NP168	Signature: 	



T/20210311/2054

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Report No. T/20210311/2054

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No NA

Report Number T/20210311/2054

Vide Report Number T/20210308/2012

Date/Time of Report Made 11/03/2021 13:46

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LAW HOCK CHECK

ID Type / ID No. NRIC NO / S0177435B

Home/Office

Mobile 90225998

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 04/03/2021 23:10

Accident Location QUEENSWAY

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD258H	TAXI	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		1
SJN6685S	Car	MAZDA	MAZDA6 4- DOOR SEDAN 2.0L SP.6EAT	White		0
YP5488M	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		0



T/20210311/2054

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Report No. T/20210311/20

Continuation of CSF For NP168**Brief Facts.**

I had lodged a report previously about my traffic accident, T/20210308/2012. However on 11/03/2021 when I returned to my vehicle to collect my personal belongings, I saw that there are damages to the front of my vehicle as well. As I was unaware of the damages sustained to the front of my vehicle, i contacted the investigating officer who informed me that there was another vehicle SJN6685S involved in the accident. I am making this amendment to my report as I wish to add the said vehicle registration of the 3rd involved vehicle. I also wish to state that at the point of the accident, I was unaware that my vehicle had collided with the vehicle in front of mine and only found out about it on 11/03/2021.



T/20210311/2054

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Report No. T/20210311/2054

Continuation of CSF For NP168**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.

Case Sensitivity	No
Office-In-Charge of Case	TP / GIT / MARIAH BINTE ZAKARIA
Classification of Case	1) INJURY / ATTENDED BY POLICE



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 : SA0A2138000C Vehicle Registration No: SHD258H
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 : 04/03/2021 Time of Accident : 23:10 (SGT)
Place of Accident : ALONG QUEENSWAY T-JUNCTION OF COMMONWEALTH DRIVE
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. ATTACH PICS & CASE SUMMARY FORM

2. ADDING 3RD PARTY VEH DETAILS

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 11032021