

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 11/03/2021 09:54 (SGT)
Date of Accident 10/03/2021 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information BARTLEY ROAD EAST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5719S

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 LAW LAY BENG
NRIC No SXXXX137F
Date Of Birth 27/09/1954
Occupation Outdoor

Date Of Driving Pass	16/03/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-88129312
Alt. Phone Number	-
Email Address	exoclesiates@gmail.com
Address	601D TAMPINES AVENUE 9 #13-850 SINGAPORE
Address complement	-
Postcode	524601
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	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 THE POLICE REPORT NO:T/20210310/7026

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	GBH5355C
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
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	LAW LAY BENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5719S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

**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.:

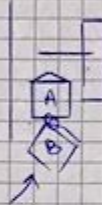
11/3/2021

SKETCH PLAN

Premises Kaki Bukit
Gate 2 carpark exit

A: SHC57193

B: GBH5355C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature
Date & Time:

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

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







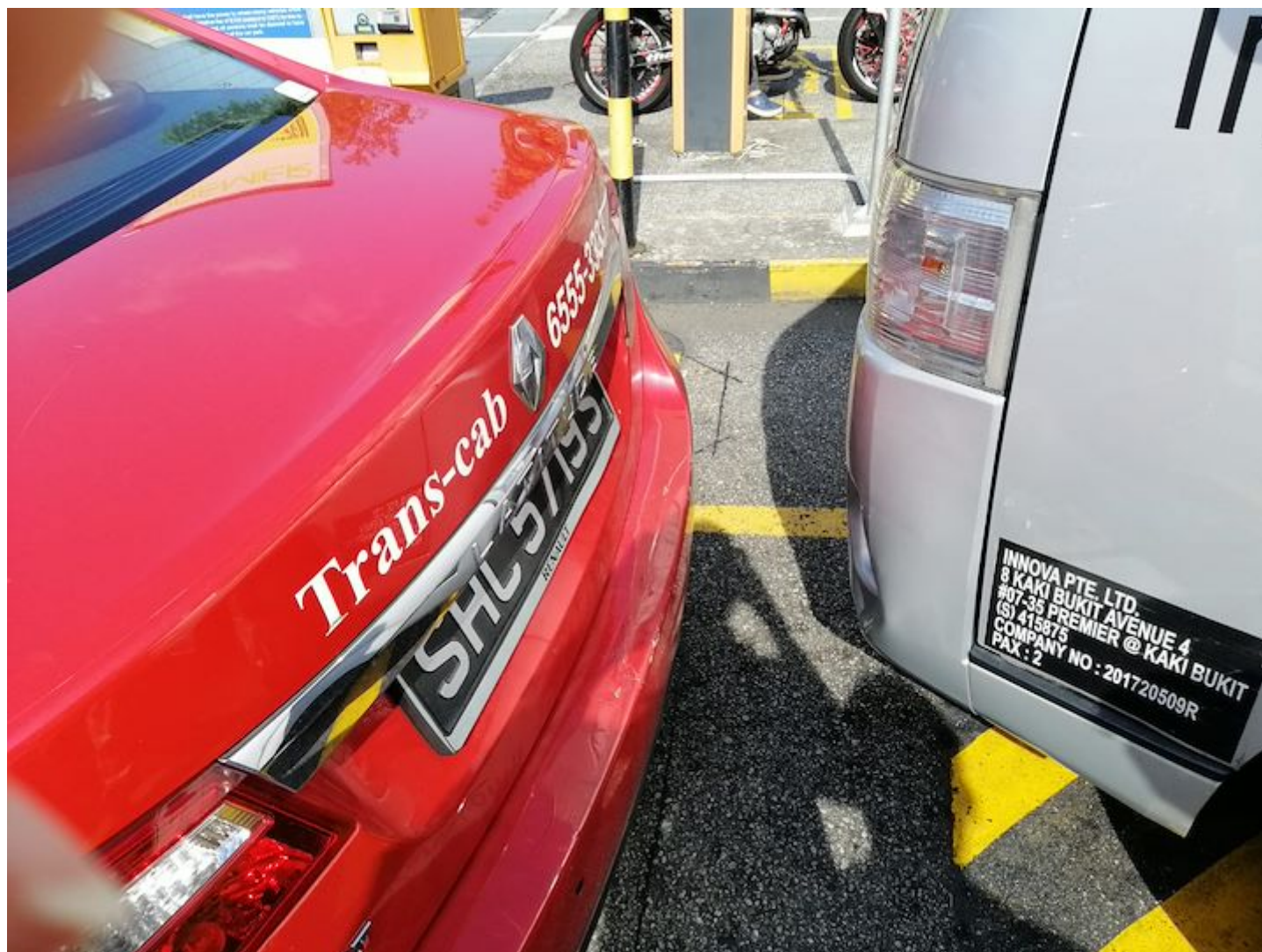






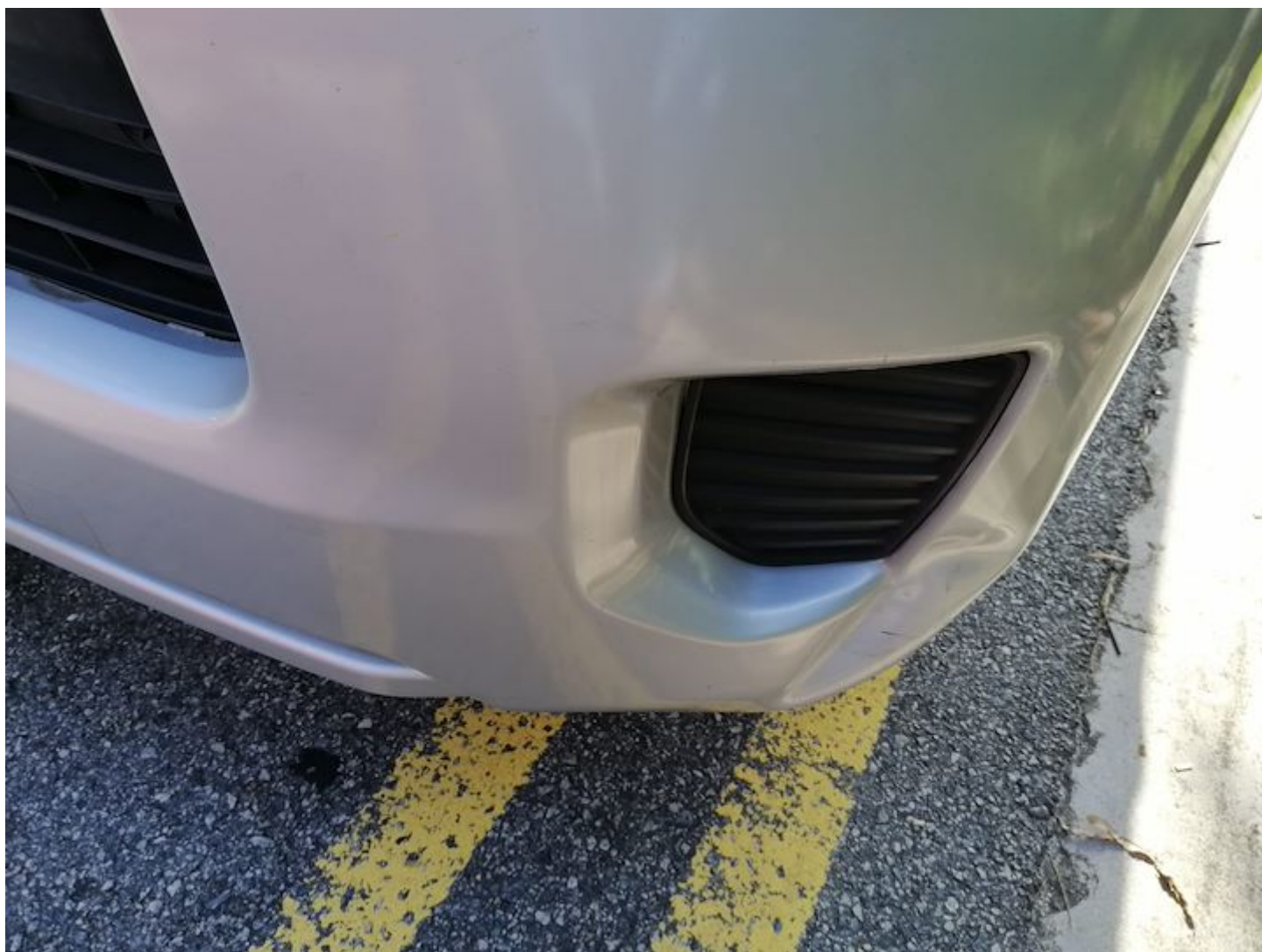














**SINGAPORE
POLICE FORCE**



T/20210310/7026

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

1 of 3

Report No. T/20210310/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 17:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAW LAY BENG			Address: 601D TAMPINES AVENUE 9 #13-850 SINGAPORE 524601		
ID Type / ID No.: NRIC NO / S0066137F			Contact No.: Home/Office: Mobile: 88129312		
Nationality: SINGAPORE CITIZEN			Email: exoclesiates@gmail.com		
Sex: Male	Age: 66	Date of Birth: 27/09/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2021 16:30	Type of Location: Car Park
Location: BARTLEY ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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
GBH5355C	Van		TOYOTA		Slightly Damaged	1
SHC5719S	Car			Red	Slightly Damaged	0



**SINGAPORE
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T/20210310/7026

Police Station Of Origin:
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Tel No: 65470000

2 of 3
Report No. T/20210310/7026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAW LAY BENG	ID No.	S0066137F
Related Vehicle	SHC5719S (Car)	Contact No.	88129312
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	10/03/2021	Date	10/03/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME. I VEHICLE A BEARING CARPLATE SHC5719S, WAS WAITING FOR THE GANTRY TO EXIT.

SUDDENLY I FELT A STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GET DOWN AND REALISED VEHICLE B BEARING CARPLATE GBH 5355C HAS COLLIDED ON TO ME.

AFTER THE ACCIDENT I FELT PAIN ON MY NECK, SHOULDER AND BACK. SO I WENT TO CONSULT A DOCTOR AT OUR FAMILY PHYSICIAN CLINIC & SURGERY AND RECEIVED 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20210310/7026

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

3 of 3

Report No. T/20210310/7026

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 / TPB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
10/03/2021 17:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210310/7026

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