

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 16:10 (SGT)
Date of Accident	11/03/2021 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS PIE LAMPPOST 182
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD227Y
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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	+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	NG HUNG HANG
NRIC No	SXXXX955Z
Date Of Birth	06/12/1960
Occupation	Outdoor

Date Of Driving Pass	05/03/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-81852293
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	624C PUNGGOL CENTRAL
Address complement	#03-334
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Male

PASSENGER 2

Name	P2
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SLS6550Y
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE5154X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG HUNG HANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD227Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

11/3/2021

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

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

SKETCH PLAN

A: SHD327Y
B: 3196560Y
C: XE BISHX

BCE

↑ ↑ ↑

↑ ↑ ↑

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.:

(AJAXMARS SketchPlanForm_V3)

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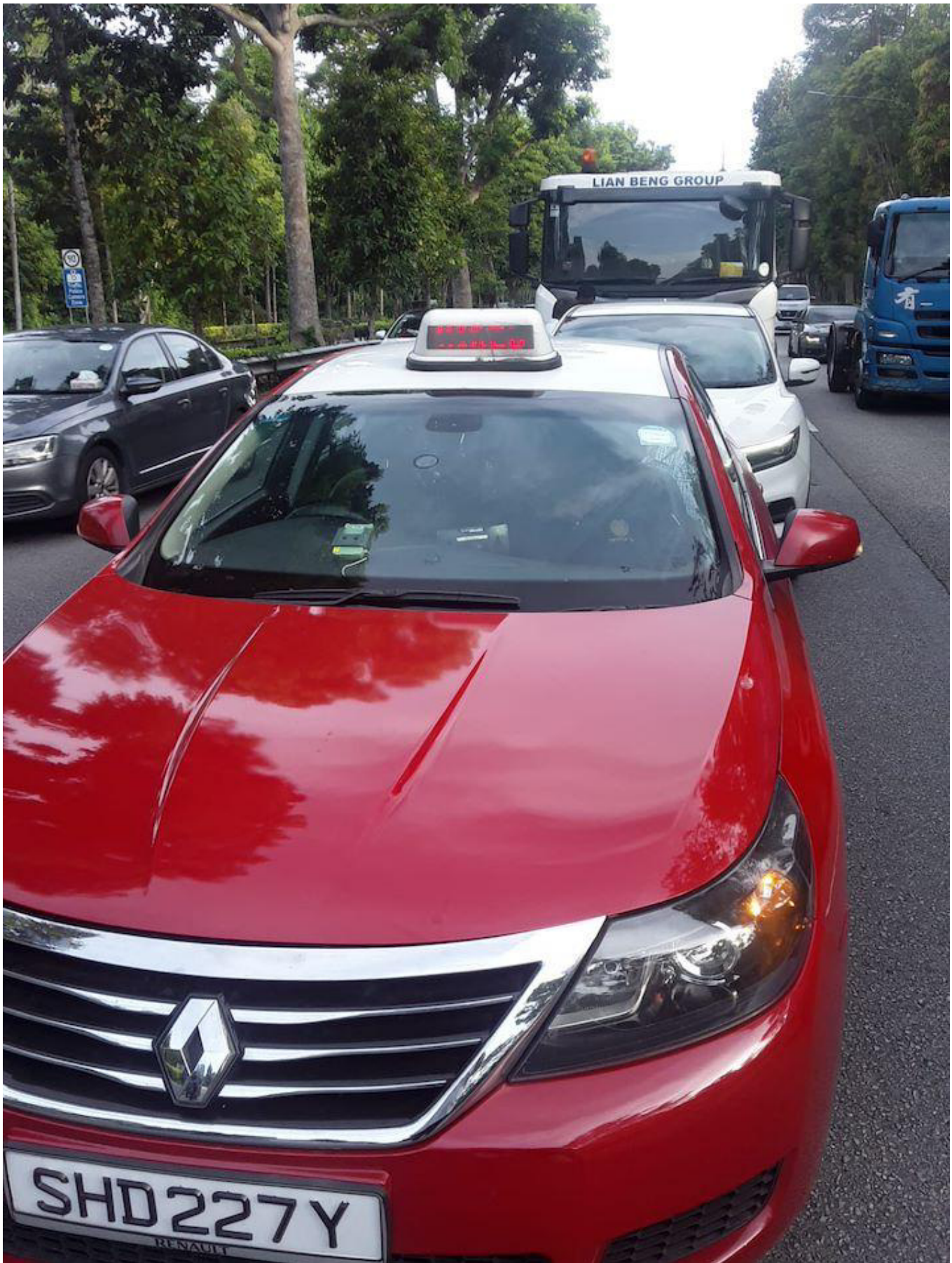













SINGAPORE POLICE FORCE		T/20210311/2033				
Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999		1 of 3 Report No. T/20210311/2033				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 11/03/2021 11:32		Vide Report No.: Station Diary No.: 50				
Informant's Particulars						
Name of Informant: NG HUNG HANG		Address: 624C PUNGGOL CENTRAL #03-334 SINGAPORE 823624				
ID Type / ID No.: NRIC NO / S1448955Z		Contact No.: Home/Office: Mobile: 81852293				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 60	Date of Birth: 06/12/1960	Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:				
General Information of the Accident						
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 08:20	Type of Location: Straight Road			
Location: BUKIT TIMAH EXPRESSWAY						
Weather: Clear	Road Surface: Dry	Road Speed Limit:				
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy				
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
S10227Y	Car				Slightly Damaged	2
S136550Y	Car					0
XE5154X						0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		

 **SINGAPORE
POLICE FORCE**

T20210311/2033
2 of 3
Report No. T20210311/2033

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999


CONTINUATION OF REPORT

Driver			
Name	NG HUNG HANG	ID No.	S1448956Z
Related Vehicle	SHD227Y (Car)	Contact No.	81852293
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/03/2021	Date Discharge	11/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight


Brief Details.
On 11/03/2021 at about 0820hrs, I was driving my vehicle SHD227Y along BKE towards PIE near to lamppost 182 at the middle lane. The traffic was heavy and vehicles were moving slowly. The vehicle in front of me was totally stationary and as such, my vehicle was stationary as well for about 30 seconds to a minute when I heard 2 bang from the rear, follow by a collision from my rear as well. I made a check and realized a chain accident had occurred.

The details of the chain collision as follows:
1st vehicle - SHD227Y
2nd vehicle - SL86550Y
3rd vehicle - XE5154X (trailer)

My vehicle was damaged with a dent on the rear and I had sought medical attention with 3 days of MC.

 **SINGAPORE
POLICE FORCE**

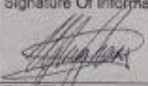
Police Station Of Origin:
Toa Payoh N.P.C
93, Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999



T:20210311/2033
3 of 3
Report No: T:20210311/2033

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: E / Sgt 2 ADAM GOH AIK YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2021 11:32
Officer In Charge Of Case: TP / AEIT / Sgt WONG SIEU LUI Contact No: 65476151	Classification Of Case:
Authentication Stamp NP 13	SN 166

 **SINGAPORE
POLICE FORCE**
SIGNATURE