

# 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 ..... 05/04/2021 21:02 (SGT)  
Date of Accident ..... 04/04/2021 19:30 (SGT)  
Exact Location of Accident ..... Jln Sultan, Singapore  
Additional Location Information ..... ALONG JALAN SULTAN TOWARDS BEACH ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5965S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS-CAB SERVICES PTE LTD  
Company Reg No ..... 200303878K  
Email Address ..... claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-62866666  
Alternative Phone No ..... (Office) +65-62866666

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1767

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2413997  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... WONG HONG JAM  
NRIC No ..... S1259450Z

Date Of Birth .....	08/12/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	13/07/1978
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92736664
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	HDB Bukit Panjang, 274 Bangkit Road 670274
Address complement .....	#04-74
Postcode .....	670274
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 .....	No 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 .....	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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER 1
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER 2
Gender .....	Female

#### PASSENGER 3

Name .....	PASSENGER 3
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20210404/2064

#### 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 .....	FBM1626X
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	Mt-07
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBM1626X
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

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

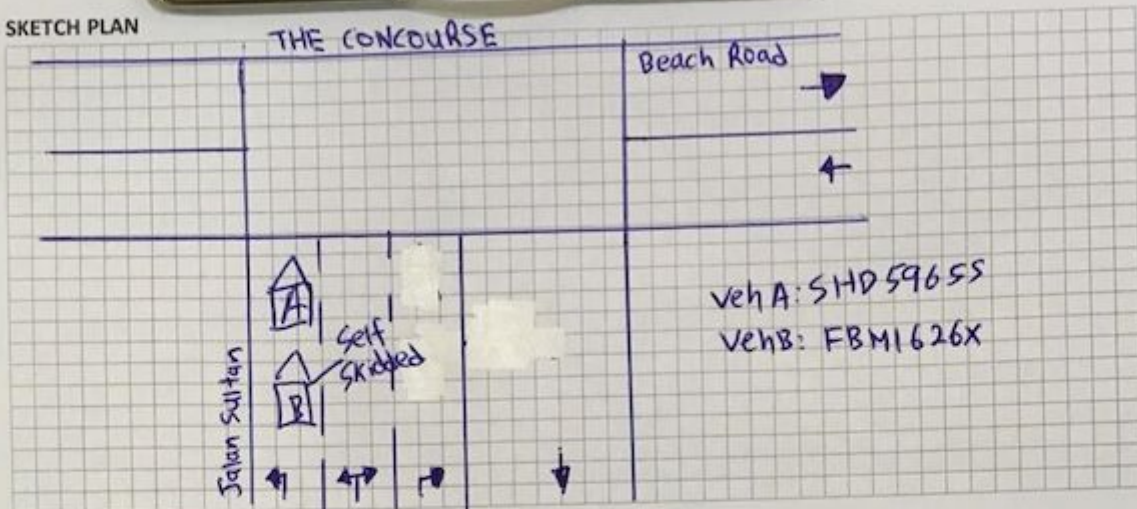
Policyholder's Signature  
 Date & Time:

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

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:

\* *Anthony*  
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.:

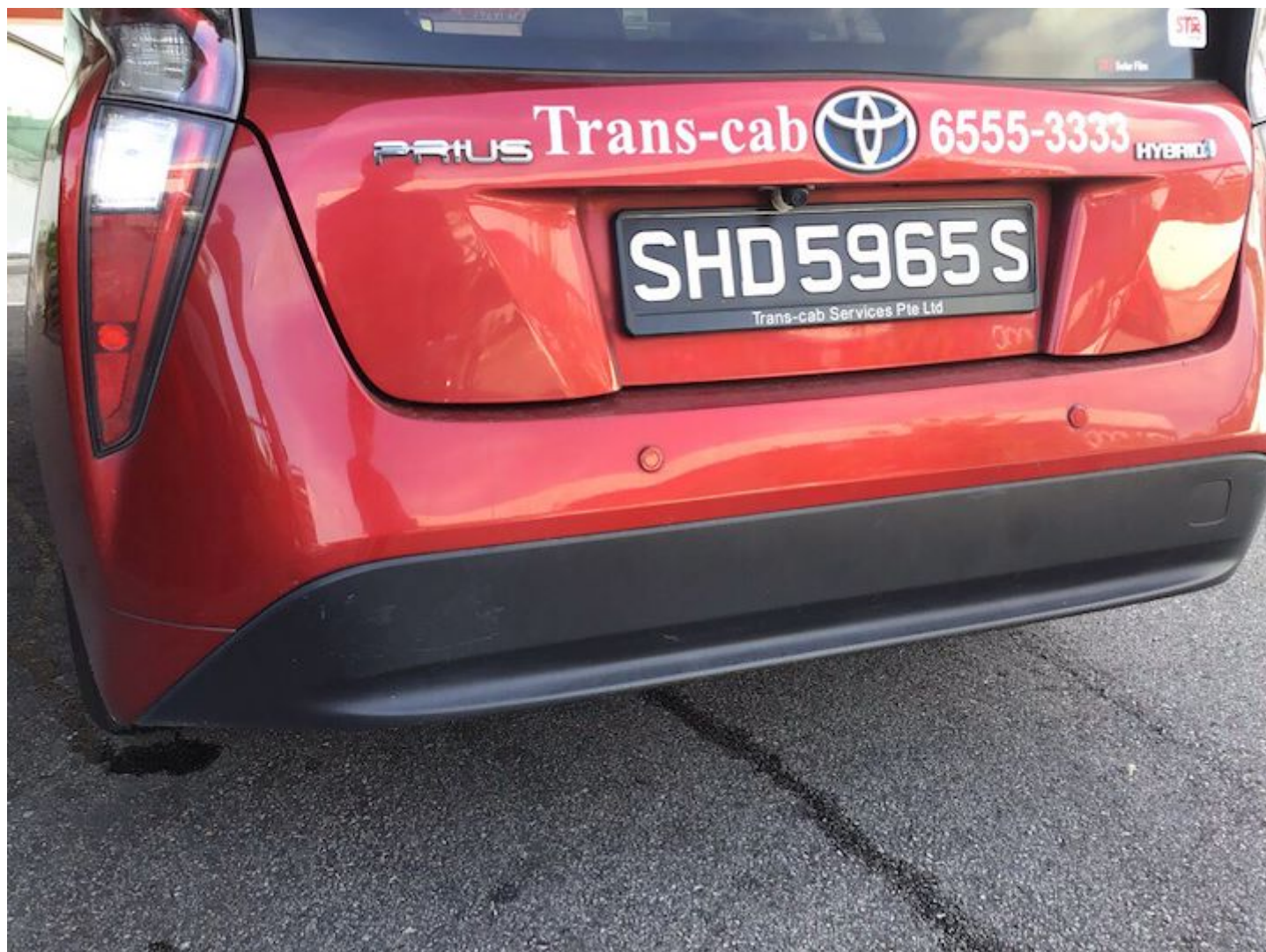
































SKETCH PLAN


**SINGAPORE  
POLICE FORCE**


T/20210404/2064

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210404/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2021 21:19	Vide Report No.: A/20210404/0098	Station Diary No.: 69
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**Informant's Particulars**

Name of Informant: WONG HONG JAM	Address: APT BLK 274 BANGKIT ROAD #04-74 SINGAPORE 670274		
ID Type / ID No.: NRIC NO / S1259450Z	Contact No.: Home/Office:                      Mobile: 92736664		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 08/12/1957	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2021 19:30	Type of Location: Straight Road
Location:  JALAN SULTAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Bike Skidded				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1626X	Motorcycle				Slightly Damaged	0
SHD5965S	Car				No Damage	3

**Details of Person Involved**

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



SKETCH DIARI


**SINGAPORE  
POLICE FORCE**


T/20210404/2064

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Report No. T/20210404/2064

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

## CONTINUATION OF REPORT

Driver			
Name	WONG HONG JAM	ID No.	S1259450Z
Related Vehicle	SHD5965S (Car)	Contact No.	92736664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 4/4/2021, I was driving 3 passengers on my taxi (SHD5965S), from Jln Sultan to Serangoon Gardens. At about 1930hrs, I was travelling along the Jln Sultan towards Beach Rd on the centre lane of 3 lanes, when I decided to make a left lane change after checking my left side and started to change lane after realising it's clear. After changing lane, I suddenly heard loud bang coming from behind my taxi, therefore I proceeded to stop my taxi further down the road before the traffic light. When I got off to make a check, I noticed a male motorcycle rider (FBM1626X) had skidded 30 metres behind from where I stopped my taxi at. I then proceeded to make a check on the rider, and he informed that he jam braked to avoid colliding to my taxi as he said that I did not see him when I lane changed. We then agreed to settle the matter privately. However, as the rider felt pain on his shoulder and leg, therefore he called for an ambulance. He was then conveyed away to a hospital.

I would like to say that I do not have any in car camera installed in my taxi. My taxi also did not sustain any damages as no one collided into my taxi during the incident. I did not notice any significant damages on the motorcycle.

Traffic police also attended to my incident. Traffic police provided me with a case card (A/20210404/0098) and asked me to lodge a traffic accident report. I also did not take down the rider's as traffic police already did so.





**SINGAPORE  
POLICE FORCE**



T/20210404/2064

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20210404/2064

**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:

J/  
SC2 JOSHUA ARJANTO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/04/2021 21:19

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Classification Of Case:

Authentication Stamp  
NP168



**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 : SA0A2145000H Vehicle Registration No: SHD5965S  
Name (as shown in NRIC) : WONG HONG JAM NRIC/FIN/Passport No : SXXXX450Z  
(\*Vehicle Driver / ~~XXXXXXXXXX~~) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : -92736664  
Email Address : claims@transcab.com.sg  
Date of Accident : 04/04/2021 Time of Accident : 19:30 (SGT)  
Place of Accident : ALONG JALAN SULTAN TOWARDS BEACH ROAD  
Insurance Company : AXA INSURANCE SINGAPORE PTE LTD

**(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:

AMEND: ATTACHED ACCIDENT PHOTOS

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

*SUSAN*

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: F S NEO  
NRIC/FIN No.:  
Date: 06/04/2021