

# 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 ..... 24/05/2021 08:27 (SGT)  
Date of Accident ..... 22/05/2021 16:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TAMPINES AVE 10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHF585C

### 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 ..... 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 - Claiming third party  
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 ..... NELSON NG PENG SHEAN  
NRIC No ..... SXXXX123G

Date Of Birth .....	03/09/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	02/03/1993
Driving experience .....	28 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97922907
Alt. Phone Number .....	-
Email Address .....	Ngnelson66@gmail.com
Address .....	290B COMPASSVALE CRESCENT
Address complement .....	#05-48
Postcode .....	542290
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PAASENGER 1
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210522/2070 LODGED AT PAYA LEBAR N P P

#### 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 .....	SJT7130M
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR ONG
Contact Number .....	(Phone) +65-94376614
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 .....	NELSON NG PENG SHEAN
Address .....	290B COMPASSVALE CRESCENT
Address Complement .....	#05-48
Post Code .....	542290
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHF585C
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.

Policyholder's Signature  
Date & Time:

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

23 May 2021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMED SAIFULLAH S/O SYED MASOOD  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM Ver. 30042021

Vehicle A: SHF585C  
Vehicle B: SJT7130M.

TPE

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SAIFULLAH S/O SYED MASOOD

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.:


































































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20210522/2070

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Report No. T/20210522/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/05/2021 21:51	Vide Report No.:	Station Diary No.: 47
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**Informant's Particulars**

Name of Informant: NELSON NG PENG SHEAN		Address: APT BLK 290B COMPASSVALE CRESCENT #05-48 SINGAPORE 542290	
ID Type / ID No.: NRIC NO / S1738123G		Contact No.: Home/Office: Mobile: 97922907	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 03/09/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TRANSCAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/05/2021 16:15	Type of Location: Straight Road
Location: TAMPINES AVENUE 10.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHF585C	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red		1
SJT7130M	Car					0

**Details of Person Involved**

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


**SINGAPORE  
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Police Station Of Origin:  
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114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



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Report No. T/20210522/2070

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NELSON NG PENG SHEAN		ID No. S1738123G
Related Vehicle	SHF585C (Car)		Contact No. 97922907
Hospital/Clinic	NORTHEAST MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	22/05/2021	Date Discharge	22/05/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ONG		ID No. NIL
Related Vehicle	SJT7130M (Car)		Contact No. 94376614
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 22/05/2021 at about 1615hrs, I was driving my Transcab(Registration No. SHF585C) when I exited TPE wanting to turn right to Tampines Avenue 10 on the 1st lane(Right Lane) of the 3lanes straight road when my Transcab is stationary due to traffic. Suddenly another car(Registration No. SJT7130M) collided onto my car's rear resulting in scratch damages. I suffered impact on my back area. We then alighted from our vehicle to inspect the damages, exchange contact, agree on Insurance Claim and left location. There is dashcamera in my car facing front.

I later went to Northeast Medical Group and has 3days of MC, therefore lodging this Traffic Accident report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin: -  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



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Report No. T/20210522/2070

**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:  
F/  
Sgt 2 BOH YONG SENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No: 65476185

Authentication Stamp

KPS

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
22/05/2021 21:51

Classification Of Case: