

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 07/06/2021 23:28 (SGT)
Date of Accident 07/06/2021 20:10 (SGT)
Exact Location of Accident Near Airport Rd, Singapore
Additional Location Information JUNCTION OF AIRPORT ROAD & EUNOS LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5607G

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 TAN KIM SUN
NRIC No SXXXX982F

Date Of Birth	13/04/1963
Occupation	Outdoor
Date Of Driving Pass	20/06/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-90231603
Alt. Phone Number	-
Email Address	piggy.tan99@gmail.com
Address	BLK 442B FAJAR ROAD
Address complement	#02-30
Postcode	672442
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NO DETAILS
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 THE POLICE REPORT NO:T/20210607/7045

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK7641D
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Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	NO DETAILS - MALE DRIVER
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	PASSENGER 1
Gender	Male

PASSENGER 2

Name	PASSENGER 2
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIM SUN
Address	BLK 442B FAJAR ROAD
Address Complement	#02-30
Post Code	672442
Approximate Age Years Old	58
Injuries Sustained	-
Injured person in which vehicle?	SHC5607G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NO DETAILS - SHC5607G - PASSENGER 1
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5607G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	NO DETAILS - SLK7641D - DRIVER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK7641D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	NO DETAILS - SLK7641D - PASSENGER 1
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SLK7641D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	NO DETAILS - SLK7641D - PASSENGER 2
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK7641D
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.

VERIFY 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.:

7 June 2021

ACCIDENT DIAGRAM Ver. 300042021

The diagram shows a T-junction where **Hanging Aze 3** meets **Airport Road**. **Airport Road** runs vertically, with traffic flowing upwards as indicated by three arrows at the bottom. **Hanging Aze 3** runs horizontally across the middle. To the left of the junction, there are three horizontal lanes with arrows pointing right. To the right of the junction, there are three horizontal lanes with arrows pointing left. The intersection is marked with a small square containing the letter 'A' and a small circle containing the letter 'B'. A diagonal line crosses the intersection from the top-left to the bottom-right. The text **Eunos Link.** is written on the right side of the diagram. Below the diagram, there is a signature line with a wavy line and the letter 'A'.

Vehicle A: SHCS067G
Vehicle B: SLK7641D

**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.: _____

ACCIDENT STATEMENT (2000 characters)

I was traveling along AIRPORT ROAD near junction of EUNOS LINK third party vehicle collided onto my vehicle right passenger door as I pass the junction. That's all I can remember.

Driver will be seeing doctor.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

7 June 2021 at 9:23 PM

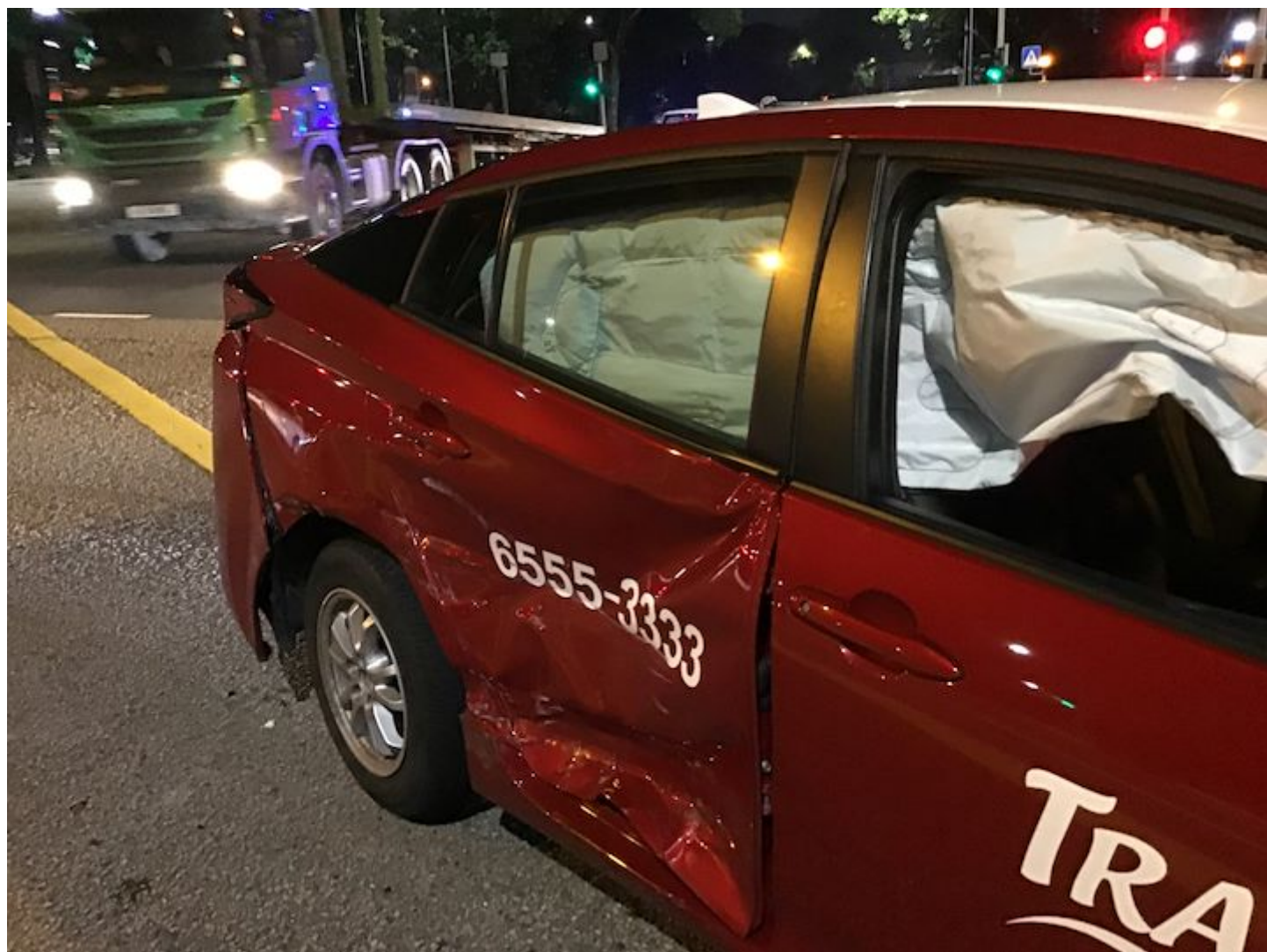
Date/Time:

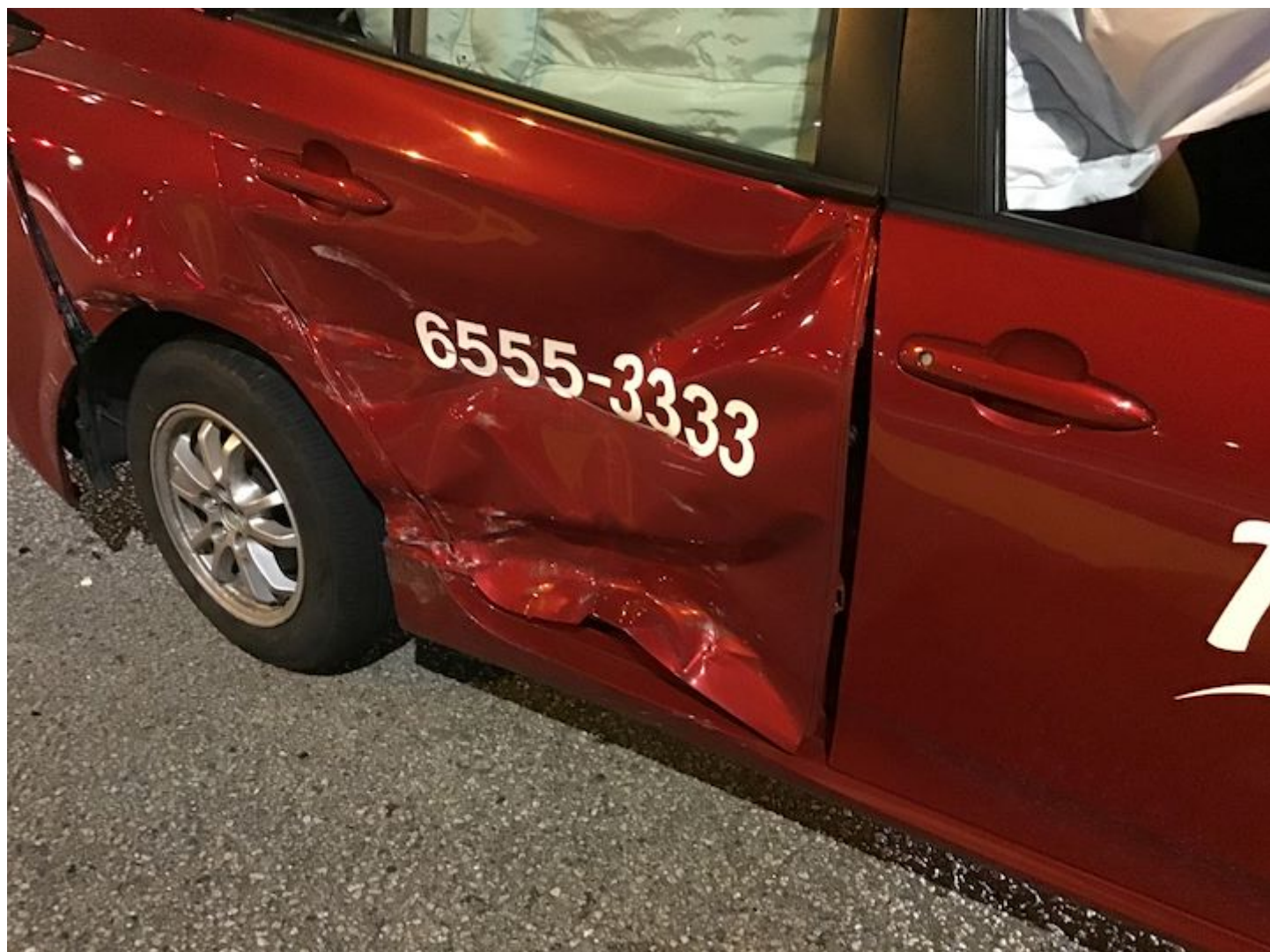
7 June 2021 at 9:23 PM

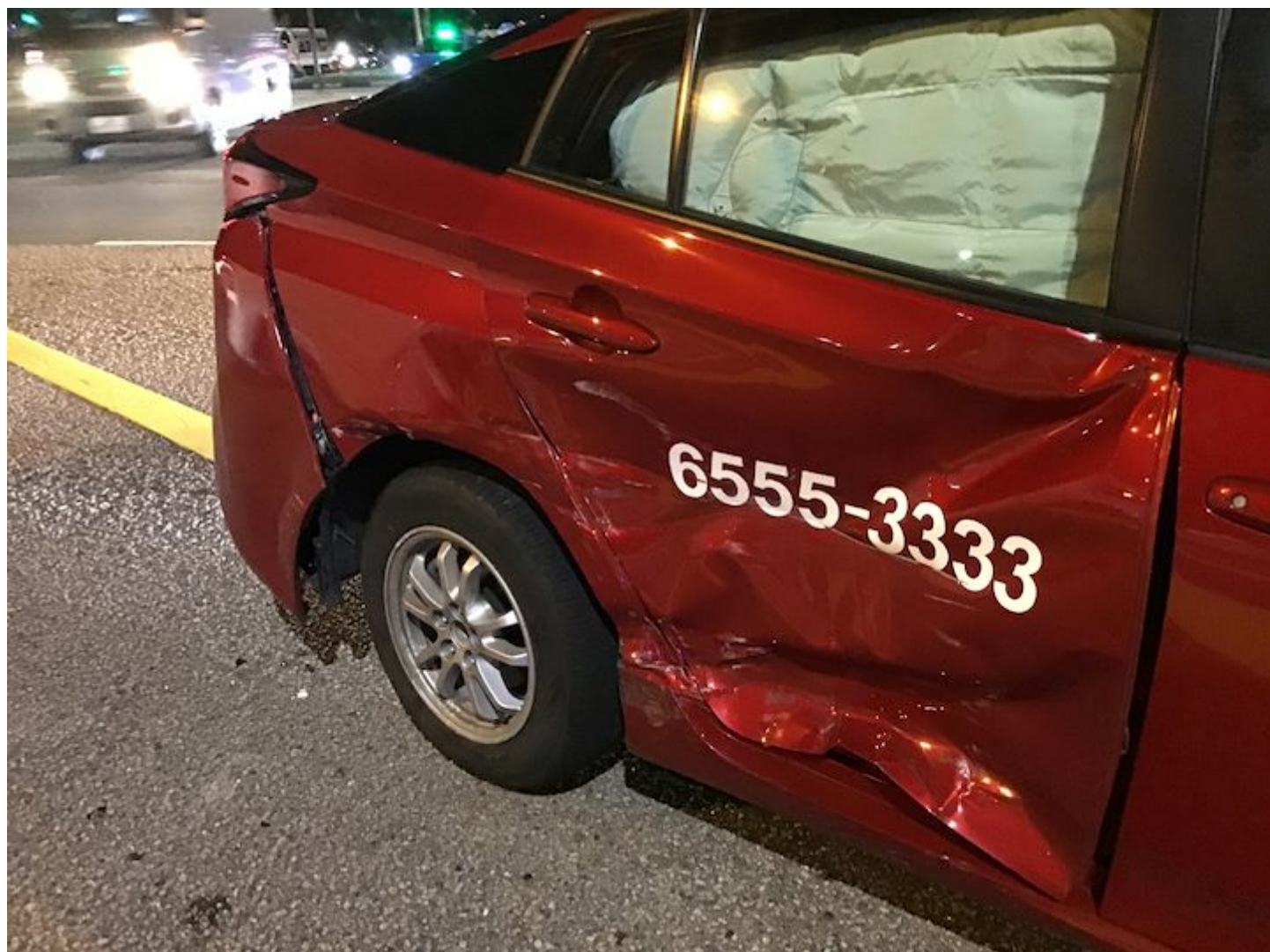


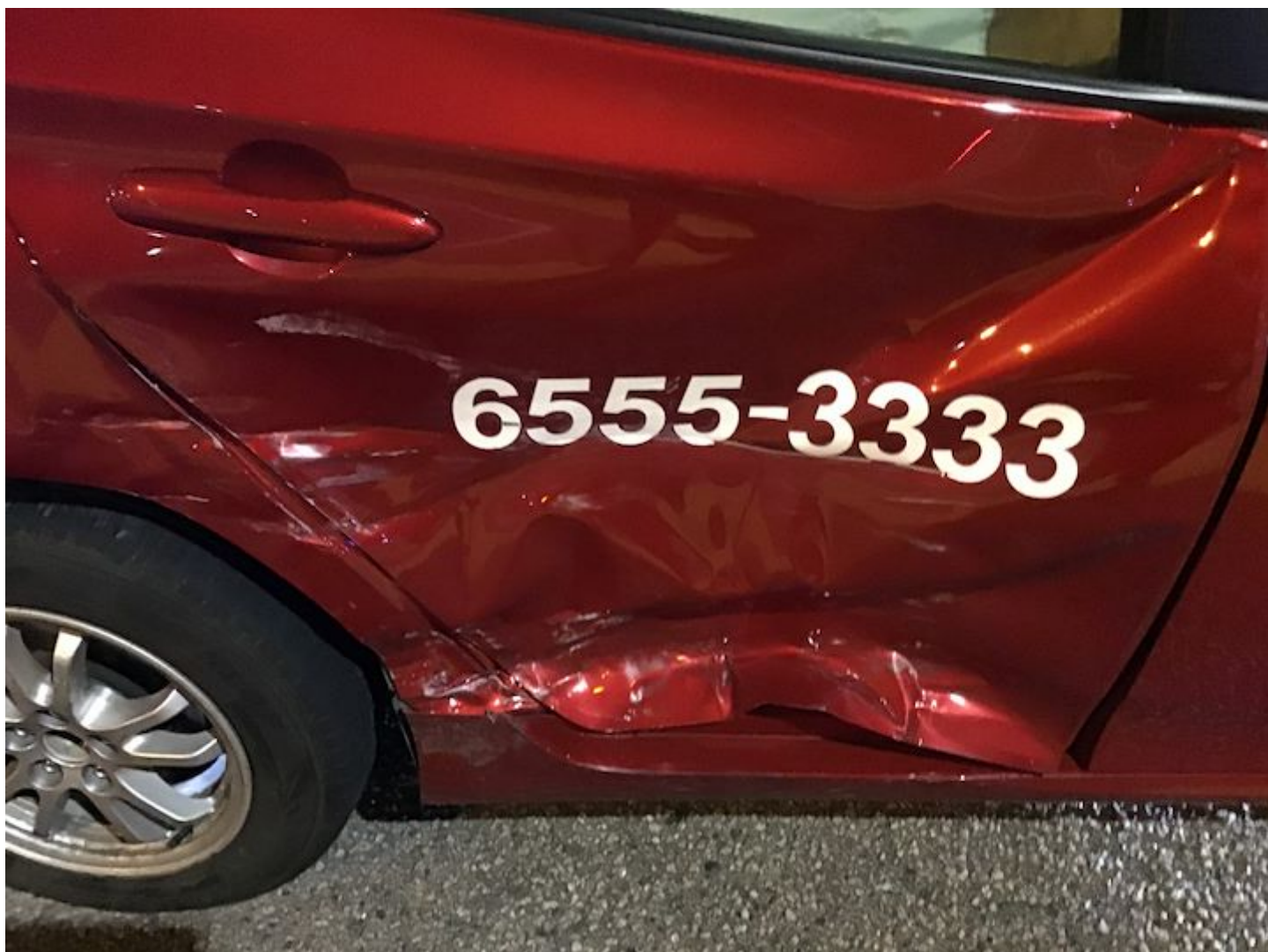


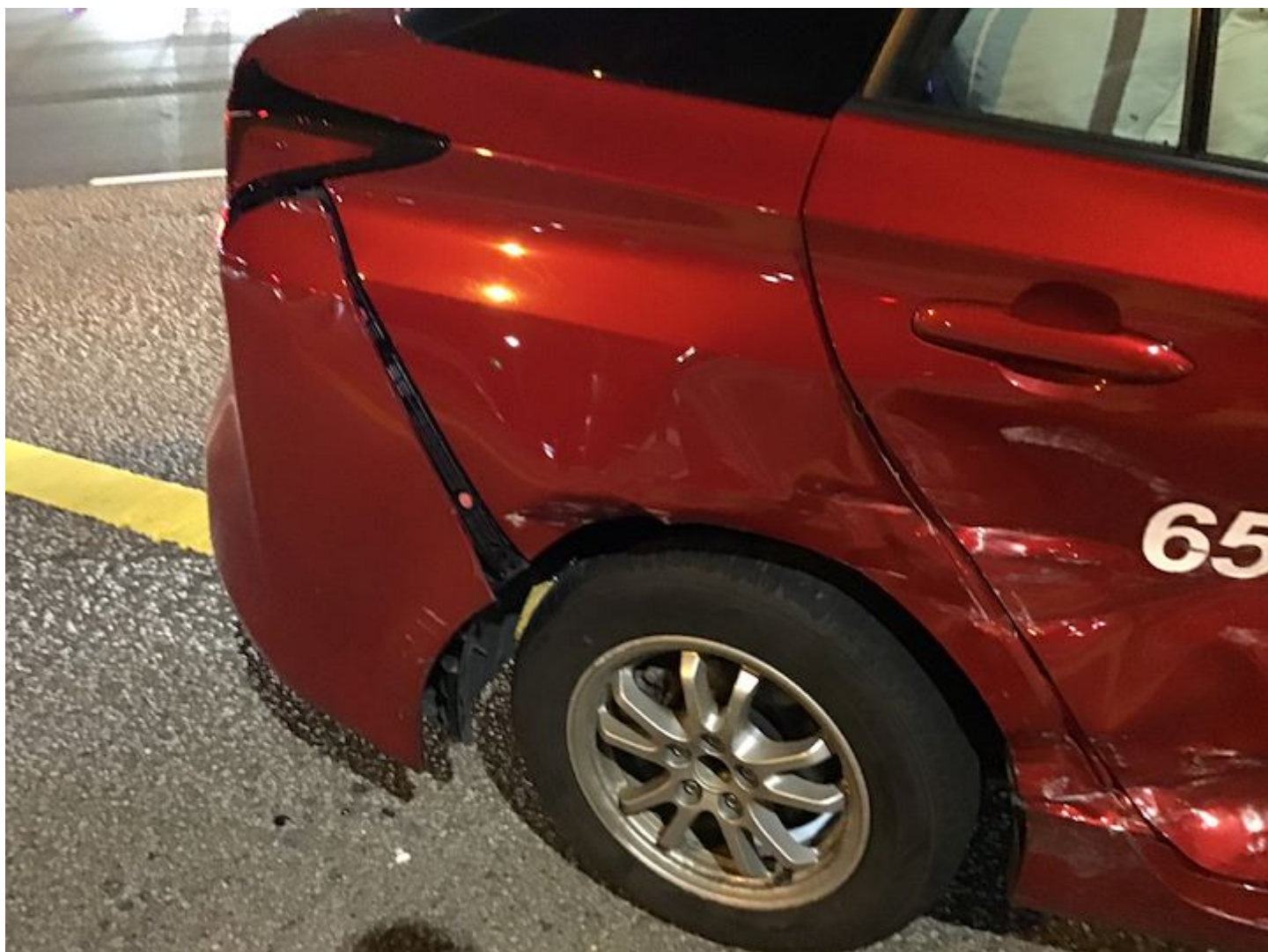


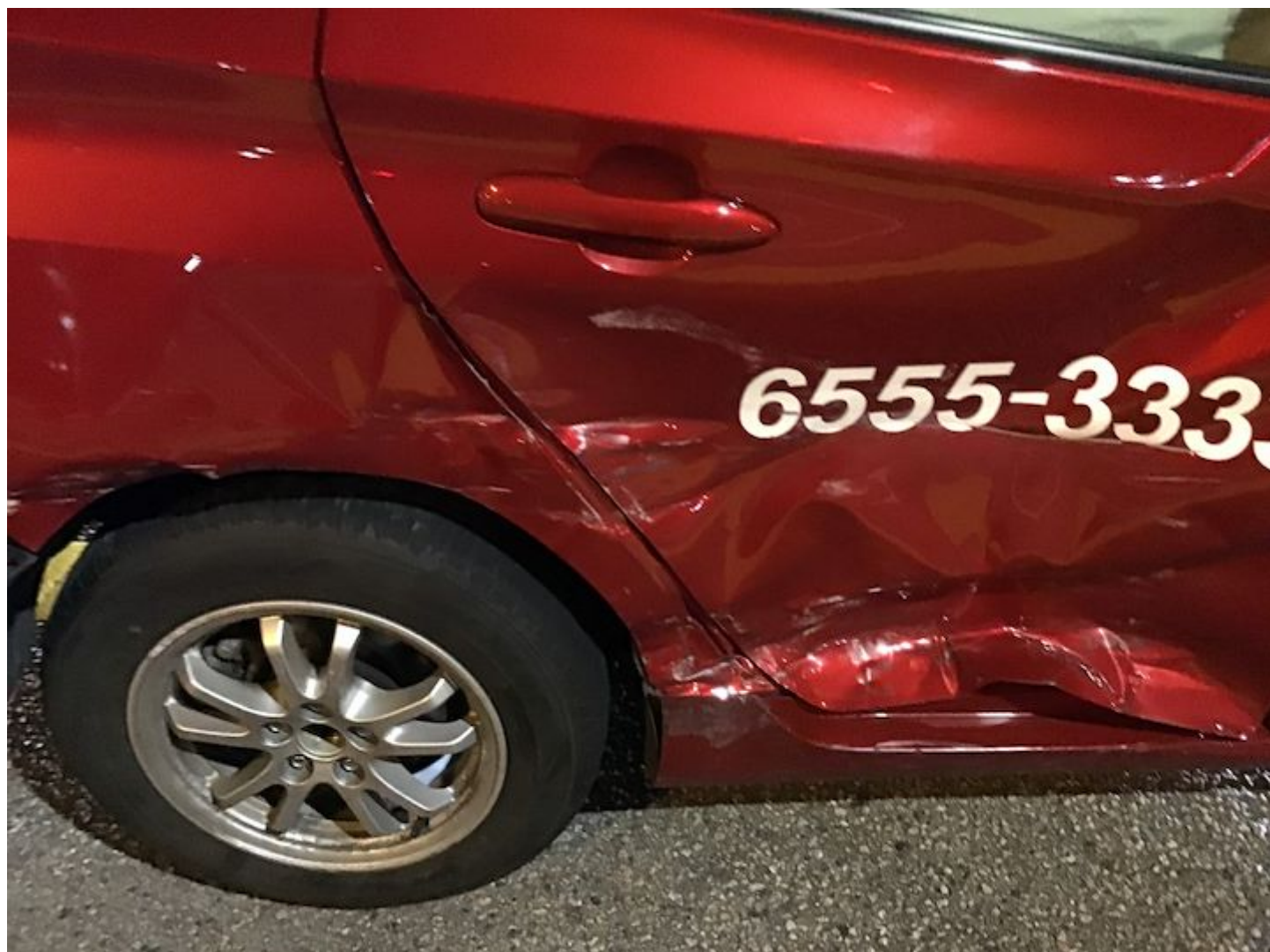


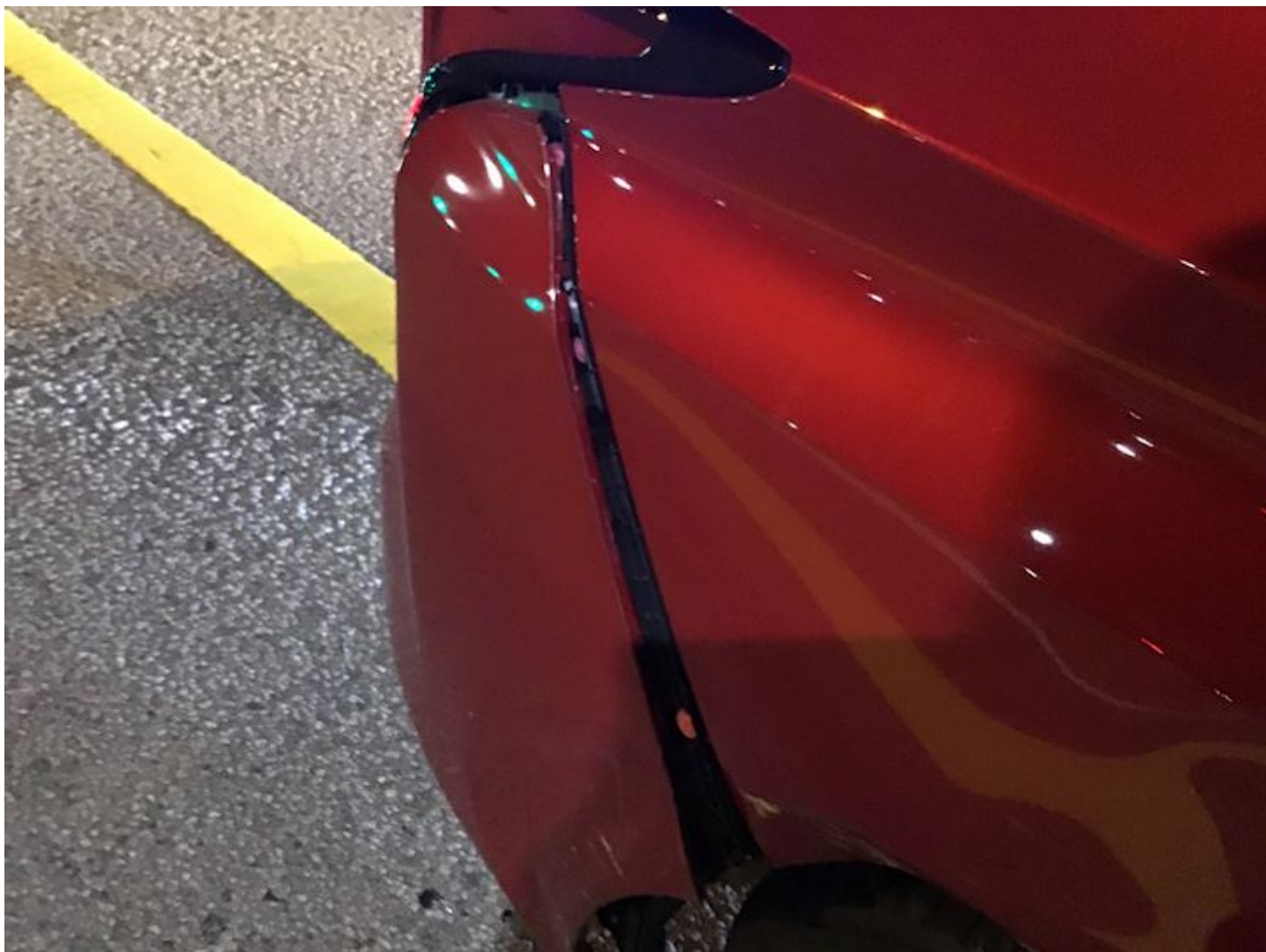














**SINGAPORE
POLICE FORCE**



T/20210607/7045

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

1 of 3

Report No. T/20210607/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2021 22:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN KIM SUN			Address: 442B FAJAR ROAD #02-30 SINGAPORE 672442		
ID Type / ID No.: NRIC NO / S1571982F			Contact No.: Home/Office: Mobile: 90231603		
Nationality: SINGAPORE CITIZEN			Email: piggy.tan99@gmail.com		
Sex: Male	Age: 58	Date of Birth: 13/04/1963	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 07/06/2021 20:10	Type of Location: X-Junction
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC5607G	Car					2
SLK7641D	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20210607/7045

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

2 of 3

Report No. T/20210607/7045

CONTINUATION OF REPORT

Driver			
Name	TAN KIM SUN		ID No. S1571982F
Related Vehicle	SHC5607G (Car)		Contact No. 90231603
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was driving Vehicle A bearing number plate SHC5607G on airport road going straight when suddenly Vehicle B bearing number plate SLK7641D made a right turn from the opposite direction of the same road and hit me from the side at the junction. I got down my vehicle and realise that i was involved in a 2 car collision - head to side. The large impact caused me discomfort in my head, neck and back. I visited a local GP and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210607/7045

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

3 of 3

Report No. T/20210607/7045

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 / TPIB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

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:
07/06/2021 22:19

Classification Of Case:



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 : SA0A21670008 Vehicle Registration No: SHC5607G
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 : 07/06/2021 Time of Accident : 20:10 (SGT)
Place of Accident : Near Airport Rd, Singapore
Insurance Company : AXA Insurance 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:

1. ADDING POLICE REPORT

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 09062021