

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 28/06/2021 21:45 (SGT)
Date of Accident 28/06/2021 16:20 (SGT)
Exact Location of Accident Yishun Ave 4, Singapore
Additional Location Information 509A YISHUN AVENUE 4, SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB9755R

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 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 -

DRIVER

Name of Driver CHIN THEY ZHEE
NRIC No SXXXX007H

Date Of Birth	30/05/1982
Occupation	Outdoor
Date Of Driving Pass	10/09/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88662239
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	505D YISHUN ST 51
Address complement	#04-72
Postcode	764505
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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	Female

PASSENGER 3

Name	P3
Gender	Female

PASSENGER 4

Name	P4
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20210629/2038 LODGE AT JURONG WEST NPC

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 GBE1888Z
 Vehicle Manufacturer Toyota
 Vehicle Model Dyna
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver DONG FENGLEI
 NRIC No GXXXX931L
 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 CHIN THEY ZHEE
 Address 505D YISHUN ST 51
 Address Complement #04-72
 Post Code 764505
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHB9755R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person PASSENGER 1
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHB9755R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person PASSENGER 2
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHB9755R
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person PASSENGER 3

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB9755R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	PASSENGER 4
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB9755R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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:

28/6/2021

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

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

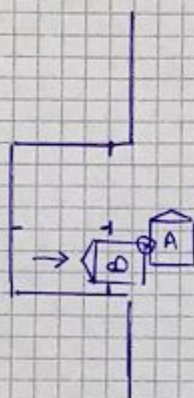
ACCIDENT DIAGRAM

Ver. 30042021

509B YISHUN ST 51

A: SHB9755R

B: GBE1888Z



[Handwritten signature]

Policyholder's Signature
Date & Time:

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

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

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















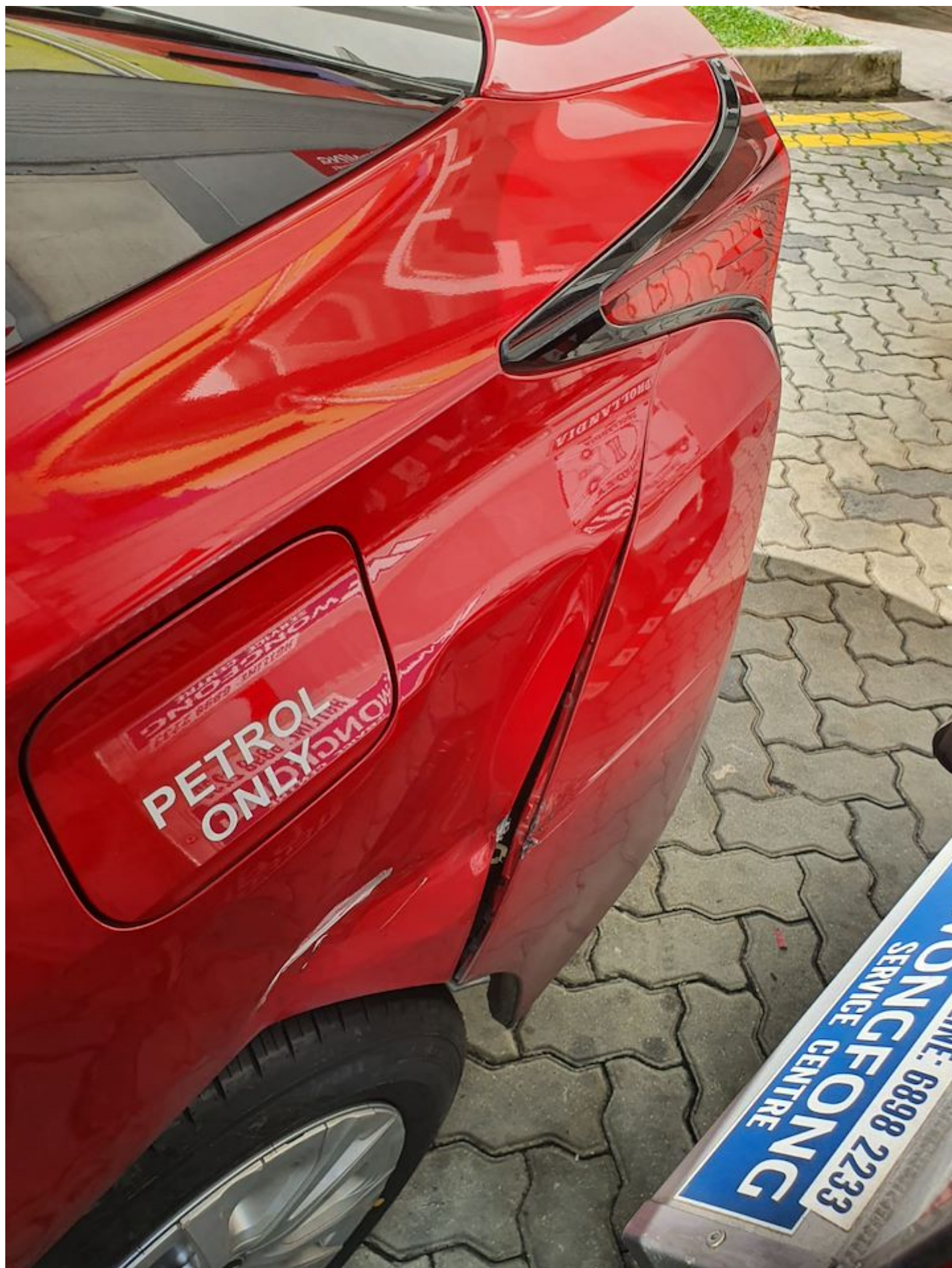


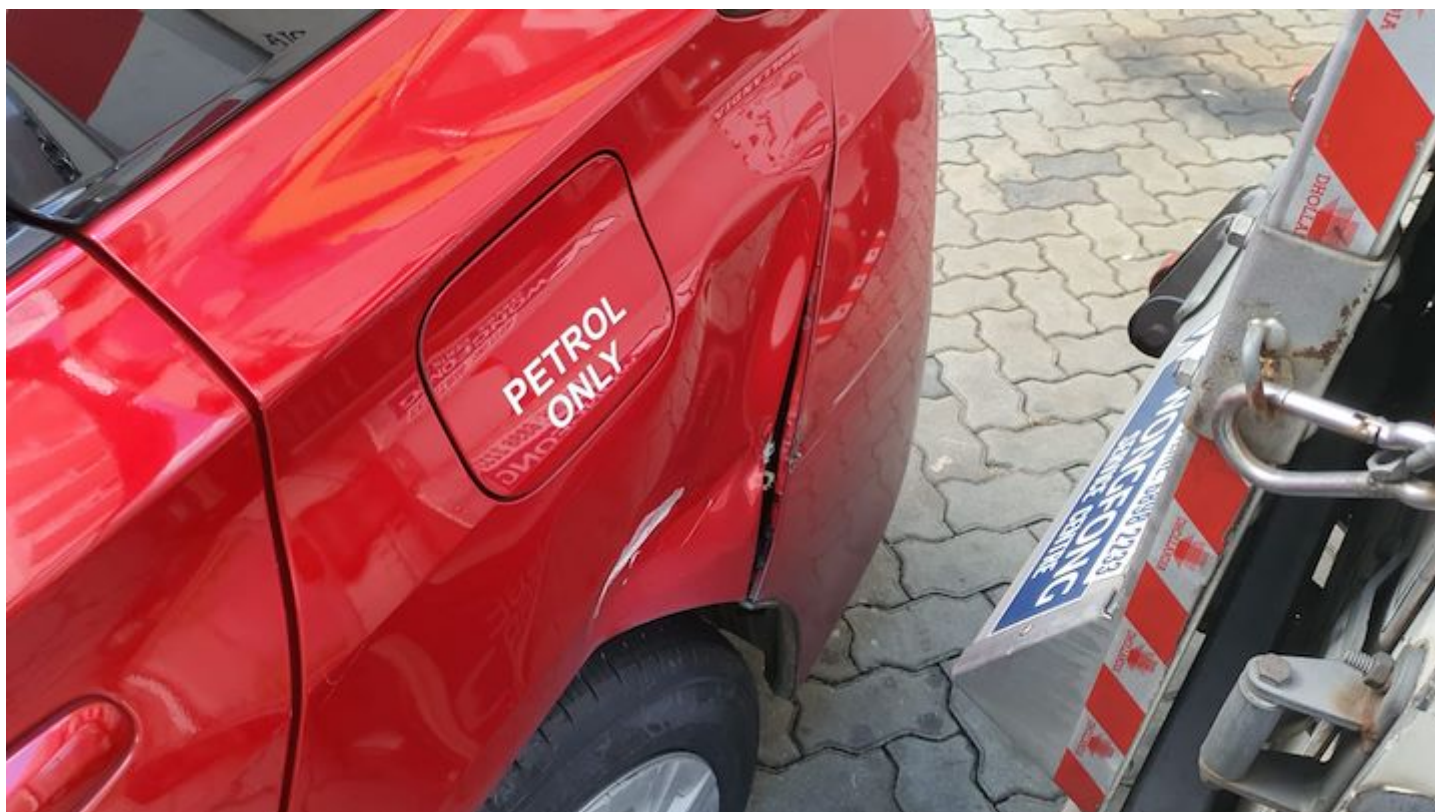






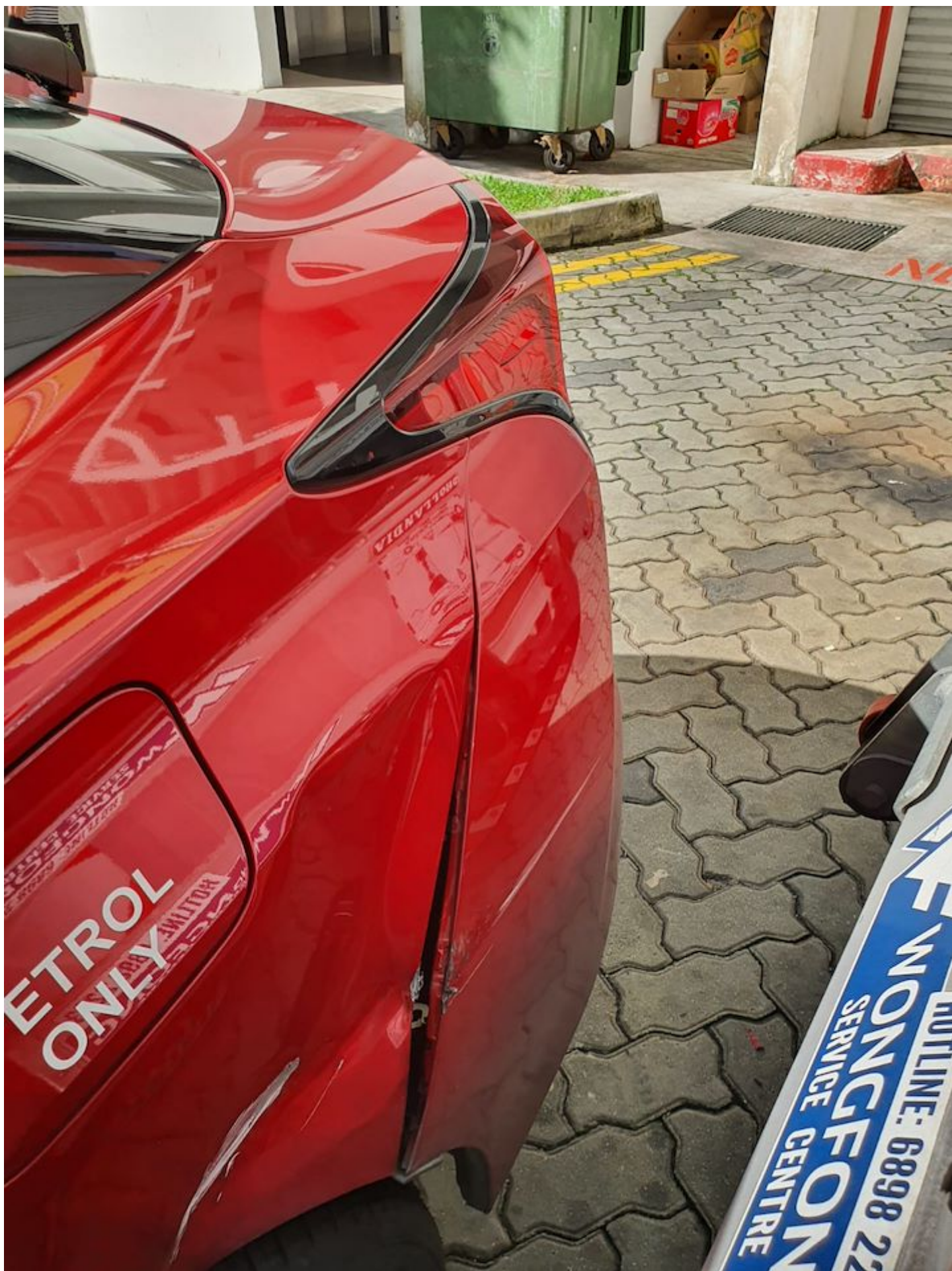













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210629/2038

1 of 4

Report No. T/20210629/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/06/2021 13:36

Vide Report No.:

Station Diary No.:
56

Informant's Particulars

Name of Informant:
CHIN THEY ZHEE

Address:
APT BLK 505D YISHUN STREET 51 #04-72 SINGAPORE
764505

ID Type / ID No.:

Contact No.:

Mobile: 88662239

NRIC NO / S8216007H

Home/Office:

Email:

Nationality:

SINGAPORE CITIZEN

Sex:

Age:

Date of Birth:

Type of Informant:

Male

39

30/05/1982

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

Taxi driver

Driving Licence Information:

Class: 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: 28/06/2021 16:20	Type of Location: Car Park
Location: YISHUN AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1888Z	Lorry				Slightly Damaged	0
SHB9755R	Car				Slightly Damaged	4

Details of Person Involved

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



POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210629/2038

CONTINUATION OF REPORT

Driver		ID No.	G2872931L
Name	DONG FENGLEI		Contact No.
Related Vehicle	GBE1888Z (Lorry)		NIL
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
Driver		ID No.	S8216007H
Name	CHIN THEY ZHEE		Contact No.
Related Vehicle	SHB9755R (Car)		88662239
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger		ID No.	S8071290A
Name	CHOA KAH KEAT		Contact No.
Related Vehicle	SHB9755R (Car)		91415676
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Passenger		ID No.	S8783264C
Name	ZHANG YUFANG		Contact No.
Related Vehicle	SHB9755R (Car)		88665684
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL


POLICE FORCE


T/20210629/2038

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210629/2038

CONTINUATION OF REPORT

Passenger			
Name	TAN AI GEK	ID No.	S1270969B
Related Vehicle	SHB9755R (Car)	Contact No.	97488224
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 28/06/2021 at about 1621hrs, I was driving my Taxi SHB9755R within Blk 509A Yishun Avenue 4 Carpark to pick up 02 more passenger. I stopped along the minor road beside a loading/unloading bay with a parked lorry. After picking up my passenger, as I was about to move off, I felt an impact from the left rear portion of my vehicle. I stopped and make a check and noticed one Lorry GBE1888Z had reversed and collided onto my vehicle. The driver and I alighted from our vehicle and he claims that he did not see my vehicle when he was reversing. We then exchange particulars and initially he refused to let me take photo of his vehicle registration plate. But I managed to take photo of it. We then agreed on Insurances claims and left.

All my passenger and I felt some pain and we went to seek medical attention together at A LIFE CLINIC PTE LTD and was issued 05 days MC each. ref: MC2106291069 (myself), MC2106291072 (Zhang Yufang), MC2106291070 (Choa Kah Keat) and MC2106291071 (Tan Ai Gek). I wish to state that no traffic Police and ambulance at scene. My car got In-car camera installed but it was faulty and was not recording.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20210629/2038

4 of 4

Report No. T/20210629/2038

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 /

Sgt 3 LOW JIAN HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/06/2021 13:36

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

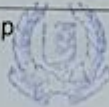
Contact No.: 65476172

Classification Of Case:

SN 126

Authentication Stamp

NP168



Signature:

Singapore Police Force



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 : SA0A216S000C Vehicle Registration No: SHB9755R
Name (as shown in NRIC) : CHIN THEY ZHEE NRIC/FIN/Passport No : S8216007H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 88662239
Email Address : _____
Date of Accident : 28/06/2021 Time of Accident : 1620
Place of Accident : YISHUN AVE 4
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:

ATTACH POLICE REPORT

Policyholder / Driver's Signature
Date:



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