

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 14/08/2021 01:09 (SGT)
Date of Accident 07/08/2021 04:15 (SGT)
Exact Location of Accident Yishun Ave 1, Singapore
Additional Location Information JUNCTION OF LENTOR AVE & YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS6819L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS LEASING PTE LTD
Company Reg No 201603575K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-65552222
Alternative Phone No (Office) +65-65552222

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant 5DR HATCHBACK (AUTO)
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/P2440417
Cover Note Number NA

DRIVER

Name of Driver GOH KHENG FONG (WU QINGFENG)
NRIC No S8237781F

Date Of Birth	04/11/1982
Occupation	Outdoor
Date Of Driving Pass	19/11/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83221276
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	52 Kent Road
Address complement	#05-18
Postcode	210052
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 vehicle 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	GLORIA TAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Cairnhill Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002968999
Police Station Address	Blk 9 Gloucester Road #01-03 Singapore 210009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20210811/2088 LODGE AT CAIRNHILL NPP

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	VIDEO HAS FORWARD TO AXA INSURANCE COMPANY
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9539D
Vehicle Manufacturer	Toyota

Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER 1
Gender	Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH KHENG FONG (WU QINGFENG)
Gender	Male
Phone No	(Phone) +65-83221276
Address	52 Kent Road
Address Complement	#05-18
Post Code	210052
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS6819L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

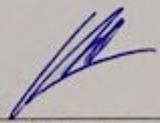
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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
ANG QI HAO, VICTOR**

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**


T/20210811/2088

Police Station Of Origin:
Cairnhill NPP
9 Gloucester Road #01-03 SINGAPORE
210009
Tel No: 1800-2968999

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Report No. T/20210811/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 17:10	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: GOH KHENG FONG		Address: APT BLK 52 KENT ROAD #05-18 SINGAPORE 210052	
ID Type / ID No.: NRIC NO / S8237781F		Contact No.: Home/Office: Mobile: 83221276	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 04/11/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/08/2021 04:15	Type of Location: X-Junction
Location: YISHUN AVENUE 1			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS6819L	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS6819L	AXA INSURANCE SINGAPORE PTE LTD			



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T/20210811/2088

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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KHENG FONG	ID No.	S8237781F
Related Vehicle	SMS6819L (Car)	Contact No.	83221276
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/08/2021	Date Discharge	07/08/2021
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	GLORIA TAN	ID No.	NIL
Related Vehicle	SMS6819L (Car)	Contact No.	98554846
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/08/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am working as a Grab Driver and I am driving a white Toyota Prius, SMS6819L. On 07/08/2021 at about 0356hrs, I fetched a passenger namely Gloria Tan from 2 Makeway Avenue and proceeded to send her to Yishun St 81, Orchid Park Condo. At about 0415hrs, I was at the junction of Lentor Ave and Yishun Ave 1. I stopped at the junction as the traffic lights were red. When the traffic light turned green, I turned right into Yishun Ave 1 where my car was hit by another taxi. I did not see it coming. The impact was very strong and I was very shocked. Smoke then started to come out from my car's engine, as such I quickly assisted my passenger to exit the vehicle. I then made a check with the taxi driver and passenger to see if they were okay. As they seemed fine, I did not wait for them to answer me and I continue to help my passenger as she is a female and might need more help. After that the police and ambulance arrived. I was conveyed to KTPH while I got my friend to come down to send my passenger back.

I was given 2 days mc however the doctor informed that I suffered no injury. My passenger also went for medical treatment at Raffles Medical that evening. However she also informed that she has no injuries. The damages on my car is on the left side and the engine area where it is seriously dented. The airbag in my car was also activated. That is all.



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Report No. T/20210811/2088

CONTINUATION OF REPORT



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T/20210811/2088

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Report No. T/20210811/2088

CONTINUATION OF REPORT

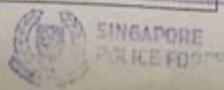
Sketch Plan

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: A / Sgt 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 17:10
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE



SIGNATURE

