

# 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 ..... 20/08/2021 16:59 (SGT)  
Date of Accident ..... 20/08/2021 14:40 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... SLE TOWARDS TPE NEAR MANDAI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5322Y

### 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) +65-62876666  
Alternative Phone No ..... (Office) +65-62876666

### 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 - 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 ..... GOH KOK SIONG  
NRIC No ..... SXXXX234B

Date Of Birth .....	04/03/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	18/05/1974
Driving experience .....	47 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88052273
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	22 HAVELOCK ROAD
Address complement .....	#06-707
Postcode .....	160022
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	DAO QUOC THINH
Gender .....	Male

#### PASSENGER 2

Name .....	P2
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002369999
Alt. Police Station Phone No .....	(Fax) +65-62204360
Police Station Address .....	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210821/2016

#### 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 .....	GBH1227R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	HOO KOK HOONG
NRIC No .....	SXXXX656B
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****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  
WONG JUN KEAT**

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.:

20/8/2021

ACCIDENT DIAGRAM er. 30042021

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/PIN No.: \_\_\_\_\_

## SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SLE TOWARDS TPE . WHEN I DRIVING STRAIGHT AT SECOND LANE OF THREE LANE . SUDDENLY VEHICLE B FILTERING INTO MY LANE WITHOUT CHECKING AND COLLIDED ONTO LEFT FRONT SIDE OF MY VEHICLE .

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/8/2021

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

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

GIARMC SketchPlanForm\_V3

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**SINGAPORE  
POLICE FORCE**


T/20210821/2016

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Report No. T/20210821/2016

Police Station Of Origin  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/08/2021 10:56

Vide Report No.:

Station Diary No.  
41

**Informant's Particulars**

Name of Informant: GOH KOK SIONG			Address: APT BLK 22 HAVELOCK ROAD #06-707 SINGAPORE 160022		
ID Type / ID No. NRIC NO / S1150234B			Contact No. Home/Office: Mobile: 88052273		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 04/03/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**General information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2021 14:40	Type of Location: Straight Road
Location: MANDAI ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GBH1227R	Lorry	TOYOTA	Dyna		Slightly Damaged	0
SHD5322Y	Car	TOYOTA	Prius		Slightly Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah East N.P.C.  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No. 1800-2369999



T/20210821/2015

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Report No. T/20210821/2015

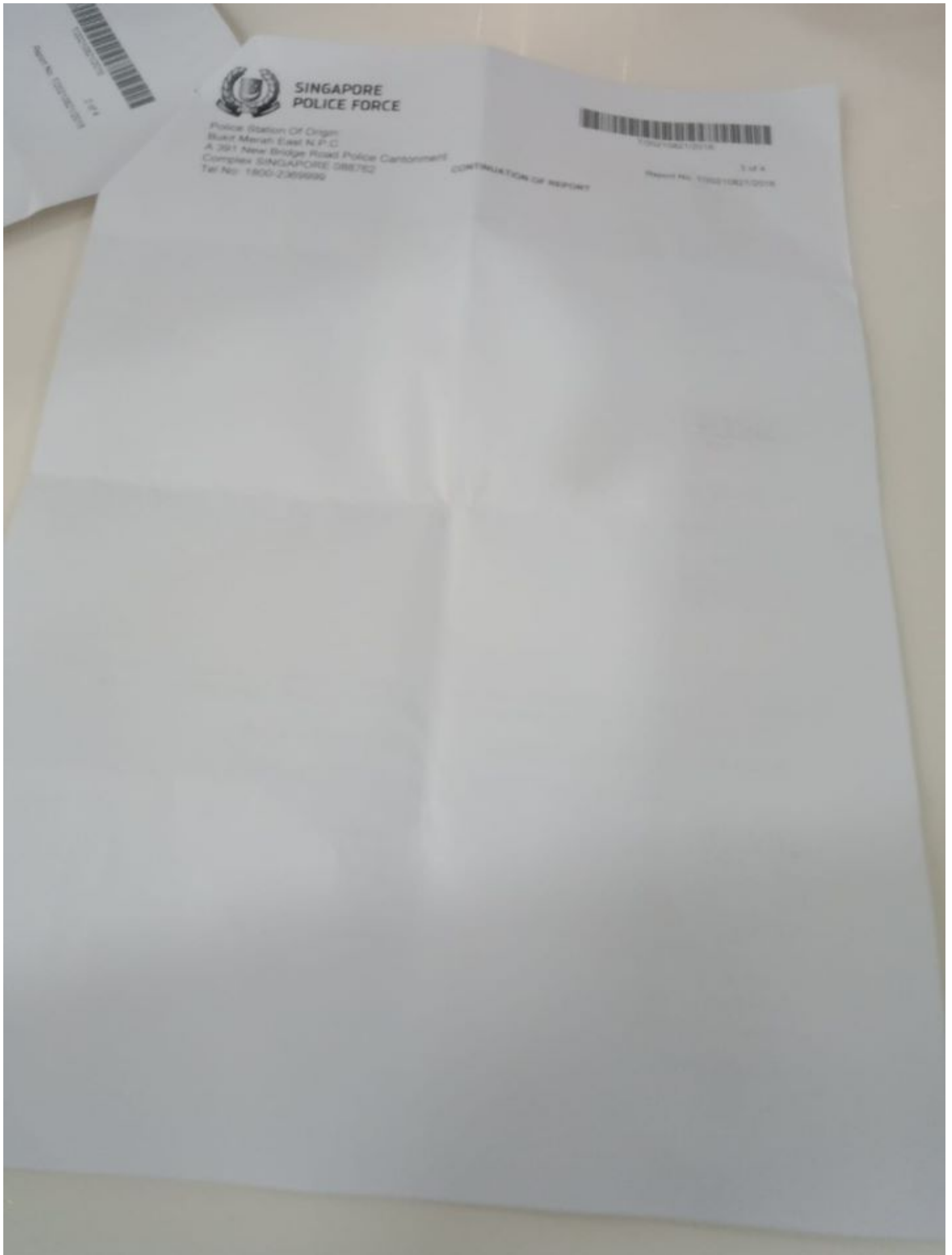
CONTINUATION OF REPORT

<b>Driver</b>		ID No.	S1150234B
Name	GOH KOK SIONG	Contact No.	88052273
Related Vehicle	SHD5322Y (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NEIGHBOURHOOD CLINIC	Date Treatment	20/08/2021
		Date Discharge	20/08/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>		ID No.	S6980656B
Name	Hoo Kok Hoong	Contact No.	NIL
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/08/2021 at about 1420hrs, I had picked up 2 passengers from Bukit Panjang and was headed towards Sengkang. At that point, it was not raining and the road surface was dry. As I was travelling along SLE towards TPE, I had travelled on the 2nd lane out of the 3 lanes. I was travelling at about 70km/h when I felt a jerk towards the left side of the vehicle. I then looked towards the left and noticed that a lorry had hit onto my taxi. I then stopped the taxi and alighted and tried to stop the lorry however the lorry kept wanting to drive away. The driver of the lorry finally stopped and came out of the vehicle. I immediately asked him what happened and he just kept saying that he had already signaled and that I did not give way to him. I wish to state that I did not even see his lorry in front of me and if I did I would have definitely gave way to him as I had passengers on board the taxi. The 2 passengers were ok however did not mention if they were going to see a doctor. I then exchanged particulars with the lorry driver however he refused to give his contact number to me. The damages on the taxi are scratch marks on the left side mirror and scratch marks on the left side of the front bumper and it was slightly dislodged as well.

After exchanging particulars with the lorry driver, I sent the passengers to their destination and went to the TransCab workshop which is located at Ang Mo Kio. I was told that the surveyor will assess the damage of the taxi on Monday. I then went to a clinic at Bukit Panjang and was given an MC from 20 August 2021 to 23 August 2021 due to pain at the back of the neck and some headaches.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999



T/20210821/2016

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Report No. T/20210821/2016

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 FAIQ AZHAR BIN MD FADZIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2021 10:56

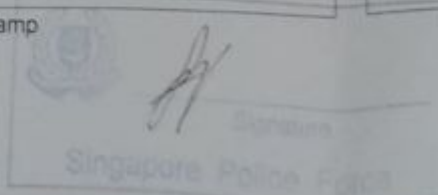
Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No: 65476151

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 : SA0A218K000F Vehicle Registration No: SHD5322Y  
Name (as shown in NRIC) : GOH KOK SIONG NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 22 HAVELOCK ROAD #06-707 160022 Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 88052273  
Email Address : claims@transcab.com.sg  
Date of Accident : 20/08/2021 Time of Accident : 14:40 (SGT)  
Place of Accident : SLE TOWARDS TPE NEAR MANDAI  
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:

ATTACHED POLICE REPORT.

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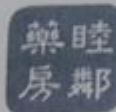
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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: THRUGA  
NRIC/FIN No.:  
Date: 23/08/2021

**NEIGHBOURHOOD CLINIC**

Blk 260, Bangkit Road, #01-13  
Singapore 670260  
Tel 6763 6515

**MEDICAL CERTIFICATE**NO. **22074**This is to certify that Goh Kok Siong☐ is unfit for duty/to attend school for Four day(s).on/from 20 AUG 2021 to 23/8/21 inclusive.☐ unfit for PE/IPPT for 7 week(s)☐ has been sick since 7

Remarks: \_\_\_\_\_

\*This certificate is not valid for absence from court or  
other judicial proceedings unless specifically stated.

Date: 20 AUG 2021

**DR LIM YU HER**  
MBBS (S'pore)