

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 06/09/2021 15:24 (SGT)
Date of Accident 05/09/2021 09:30 (SGT)
Exact Location of Accident Near 02 - 153, 154 Raffles Blvd, Singapore
Additional Location Information JUNCTION OF NICOLL HWY AND RAFFLES BLVD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP7220Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS LEASING PTE LTD
Company Reg No 2XXXXX575K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-65552222
Alternative Phone No (Office) +65-65552222

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 Private hire
Transmission Auto
CC 1794

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2440417
Cover Note Number

DRIVER

Name of Driver TAN SOO HONG
NRIC No SXXXX107F

Date Of Birth	26/02/1958
Occupation	Outdoor
Date Of Driving Pass	26/07/1976
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98165752
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	670 CHOA CHU KANG CRESCENT
Address complement	#08-521
Postcode	680670
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?	No
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	P1
Gender	Male

PASSENGER 2

Name	P2
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	WILL UPLOADED INTO AXA
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN6256Z
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIEL CHUA QUEE SING
NRIC No	SXXXX314D
Contact Number	(Phone) +65-81012540
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	TAN SOO HONG
Gender	Male
Phone No	(Phone) +65-98165752
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP7220Y
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.

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.:

6/9/2021

ACCIDENT DIAGRAM REF: 30042021

A: SMP7220Y
B: S1N6256Z

DAPERS BLVD

BOAS BAYAH ROAD

WJOLL HWY

VERIFIED 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.: _____

GREENLIFE CLINIC & SURGERY PTE LTD

Co. Reg. No: 199903115G
GST Reg. No: 19-9903115-G

OFFICIAL RECEIPT No 909124

TAN SOO HONG		06/09/2021
CONSULTATION	1 unit	34.00
ARCOXIA 120MG	4 tabs	12.00
ANAREX	10 tabs	5.00
METHYL SALICYLATE CREAM	1 tube	6.00
INJECTION - BRUFENAC/VOLTA	1 vial	30.00
DISCOUNT GIVEN	1	-24.00
	Total:	63.00

(GST of \$ 4.12 is included)

- ☐ Blk 624, Choa Chu Kang St 62, #01-230, Singapore 680624, Tel: 67606087
☐ Sembawang MRT Station, 11 Canberra Road, #02-01, Singapore 759775, Tel: 67562676
 This is a computer generated document. No signature is required.

GREENLIFE CLINIC & SURGERY PTE LTD

Co. Reg. No: 199903115G
GST Reg. No: 19-9903115-G

Payment mode: CASH

- ☐ Blk 624, Choa Chu Kang St 62, #01-230, Singapore 680624, Tel: 67606087
☐ Sembawang MRT Station, 11 Canberra Road, #02-01, Singapore 759775, Tel: 67562676
 This is a computer generated document. No signature is required.

GREENLIFE CLINIC & SURGERY PTE LTD

Co. Reg. No: 199903115G
GST Reg. No: 19-9903115-G

MEDICAL CERTIFICATE

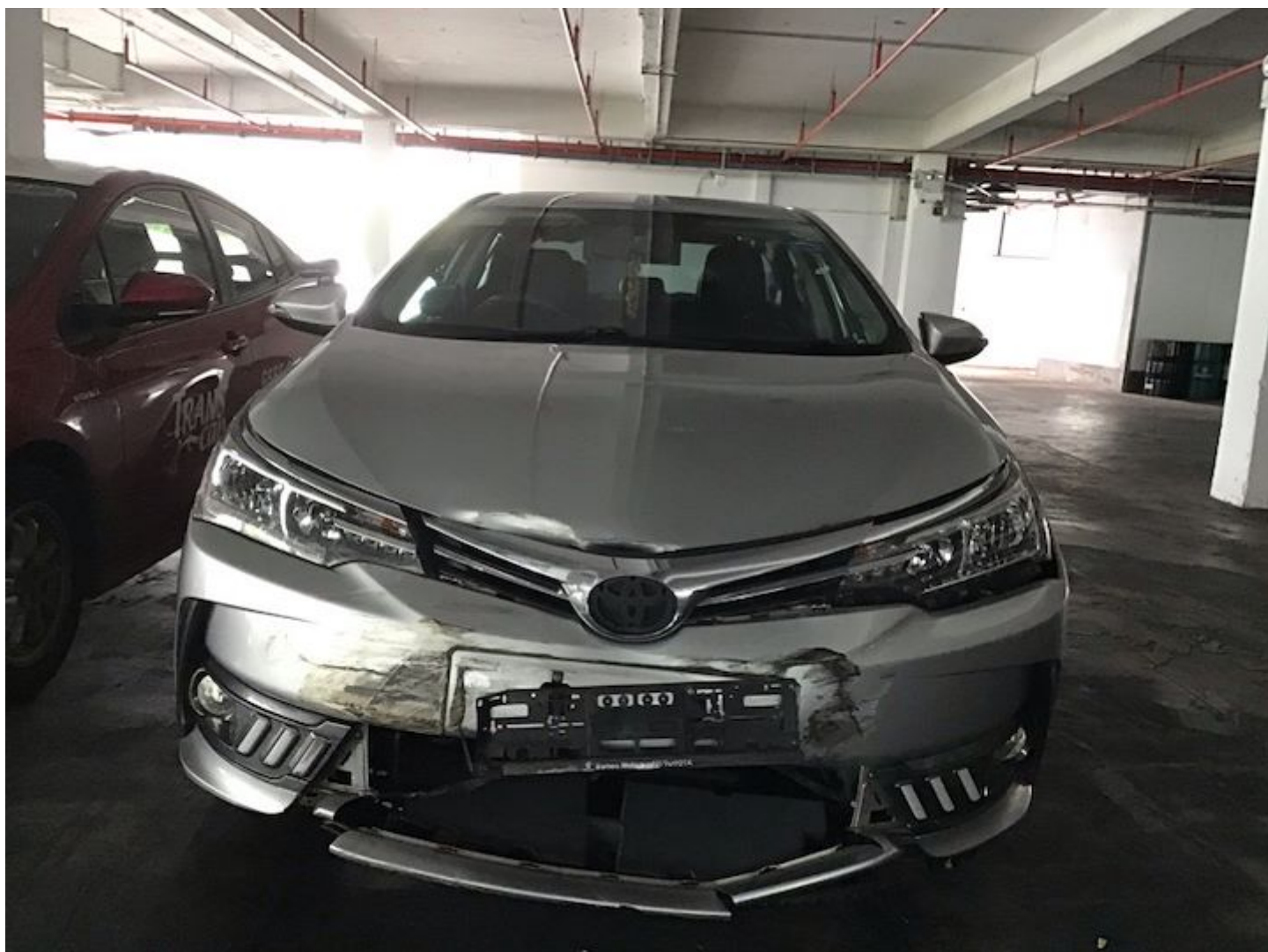
This is to certify that:
 TAN SOO HONG (1291107F)
 is unfit for work for 3 days
 from 06/09/2021 to 08/09/2021

Date: 06/09/2021

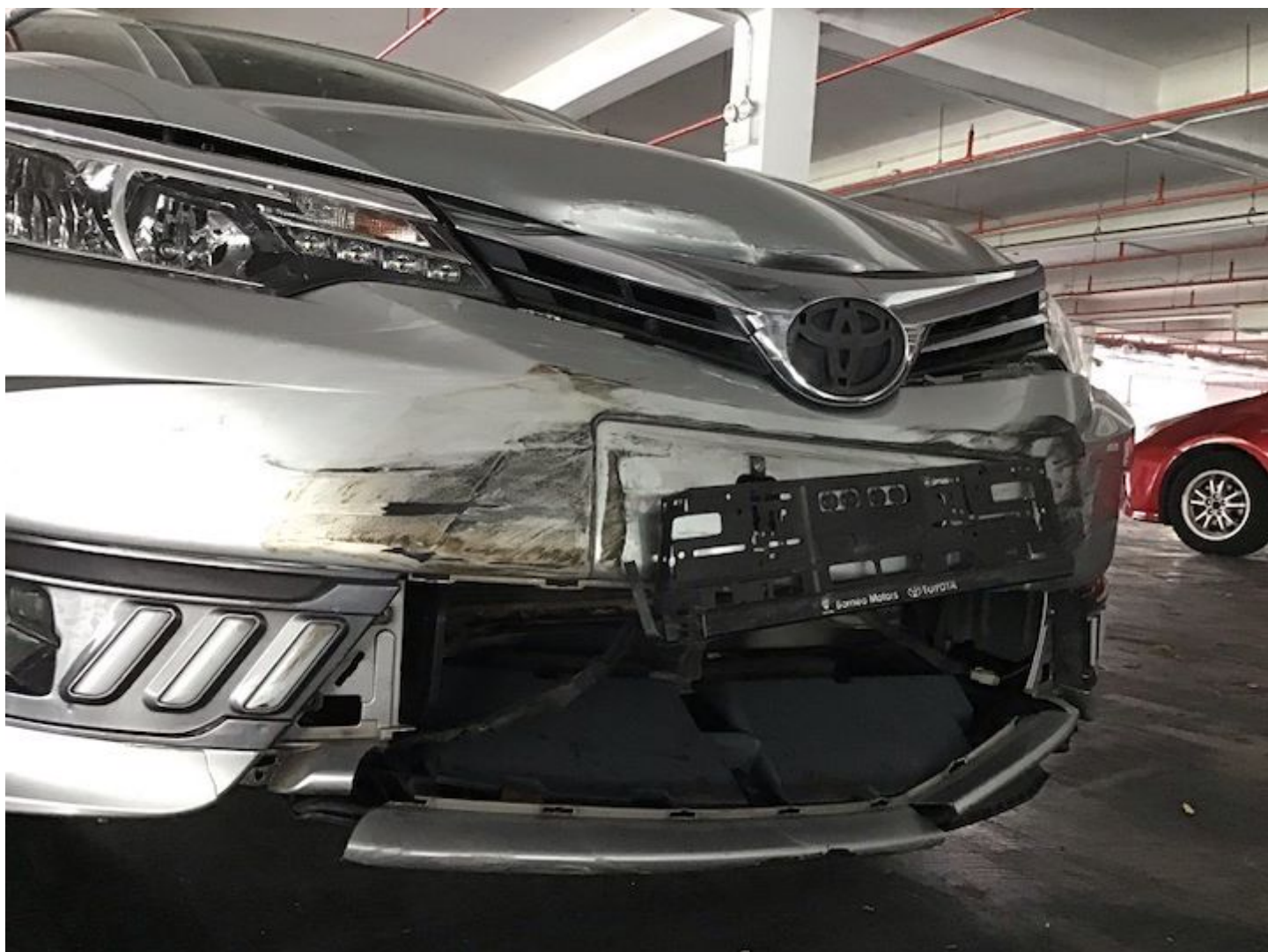
DR DANIEL LOO CHOO WOO
 MBBS (SPORE)

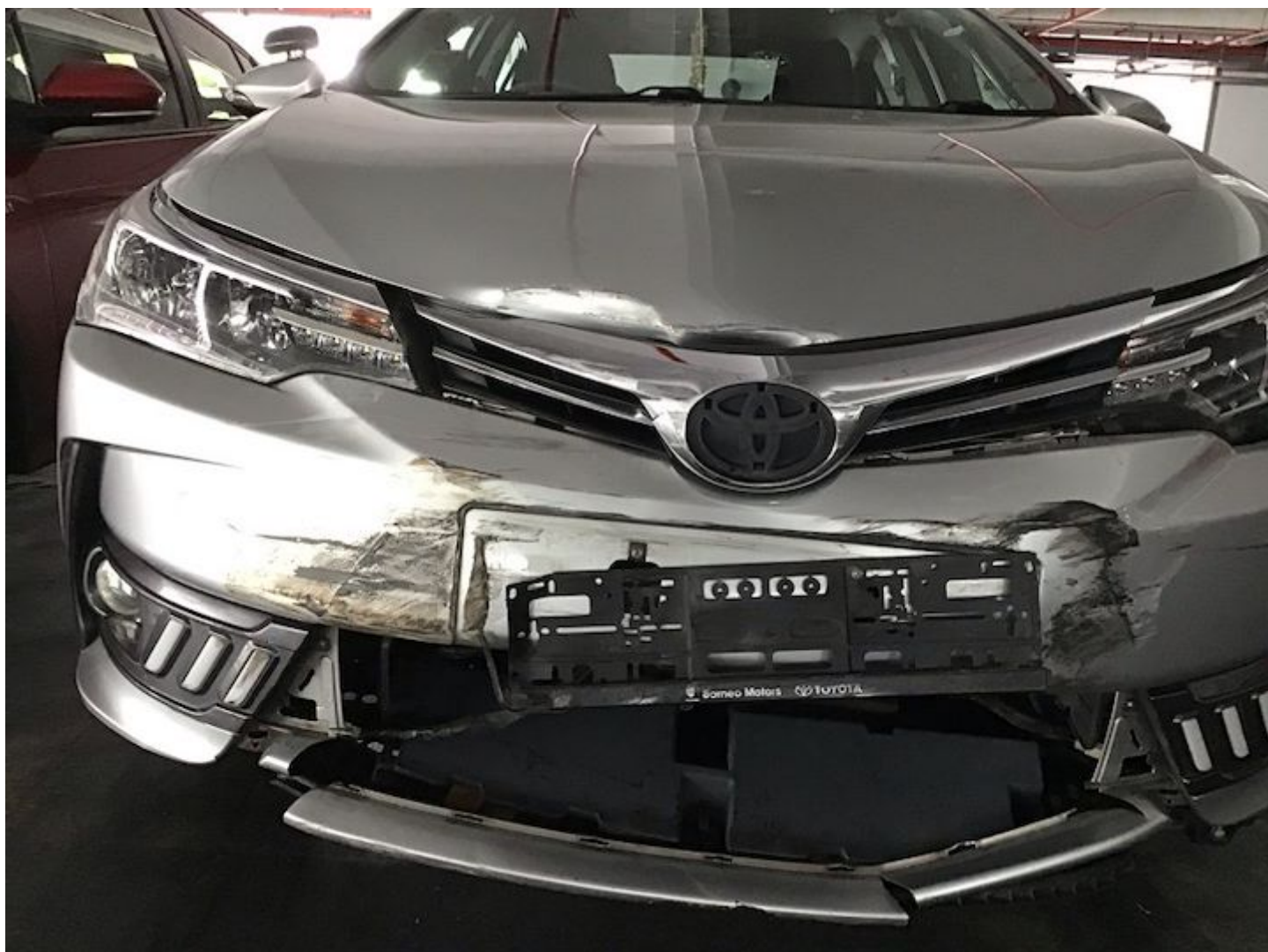
(This certificate is not valid for absence from court)

- ☐ Blk 624, Choa Chu Kang St 62, #01-230, Singapore 680624, Tel: 67606087
☐ Sembawang MRT Station, 11 Canberra Road, #02-01, Singapore 759775, Tel: 67562676





















SINGAPORE POLICE FORCE



T/20210906/2114

1 of 3

Report No. T/20210906/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 17:58	Vide Report No.: A/20210905/0057	Station Diary No.: 70
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Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: TAN SOO HONG			APT BLK 670 CHOA CHU KANG CRESCENT #08-521 SINGAPORE 680670	
ID Type / ID No.: NRIC NO / S1291107F			Contact No.:	Mobile: 98165752
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 63	Date of Birth: 26/02/1958	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2021 09:30	Type of Location: X-Junction
Location: NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SLN6256Z	Car				Seriously Damaged	1
SMP7220Y	Car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210906/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20210906/2114

CONTINUATION OF REPORT

Name	DANIEL CHUA QUEE SING		ID No.	S7314314D
Related Vehicle	SLN6256Z (Car)		Contact No.	81012540
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				
Name	TAN SOO HONG		ID No.	S1291107F
Related Vehicle	SMP7220Y (Car)		Contact No.	98165752
Hospital/Clinic	GREENLIFE CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	06/09/2021	Date Discharge	06/09/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 05/09/2021 at about 0928hrs, I was travelling along Nicoll Highway towards Esplanade Drive with SMP7220Y. I stopped my car at the X-Junction of Nicoll Highway and Raffles Boulevard awaiting the traffic to turn Green. When the traffic light turn Green, I start to move off as the traffic light was in my favor. Suddenly a car bearing SLN6256Z was travelling along Bras Basah Road towards Raffles Boulevard and the said car beat red light and hit onto my vehicle. The car that hit me was flipped. Traffic Police and Ambulance came to the scene. No one was conveyed by Ambulance.

I wish to state that I felt some pain on my shoulder and knee cap thus I seek medical assistance and I was given 3 days of MC. I also wish to state that I have in-car camera footage that recorded the accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20210906/2114

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Report No: T/20210906/2114

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 CHUA KEE LENG

SINGAPORE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

06/09/2021 17:58

Officer In Charge Of Case

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Classification Of Case:

Authentication Stamp

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0A21960007 Vehicle Registration No: SMP7220Y
 Name (as shown in NRIC): TAN SOO HONG NRIC/FIN/Passport No: S1291107F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98165752
 Email Address: _____
 Date of Accident: 06/09/2021 Time of Accident: 09:27
 Place of Accident: JUNCTION OF NICOL HWY AND RAFFLES AVE
 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:

Sabitra

 Reporting Centre Personnel's Signature
 Name: SABITRA
 NRIC/FIN No.:
 Date: 07/09/2021