

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	24/09/2021 16:41 (SGT)
Date of Accident	24/09/2021 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CIRCUIT ROAD TRAFFIC LIGHT JUNCTION OF CIRCUIT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7956R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	XXXXXX878K
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	-
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	HO GUAN HENG
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NRIC No	SXXXX903D
Date Of Birth	13/05/1956
Occupation	Outdoor
Date Of Driving Pass	04/12/1979
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93861020
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB MacPherson, 72 Circuit Road. #09-19
Address complement	-
Postcode	(S)370072
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HAMINA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ7733S
Vehicle Manufacturer	Mercedes
Vehicle Model	E250
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LOKE TUCK KONG
NRIC No	SXXXX732A
Contact Number	(Phone) +65-96646228
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO GUAN HENG
Gender	Male
Phone No	(Phone) +65-93861020
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7956R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	AMINAH BTE JERMIA
Phone	(Phone) +65-96613819
Email	-

SKETCH PLAN

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6. The 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 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:
NRC/FIN No.:

ACCIDENT DIAGRAM Ver. 30042021

Diagram labels: Circuit Link, Circuit Road, Contact Point, Veh A: SHB7956R, Veh B: SJZ7733S

Policyholder's Signature
Date & Time:

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

**VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

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

STATEMENT OF A WITNESS TO AN ACCIDENT

NAME OF WITNESS : Aminah Bte Jermia
NRIC/FIN/PASSPORT NO: S0212975B
ADDRESS : Blk 237 02-549
Tampines St 21 (520237)
CONTACT NUMBER : 96613819
EMAIL ADDRESS : _____

BRIEF FACTS: A motor accident has taken place on 24/9/21 at about 11.40 am
along/location of Circuit Rd between
vehicle SHB79561 and vehicle SJL71335. I am an eye-witness/passenger in the taxi
and I wish to recount its happening as follows

As the taxi was travelling along Circuit Rd on the
second lane wanted to turn left to Circuit Link
and the vehicle on the left go straight and hit
the taxi.

I affirmed the above statement true and correct.

Name: Aminah
NRIC/FIN: _____

Date: 26/9/21





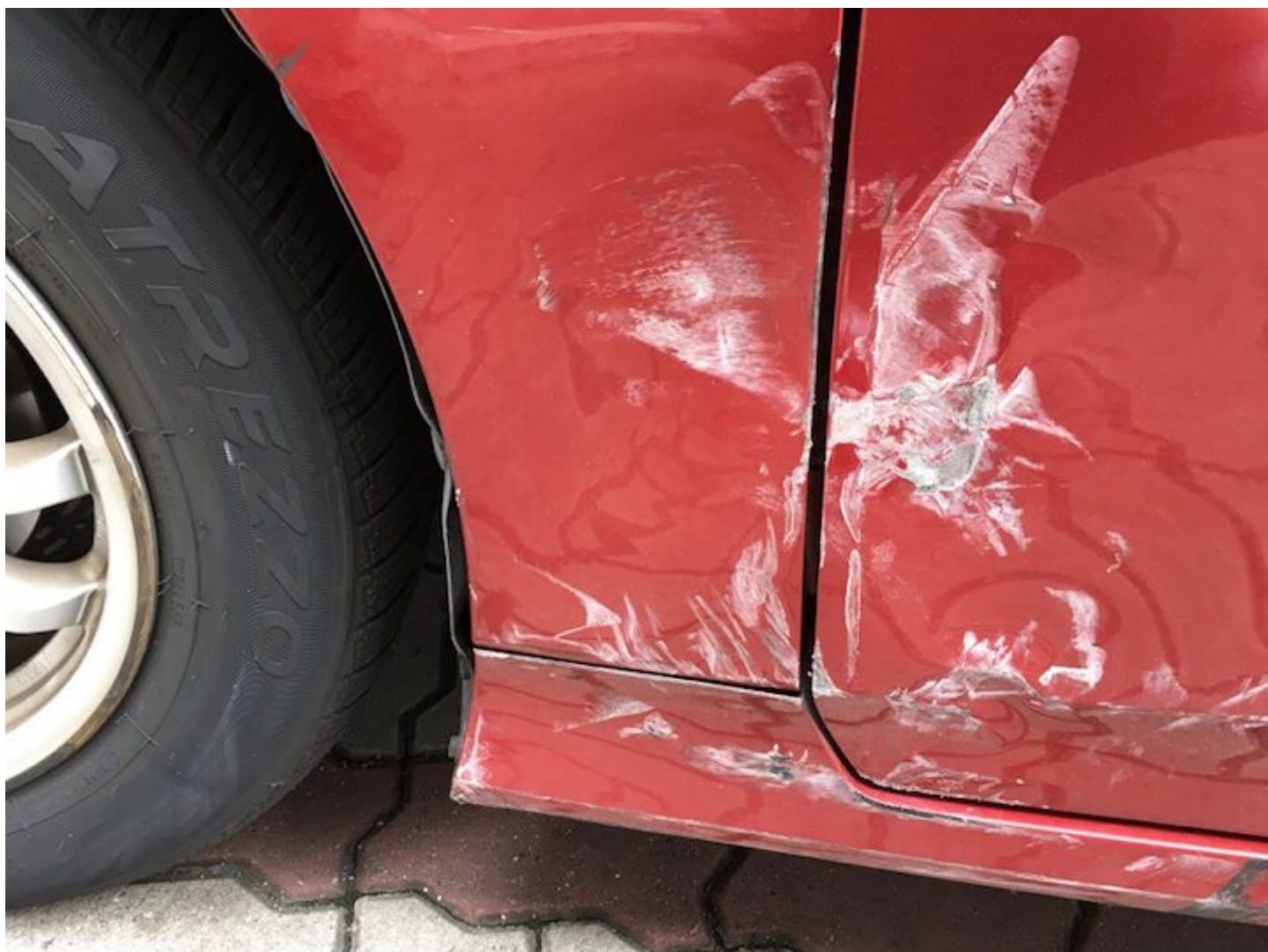




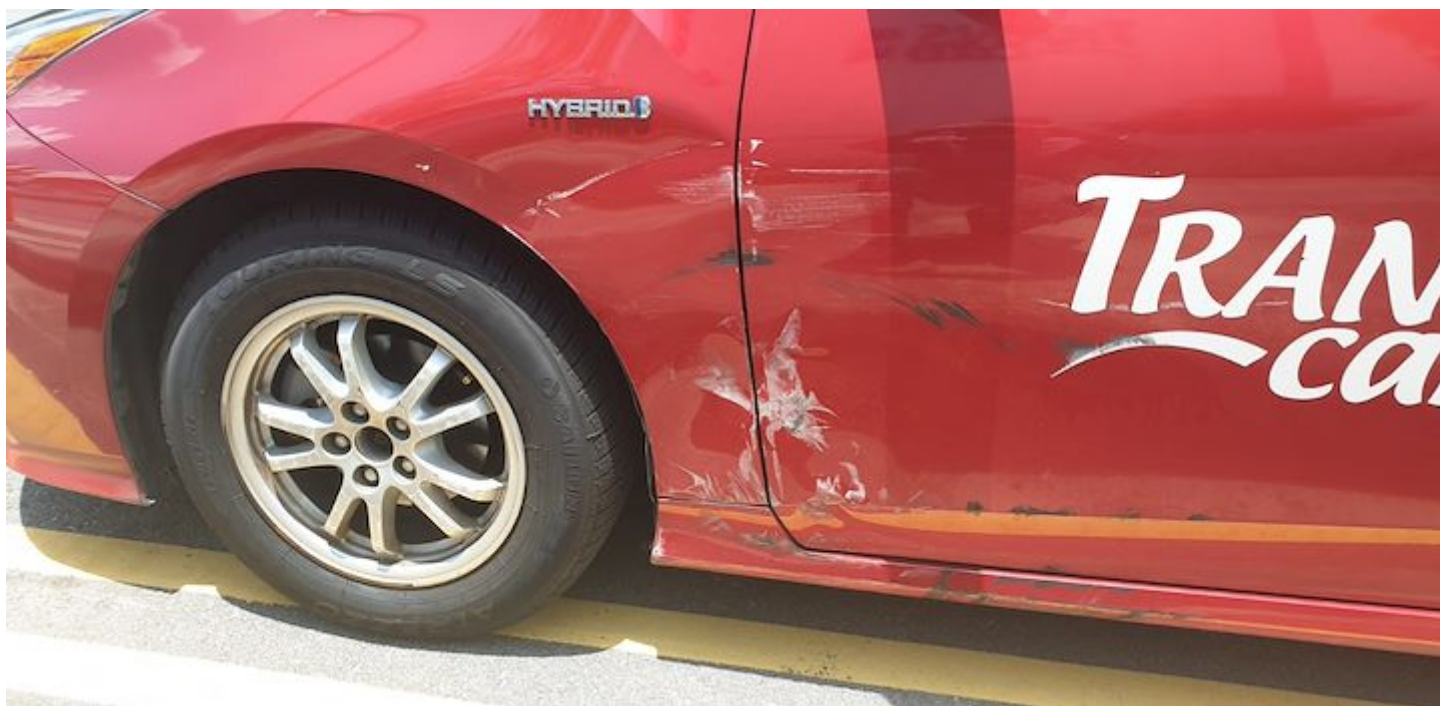













**SINGAPORE
POLICE FORCE**


T/20210924/2060

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Report No. T/20210924/2060

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2021 15:13	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: HO GUAN HENG		Address: APT BLK 72 CIRCUIT ROAD #09-19 SINGAPORE 370072	
ID Type / ID No.: NRIC NO / S1203903D		Contact No.:	Mobile: 93861020
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 13/05/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2021 11:40	Type of Location: T-Junction
Location: CIRCUIT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7956R	Taxi	TOYOTA	Prius	Red	Slightly Damaged	1
SJZ7733S	Car	MERCEDES BENZ		Silver	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210924/2060

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Report No. T/20210924/2060


Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver Name	HO GUAN HENG	ID No.	S1203903D
Related Vehicle	SHB7956R (Taxi)	Contact No.	93861020
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	24/09/2021	Date Discharge	24/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	LOKE TUCK KONG	ID No.	S1434732A
Related Vehicle	SJZ7733S (Car)	Contact No.	96646228
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

Brief Details.

On 24/09/2021 at about 1140hrs, I was travelling along Circuit Rd in my taxi, SHB7956R. I was on the second lane to turn left to Circuit link. I wish to inform that the lane on my left can only turn left whereas my lane can go straight and turn left. While turning left, another car, SJZ7733S side swiped onto my front left near the door and bumper. Both parties alighted and exchanged particulars. My passenger informed that she was not injured. After dropping off my passenger, I felt pain on my neck and back area as such I went to the clinic. I was given 3 days of MC. My vehicle sustained damages to the front left body near the bumper and door. I wish to inform that my in-car camera is not working.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Barcode: T/20210924/2060
3 of 3
Report No. T/20210924/2060

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 E / Sr Staff Sgt MUHAMMAD AFIQ BIN SAIFUL BAHRY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2021 15:13
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 168
Authentication Stamp NP168	SIGNATURE



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: SA0A219O0005 Vehicle Registration No: SHB7956R
 Name (as shown in NRIC): HO GUAN HENG NRIC/FIN/Passport No: S1203903D
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 93861020
 Email Address: _____
 Date of Accident: 24/09/2021 Time of Accident: 11:40
 Place of Accident: ALONG CIRCUIT ROAD TRAFFIC LIGHT JUNCTION OF CIRCUIT LINK
 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 AND STATEMENT OF WITNESS

 Policyholder / Driver's Signature
 Date:

Sabitra

 Reporting Centre Personnel's Signature
 Name: SABITRA
 NRIC/FIN No.:
 Date: 27/09/2021