

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	04/10/2021 14:56 (SGT)
Date of Accident	04/10/2021 08:35 (SGT)
Exact Location of Accident	Near 478 Yishun Street 44, Singapore 763478
Additional Location Information	YISHUN AVE 8 TOWARDS SELETAR BEFORE YISHUN ST 44
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX3266A
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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	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	Private hire
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	-

DRIVER

Name of Driver	GOH CHOH HUAT
NRIC No	SXXXX790E

Date Of Birth	13/08/1969
Occupation	Outdoor
Date Of Driving Pass	13/10/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-96611993
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	466 ANG MO KIO AVE 10
Address complement	#13-1046
Postcode	560466
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	ERNIE NUR LESDA BINTE SAZALI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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	SD CARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6665L
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN KIM MING
NRIC No	SXXXX970B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD615G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMY PANDIARAJAN
NRIC No	GXXXX633N
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBE4890X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIA WEE KIANG
NRIC No	SXXXX324A
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	ERNIE NUR LESDA BINTE SAZALI
Gender	Female
Phone No	(Phone) +65-90150192
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SMX3266A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	GOH CHOH HUAT
Gender	Male
Phone No	(Phone) +65-96611993
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMX3266A
Were seat belts worn?	Yes
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.

**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.:

4/10/2021

ACCIDENT DIAGRAM Ref: 30042021

A: 5MX 3366A
 B: GBF6665L
 C: GBDE5G
 D: GBEL9DX

XSHUN
 AVE 8

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**


T/20211004/2042

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20211004/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2021 13:27		Vide Report No.: L/20211004/0054		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: GOH CHOH HUAT			Address: 466 ANG MO KIO AVENUE 10 #13-1046 SINGAPORE 560466		
ID Type / ID No.: NRIC NO / S6928790E			Contact No.: Home/Office: Mobile: 96611993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 13/08/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/10/2021 08:35	Type of Location: Straight Road
Location: YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD615G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	White		0
GBE4890X	Lorry	MITSUBISHI	CANTER FEA01BR2S DEB (CBU	White		0
GBF6665L	Lorry	TOYOTA	DYNA 3.0 MANUAL	Silver		0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20211004/2042

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Report No. T/20211004/2042

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX3266A	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH CHOH HUAT		ID No. S6928790E
Related Vehicle	SMX3266A (Car)		Contact No. 96611993
Hospital/Clinic	CARE MEDICAL PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	05		Degree of Injury NIL

Brief Details.

On 04/10/2021 at around 0835hrs, I was driving my vehicle SMX3266A along Yishun Ave 8.

I came to a stop as the traffic light was red. Suddenly vehicles from the rear collided into my vehicle.

I alighted to make a check and realized that there was three other vehicles (GBF6665L,GBF615G,GBE4890X) involved in the accident. My passenger was conveyed by the ambulance.

On 04/10/2021, I went to seek medical treatment and I was given 5 days of medical leaves.

I have a front camera installed in my vehicle and the SD card was handed to the traffic police.

I am lodging this report as a record to submit to my insurance company.

**SINGAPORE
POLICE FORCE**

T/20211004/2042

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20211004/2042

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,
F /
Sgt 2 CHUA ZI HUA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/10/2021 13:27

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247

Classification Of Case:



