

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	20/10/2021 11:57 (SGT)
Date of Accident	19/10/2021 14:00 (SGT)
Exact Location of Accident	Near 127D Kim Tian Rd, Singapore 164127
Additional Location Information	JLN BUKIT MERAH SLIP ROAD TOWARDS CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5011U
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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	Renault
Model	Latitude
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	1998

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	KENG KWEE KIM
NRIC No	SXXXX201D

Date Of Birth	22/04/1949
Occupation	Outdoor
Date Of Driving Pass	12/06/1967
Driving experience	54 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97564453
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	850 HOUGANG CENTRAL
Address complement	#06-51
Postcode	530850
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?	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	P1
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4100S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ABDUL HALEEM S/O MOHAMED ALI
NRIC No	SXXXX789B
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 2

Vehicle Registration Number	SKR9214R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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	SJH8794D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH GEK HUI
NRIC No	SXXXX236Z
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	KENG KWEE KIM
Gender	Male
Phone No	(Phone) +65-97564453
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-

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.:

20/10/2021

FORM 10 (Rev. 10/2019)

ACCIDENT DIAG

A: JHD501W
 B: SP44009
 C: SKR904R
 D: UTH244D

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:
 NIC/PIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature
Date & Time:

ISAHMS (Accident) Form 3.1

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/10/2021

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

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

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SINGAPORE POLICE FORCE		T/20211019/2397				
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999		1 of 4 Report No: T/20211019/2397				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 19/10/2021 20:33		Vide Report No.:	Station Diary No.: 136			
Informant's Particulars						
Name of Informant: KENG KWEE KIM		Address: APT BLK 850 HOUGANG CENTRAL #06-51 SINGAPORE 530850				
ID Type / ID No.: NRIC NO / S0852201D		Contact No.:	Mobile: 97564453			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 72	Date of Birth: 22/04/1949	Type of Informant: Driver			
Race: Chinese	Language: English		Institution / School Name:			
Occupation: TAXI DRIVER (TRANSCAB)	Driving Licence Information: Class: 3		Date of Expiry:			
General Information of the Accident						
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2021 14:00			
Type of Location: Straight Road						
Location: JALAN BUKIT MERAH						
Weather: Clear	Road Surface: Dry	Road Speed Limit:				
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy				
Type of Collision: Moving vehicle - Chain Collision		Anyone conveyed by ambulance: No				
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5011U	Car	RENAULT		Red	Slightly Damaged	1
SJH8794D	Car	TOYOTA			Slightly Damaged	1
SKR9214R	Car	MERCEDES BENZ			Slightly Damaged	0
SLP4100S	Car	MERCEDES BENZ			Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T:20211019/2097

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

Report No: T:20211019/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KENG KWEE KIM	ID No.	S0952201D
Related Vehicle	SHD5011U (Car)	Contact No.	97564453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/10/2021	Date Discharge	19/10/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	KOH GEK HUI	ID No.	S1196236Z
Related Vehicle	SJH8794D (Car)	Contact No.	NIL
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	MALE INDIAN	ID No.	S7934789B
Related Vehicle	SLP4100S (Car)	Contact No.	NIL
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 19/10/2021 at about 1400hrs, I was driving along Jalan Bukit Merah going towards Central Expressway (Seletar Expressway). I was along the merging road going towards the expressway. The vehicle in front of me stopped and I stopped my vehicle. Shortly, a vehicle rear-ended me.

The following are the vehicles involved in the chain collision in sequence as follows:

1st vehicle, a Mercedes Benz - SKR9214R

2nd vehicle, my Red Renault Trans Cab - SHD5011U

	SINGAPORE POLICE FORCE	
Police Station Of Origin: Hougang N.P.C. 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999		T/20211019/2097 3 of 4 Report No: T/20211019/2097
CONTINUATION OF REPORT		
<p>3rd vehicle, a Mercedes Benz - SLP4100S 4th vehicle, a Toyota - SJH8794D</p> <p>I discovered that I was involved in a chain collision as the fourth vehicle could not stop in time and hit onto the 3rd and so on and so forth. As a result of the impact from the third vehicle, I hit onto the 1st vehicle subsequently. I had a Malay female passenger seated at the back passenger seat. The fourth vehicle had a lady passenger. The rest of the vehicles had no passengers. We exchanged details but I did not managed to take some of the drivers' details.</p> <p>Shortly, police came but I was not issued any case card. No ambulance came as no one required immediate medical attention. My vehicle has no video recording of the accident. Subsequently, my vehicle was towed by the EMAS services to the nearest carpark.</p> <p>On the same day at about 1530hrs, I went to Mount Alvernia Hospital as I felt pain and discomfort around my neck, back, lower back and chest area. I was awarded a total of 5 days of medical leave. That is all.</p>		

 **SINGAPORE
POLICE FORCE**



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

1/20211019/2097
4 of 4
Report No: 1/20211019/2097

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/ Sr Staff Sgt MUHAMMAD SALAMUN B AHMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2021 20:33
Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP-58	 85 77