

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 16/10/2021 17:54 (SGT)
Date of Accident 15/10/2021 16:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Kitchener rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD23T

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 - Reporting only
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 Chia Teck ho
NRIC No SXXXX558E

Date Of Birth	01/05/1958
Occupation	Outdoor
Date Of Driving Pass	27/04/1983
Driving experience	38 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96672962
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Toa Payoh, 29 Lorong 5 Toa Payoh 310029
Address complement	08-711
Postcode	310029
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 - Change/cross lane
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER THE POLICE REPORT NO:T/20211016/2058

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	PENDING-DRIVER WILL SEND US.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6973S
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Chia Teck ho
Gender	Male
Phone No	(Phone) +65-96672962
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD23T
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
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature
Date & Time:

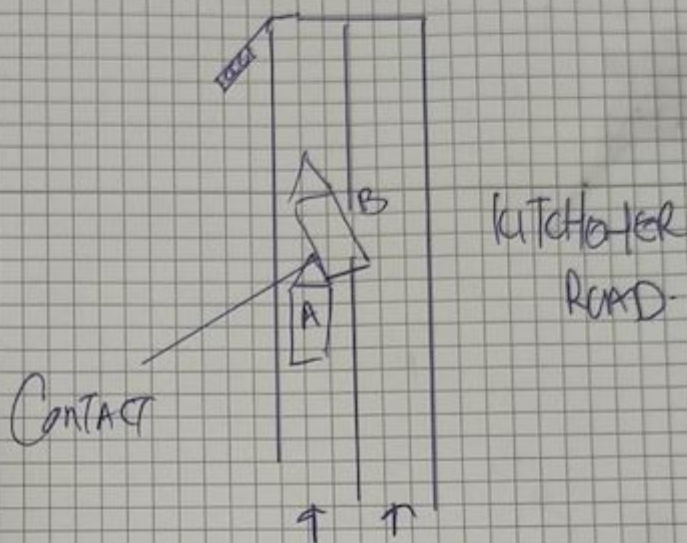
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT DIAGRAM

Ver. 30042021

A-SHD23T
B-GB46973S



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight on my lane along kitchener rd when vehicle b suddenly cut into my lane and collided with my car. My front right portion was damaged. I was given 5days mc due to the impact.

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:

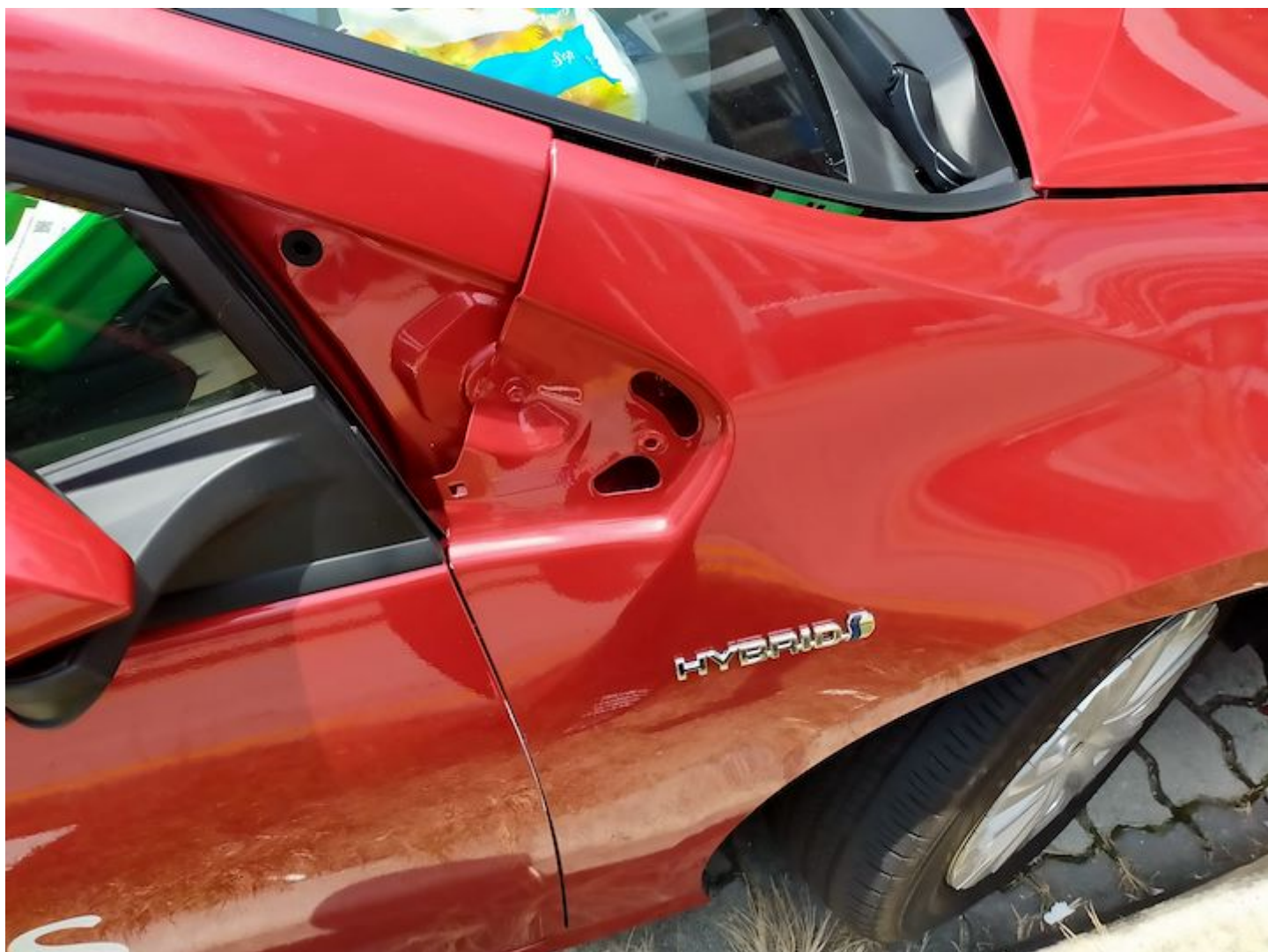
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

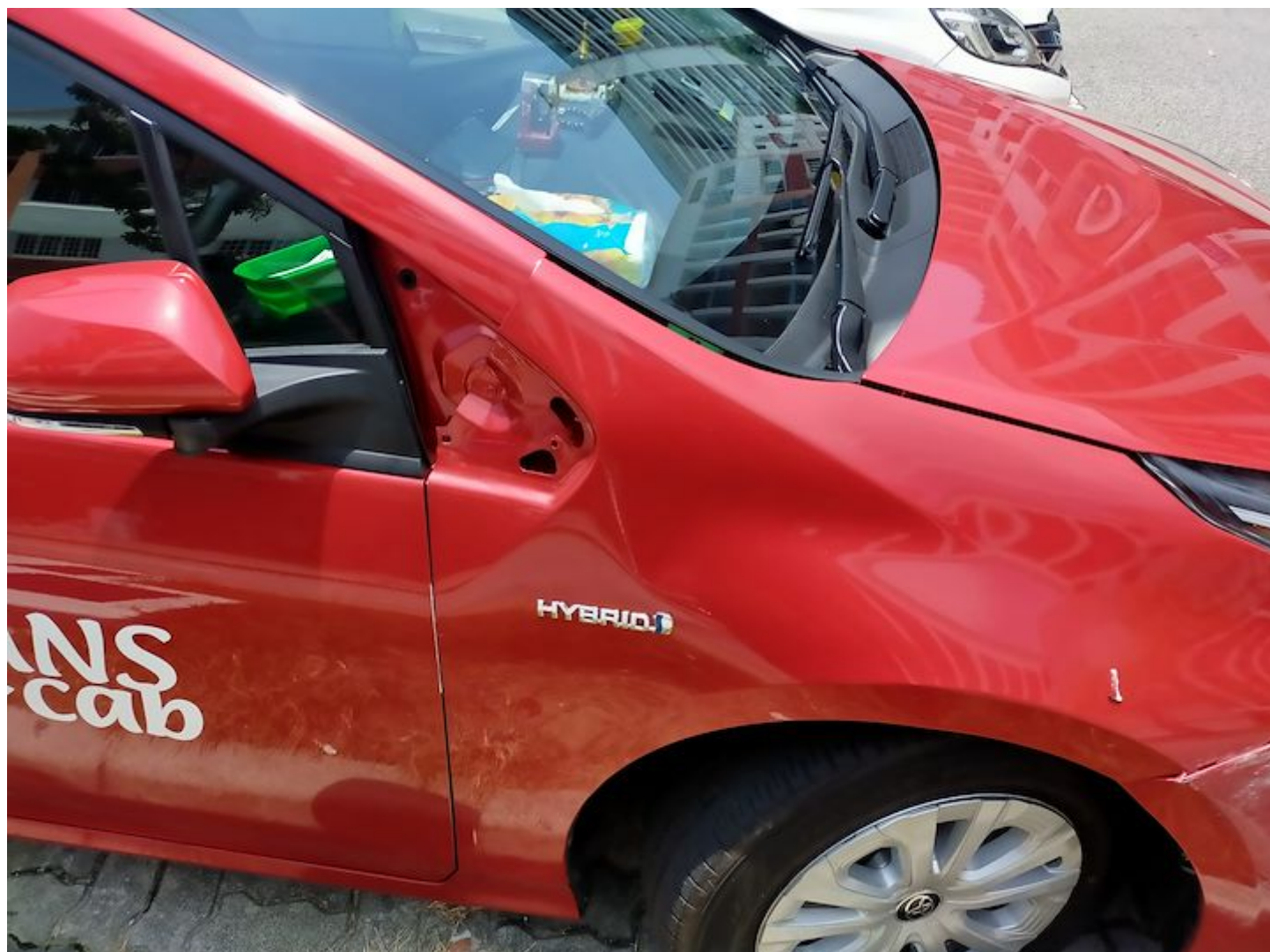




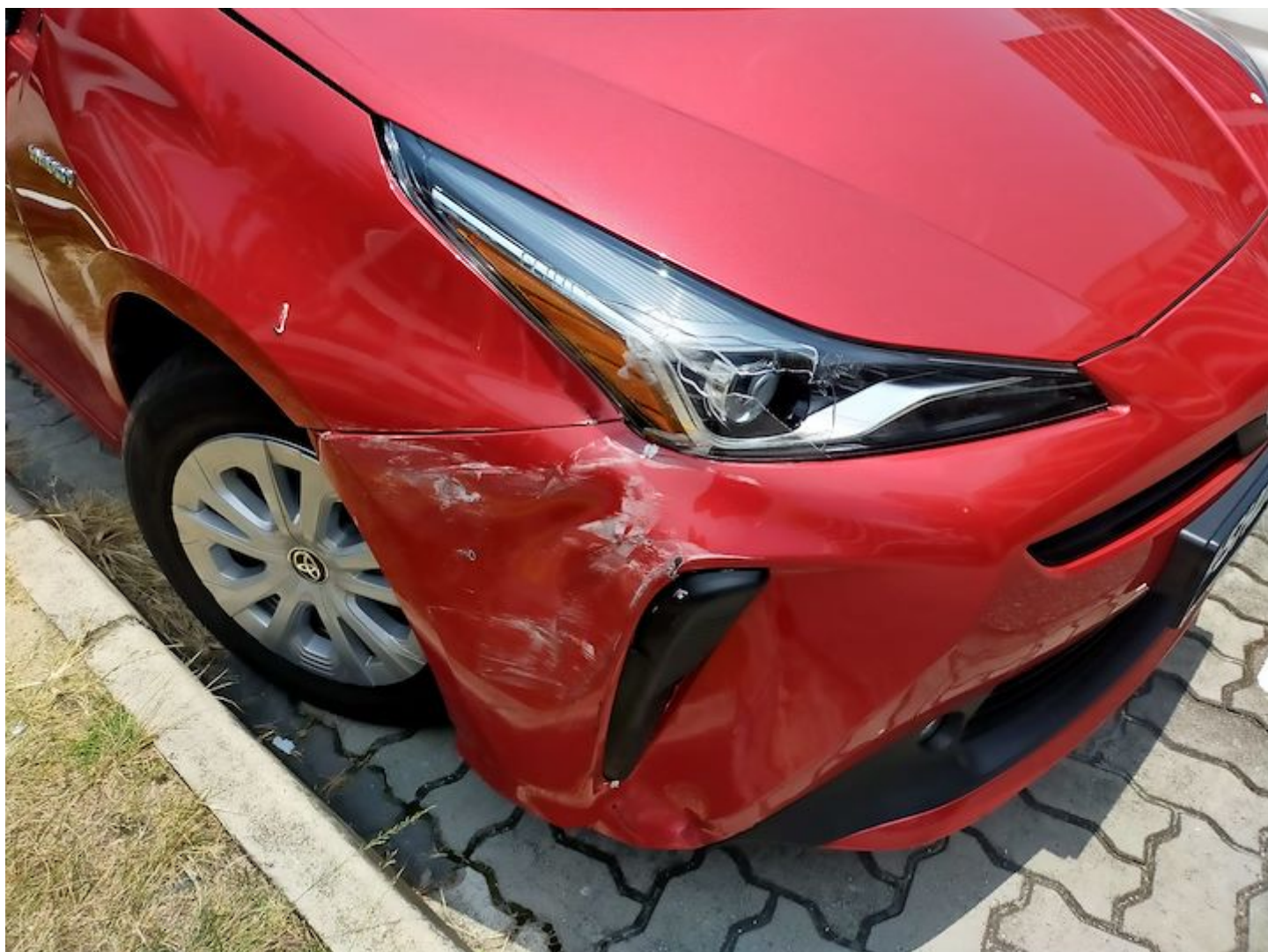


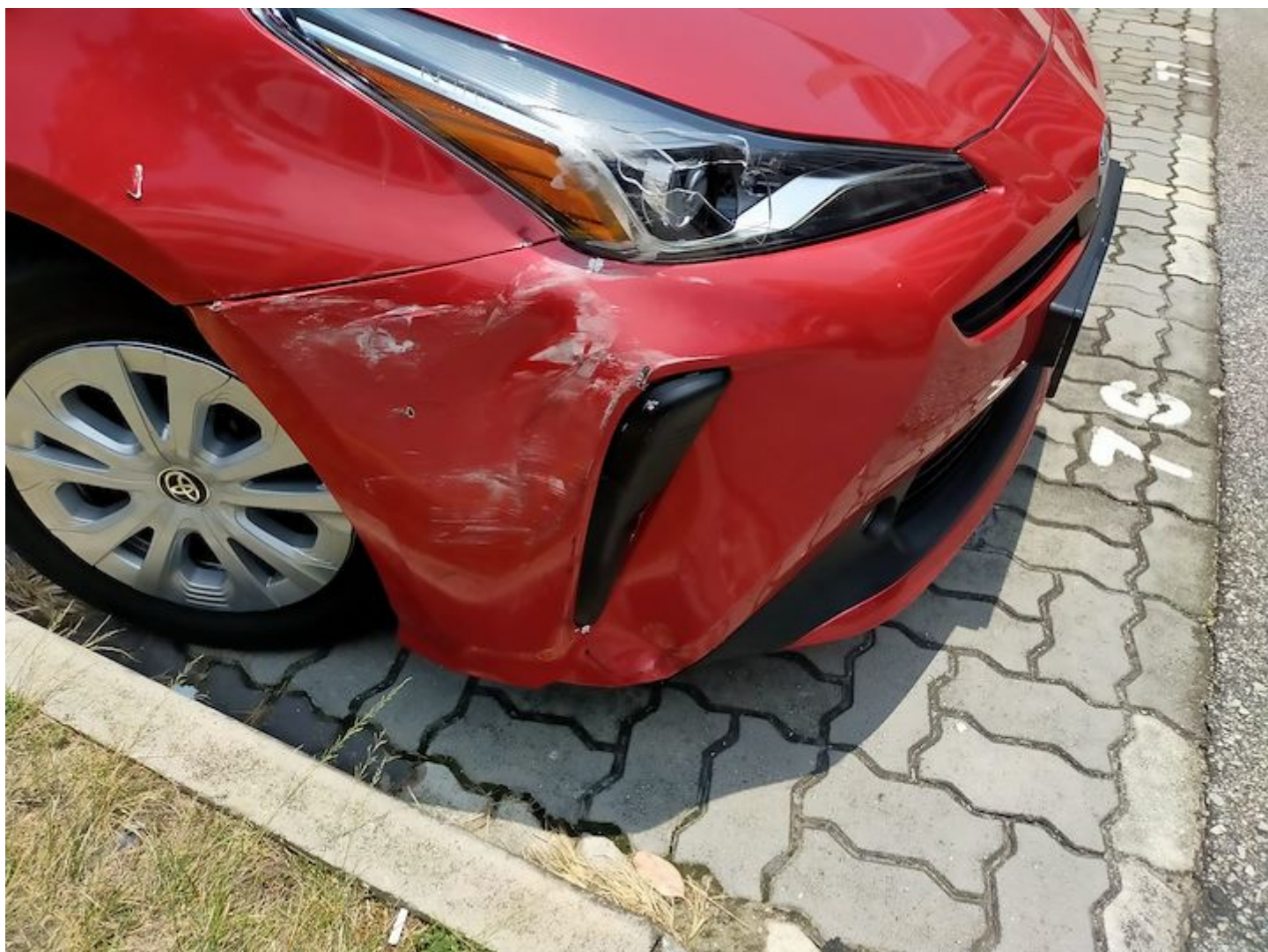










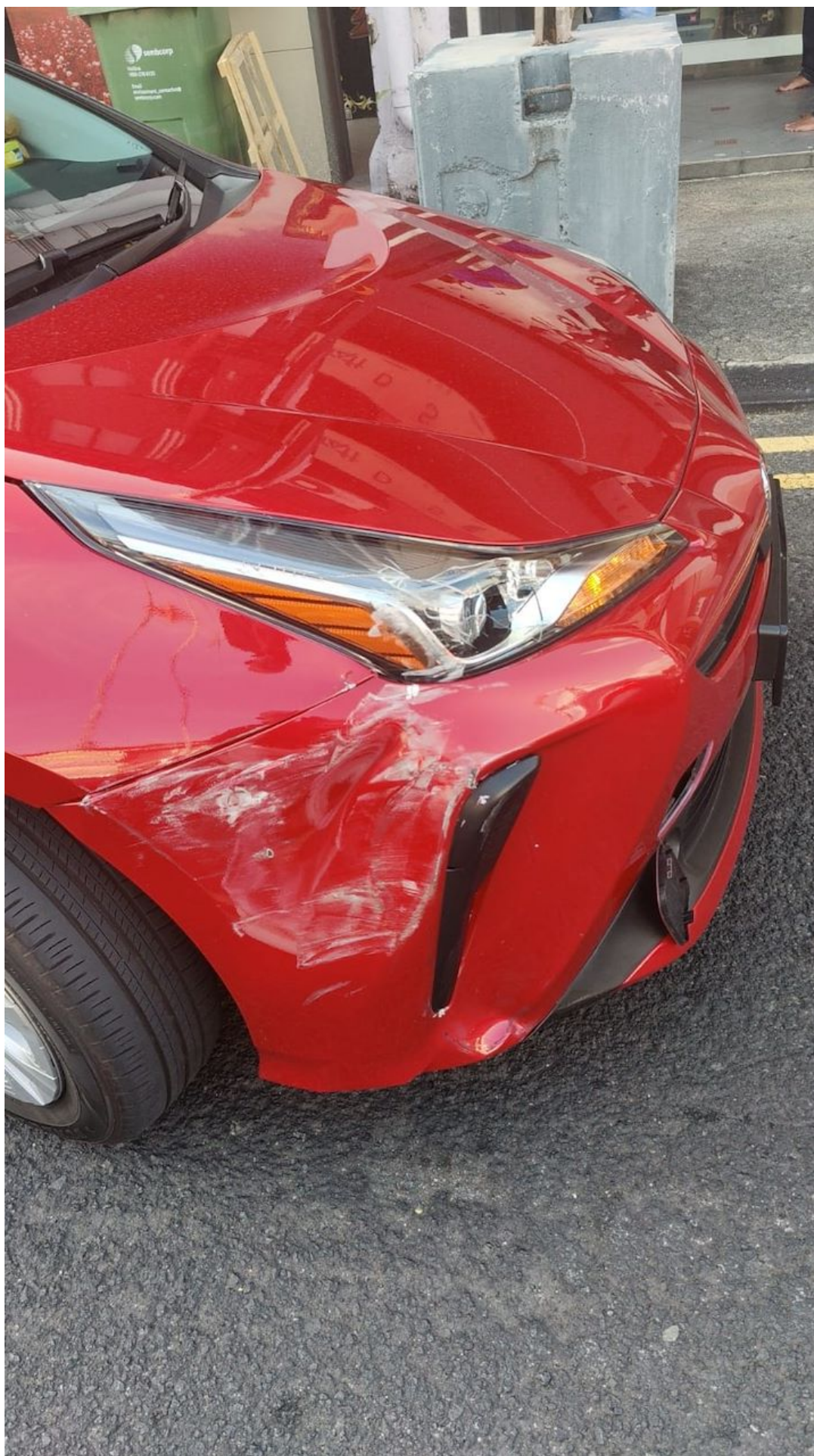














Barcode: 151010211650
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Report No: T10031016/2021

SINGAPORE POLICE FORCE
Police Station Of Origin
Bukit Merah West N P C
500 Bukit Merah View #01-01 SINGAPORE
Tel No: 1800-3778888

REPORT OF A TRAFFIC ACCIDENT
Date/Time Report Made:
15/10/2021 18:01

Station Diary No.: 39

Vide Report No.:

Informant's Particulars
Name of Informant: CHIA TECK HO
Address: APT BLK 29 LORONG 5 TOA PAYOH #08-711 SINGAPORE
ID Type / ID No.: 310029
Contact No.: Mobile: 96672962
Home/Office:
Email:
NRIC NO / S1337558E
Nationality: SINGAPORE CITIZEN
Type of Informant: Driver
Sex: Male Age: 63 Date of Birth: 01/05/1958
Language: Chinese
Institution / School Name:
Race: Chinese
Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:
Occupation: Taxi driver

General Information of the Accident
Type of Accident: Injury Others
Drink Drive: No
Date/Time of Accident: 15/10/2021 16:50
Type of Location: Straight Road
Location: KITCHENER ROAD
Weather: Clear
Road Surface: Dry
Road Speed Limit:
Traffic Flow: Two 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 Passeng
GBG6973S	Car				Slightly Damaged	0
SHD23T	Car				Slightly Damaged	0

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 West N.P.C.
500 Bukit Merah View #01-01 SINGAPORE
159662
Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver Name		CHEN YI	ID No.	S8372752G
Related Vehicle		GBG6973S (Car)	Contact No.	81331218
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		CHIA TECK HO	ID No.	S1337558E
Related Vehicle		SHD23T (Car)	Contact No.	96672962
Hospital/Clinic		OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment		16/10/2021	Date Discharge	16/10/2021
No. of Days granted Medical Leave		05	Degree of Injury	Slight

Brief Details.

On 15/10/2021 at about 1650hrs, I was driving along Kitchener Road towards Rangoon Road. I was driving alone lane 2/2 and exactly outside 'ParkRoyal Kitchener Road'. There was a van bearing GBG6973S, was driving along lane 1/2, on my right side. There was another vehicle had cut into lane 1 in front of the van and as a result, the van just decided to cut into my lane abruptly and I could not brake in time. My front right of the vehicle had hit onto the rear left side of the van. Subsequently we get down from our vehicles and exchange particulars and took pictures of the accident. I told the lady driver that we will report to our own insurance company to settle the matter and she acknowledge. After that we left the scene. I wish to state that there is in-car camera inside my vehicle and I had saved the recordings into my phone already.

On 16/10/2021, I woke up and felt pain on my back, shoulder and right arm area. I then went to see doctor and was given 5 days MC. I also wish to add that there is 'P-Plate' indicate on the van. That is all.

SINGAPORE POLICE FORCE


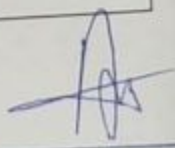
Station Of Origin:
Bukit Merah West N.P.C
800 Bukit Merah View #01-01 SINGAPORE
159582
Tel No: 1800-3779999

Barcode: T/20211016/2058
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Report No: T/20211016/2058

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 D / Sgt 2 TAN HWA TIONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2021 18:01
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: SN 45
Authentication Stamp NP168	 SIGNATURE



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 : SA0A21AG0001 Vehicle Registration No: SHD23T
Name (as shown in NRIC) : Chia Teck ho NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : HDB Toa Payoh, 29 Lorong 5 Toa Payoh 310029 08-711 310029 Singapore ()
Contact (Tel) : _____ Mobile No. : 96672962
Email Address : claims@transcab.com.sg
Date of Accident : 15/10/2021 Time of Accident : 16:50 (SGT)
Place of Accident : Kitchener rd
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:

1. ATTACHED POLICE REPORT.

2. ATTACHED PICS BY DRIVER.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: THRUGA
NRIC/FIN No.: _____
Date: 17/10/2021