

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 02/12/2021 15:17 (SGT)
Date of Accident 01/12/2021 21:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SIMS AVE JUNCTION OF GEYLANG LORONG 13
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9070Y

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 TOH KIM YAW
NRIC No SXXXX284C

Date Of Birth	02/06/1964
Occupation	Outdoor
Date Of Driving Pass	30/07/1982
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97548252
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Compassvale Place, 206A Compassvale Lane #15-73
Address complement	-
Postcode	541206
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 - Major/Minor Rd
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	S.MOHAMMED ASAN
Gender	Male

PASSENGER 2

Name	ASHOK
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20211202/7006

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 TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HIT & RUN
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	TOH KIM YAW
Gender	Male
Phone No	(Phone) +65-97548252
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9070Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	S.MOHAMMED ASAN
Gender	Male
Phone No	(Phone) +65-87620123
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9070Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ASHOK
Gender	Male
Phone No	(Phone) +65-98661108
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9070Y
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.

TOH

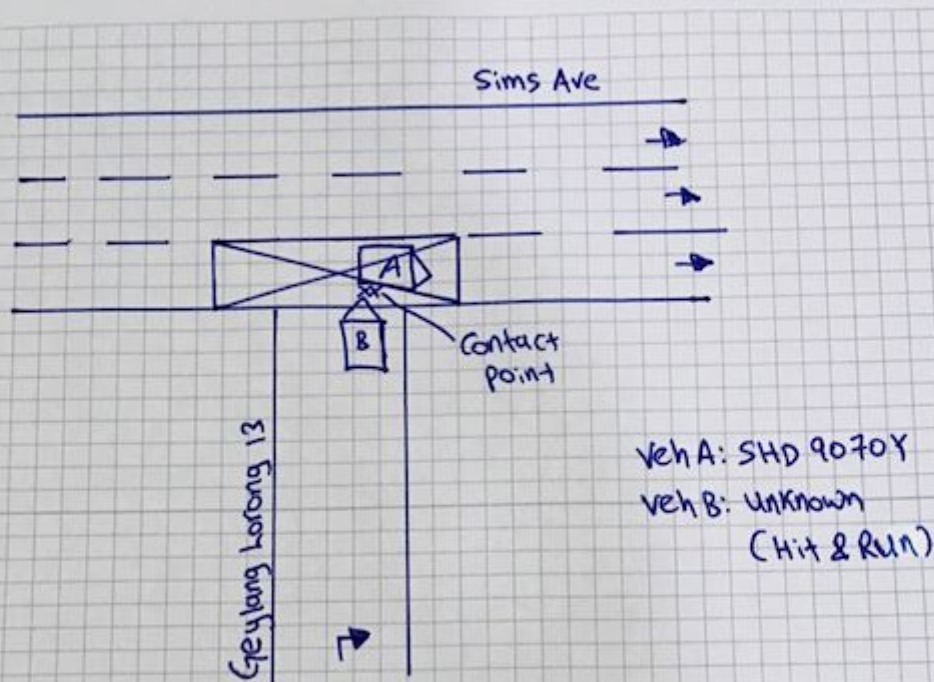
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR**

Policyholder's Signature
Date & Time:

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

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

ACCIDENT DIAGRAM



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

Policyholder's Signature
 Date & Time:

764
 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

REFER TO POLICE REPORT NO.T/20211202/7006

DECLARATION

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

TOH

Policyholder's Signature
Date & Time:

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

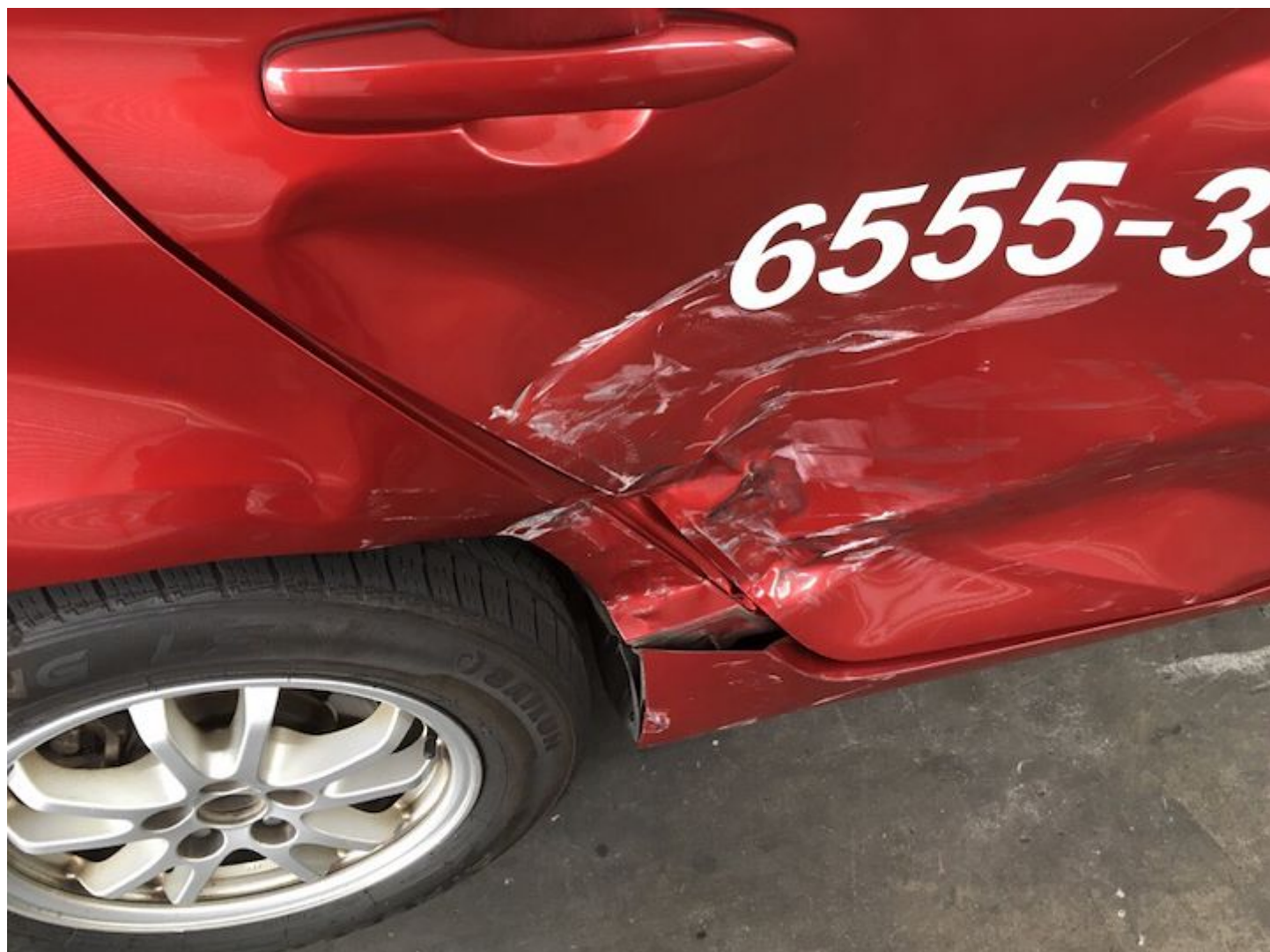
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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

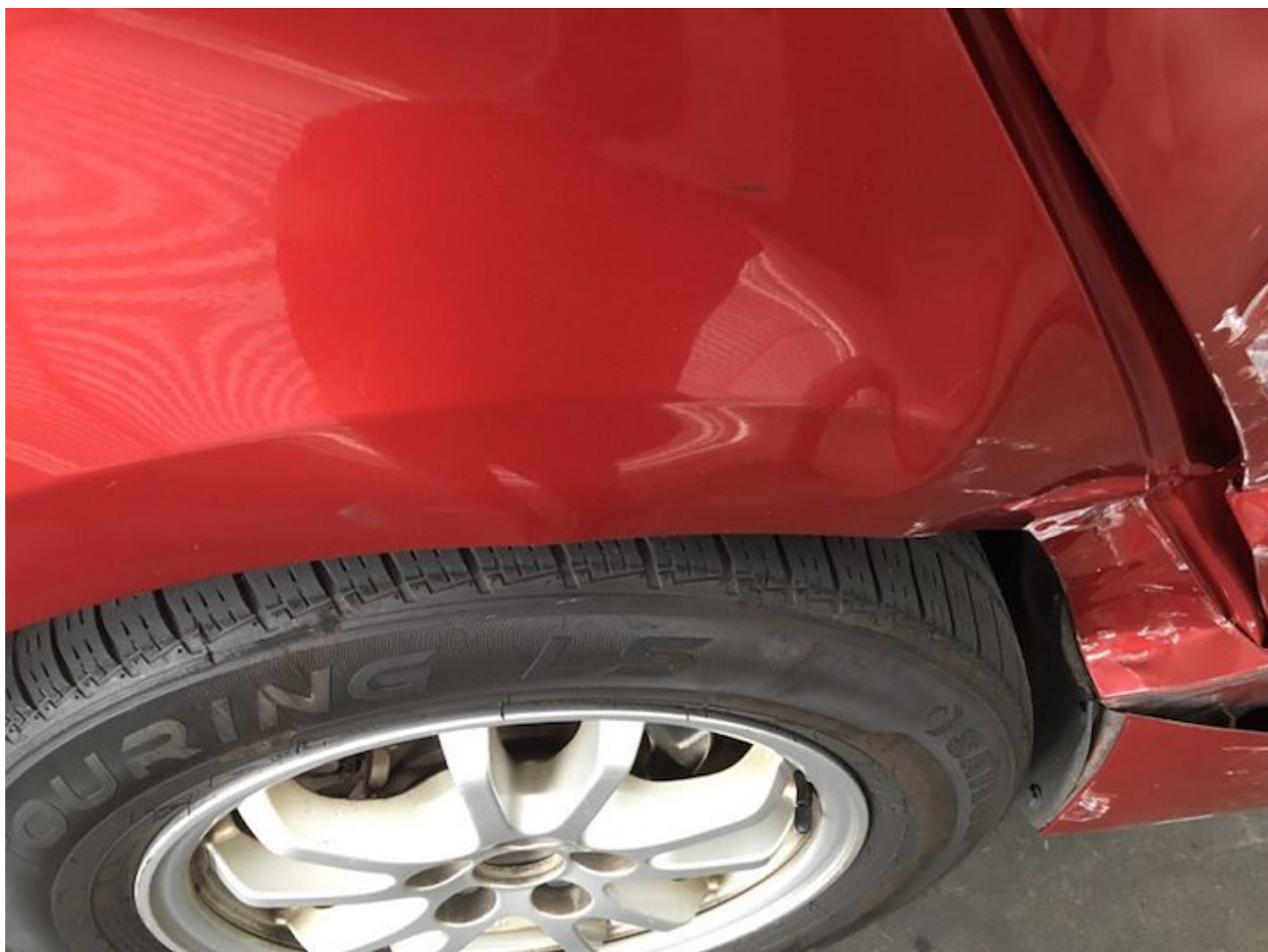




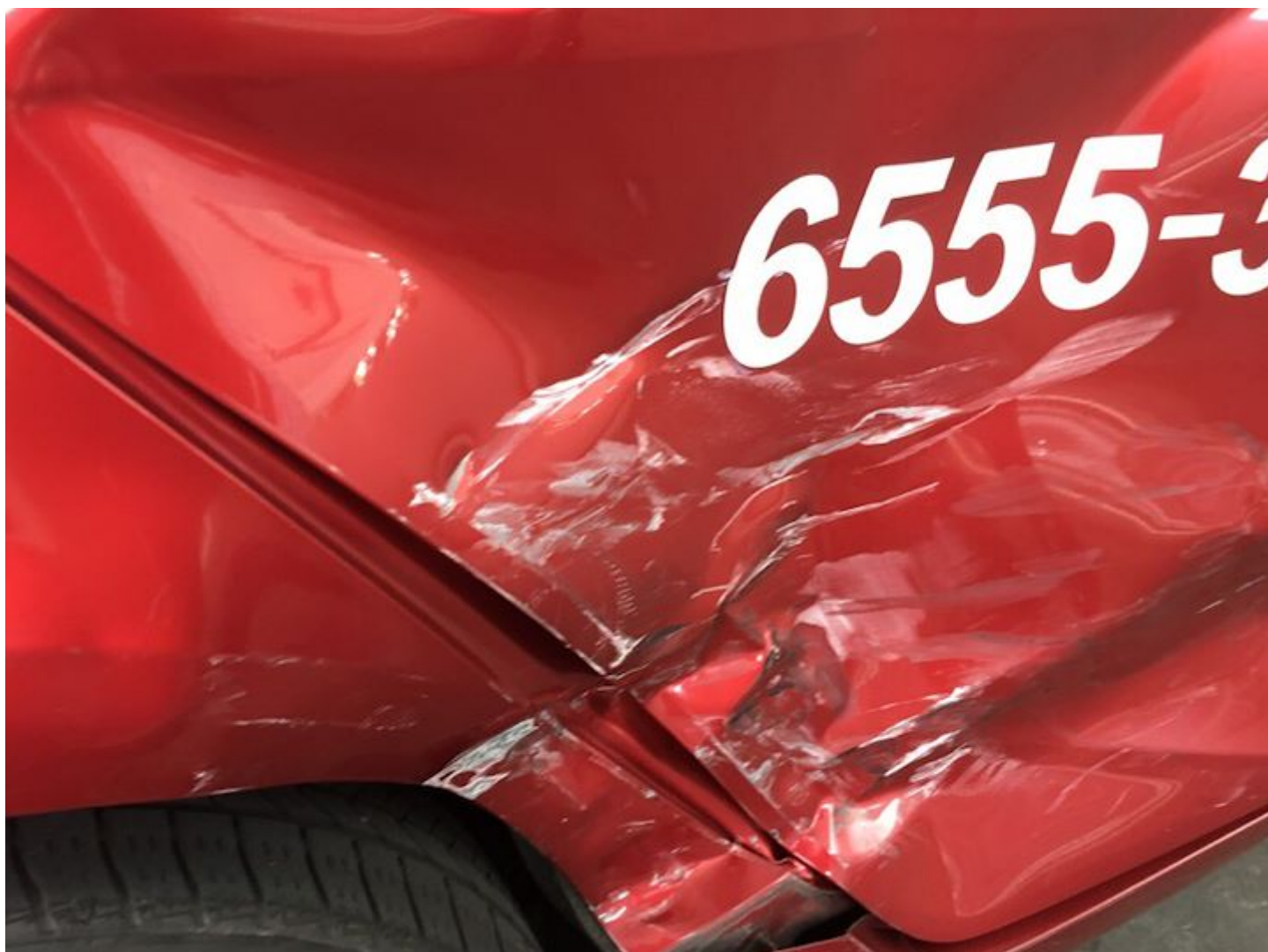


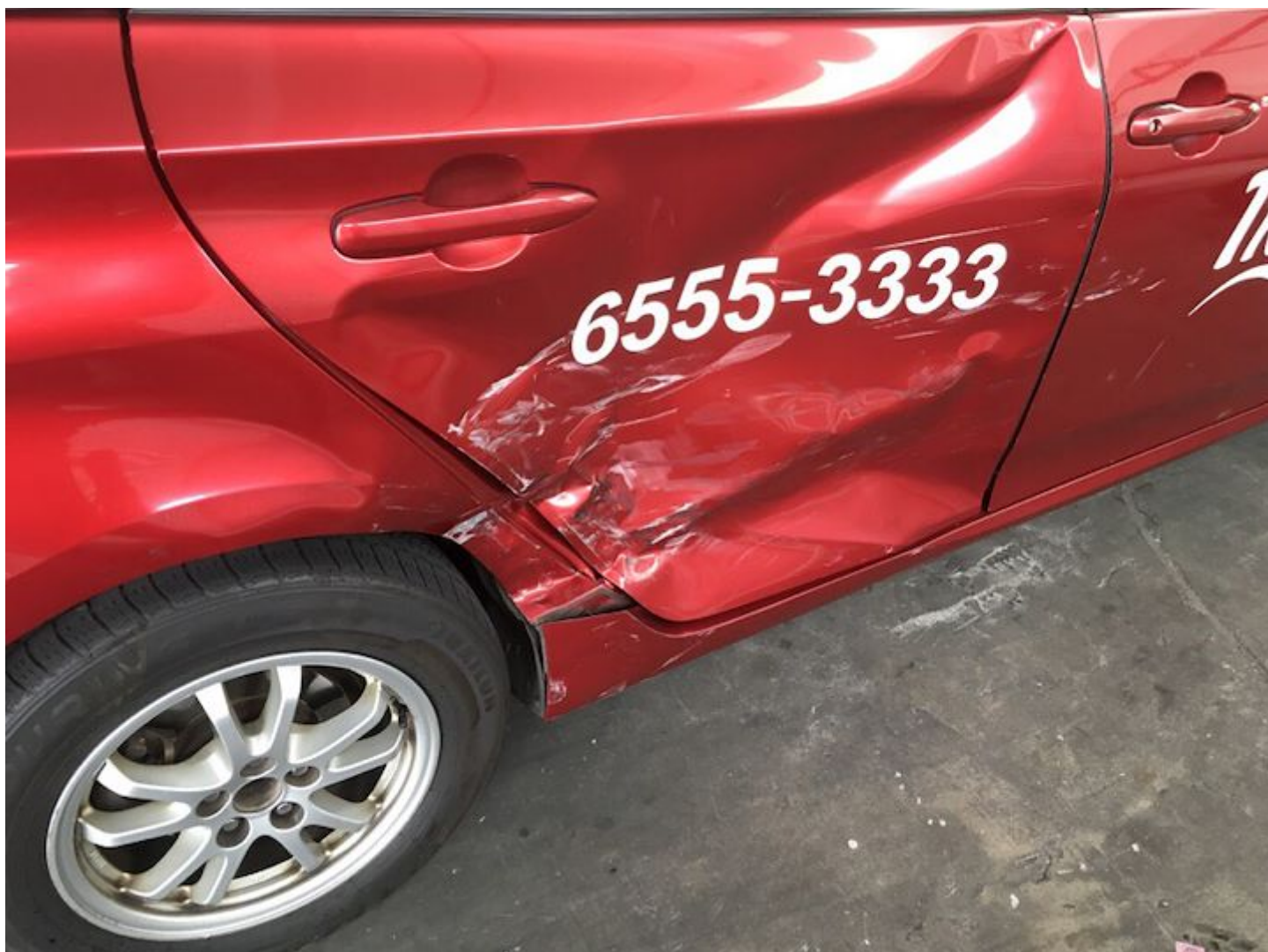


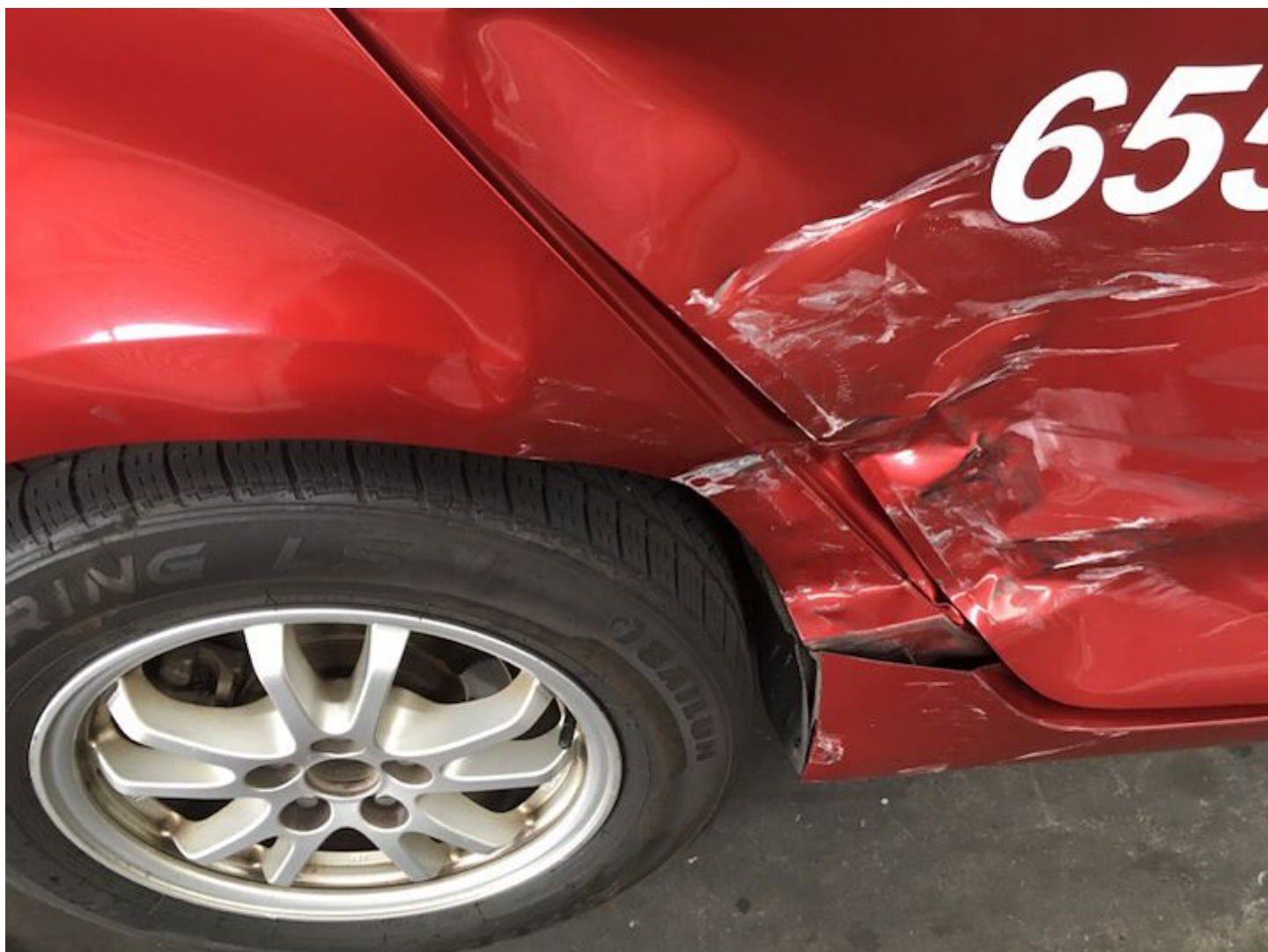


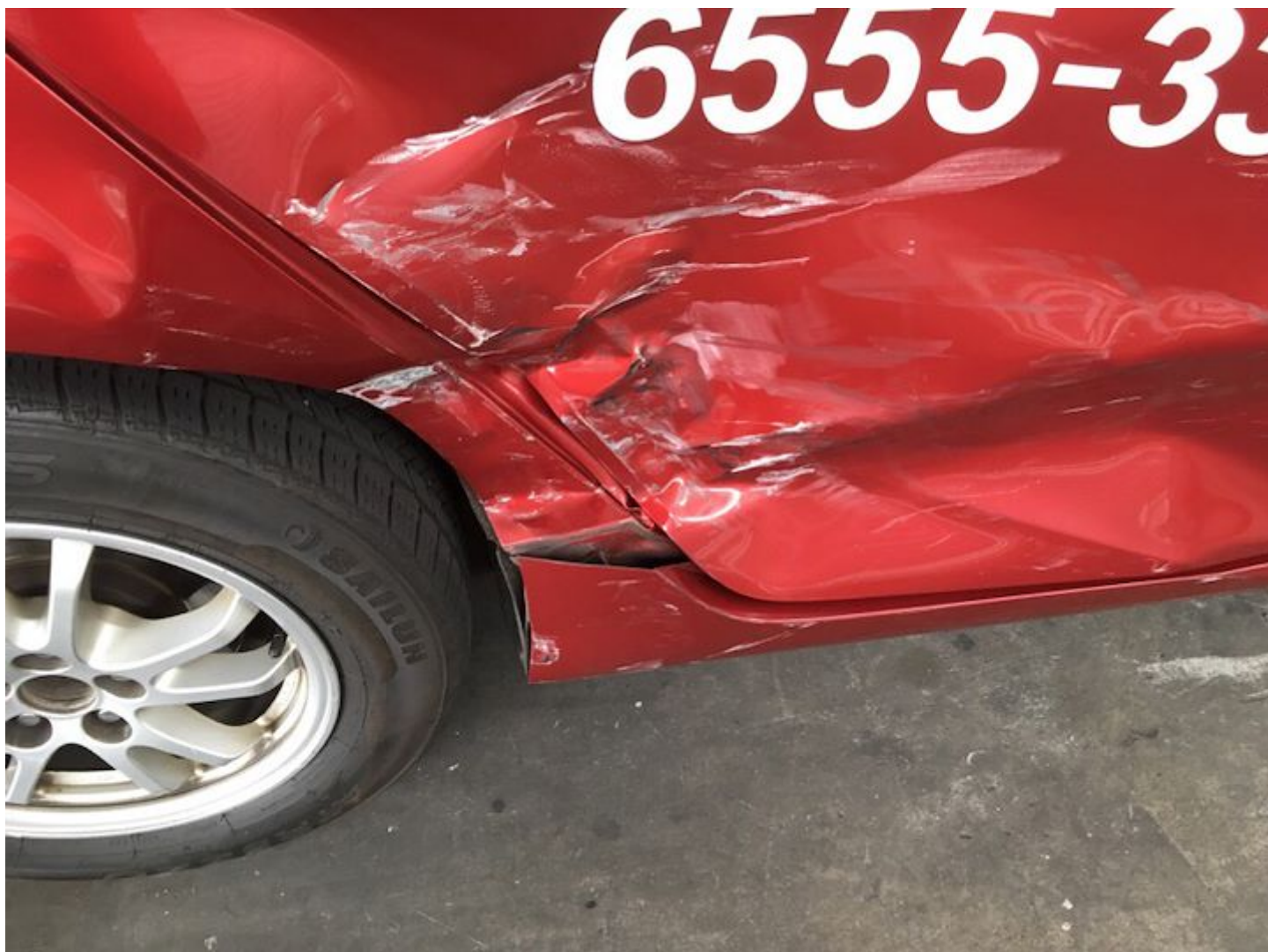


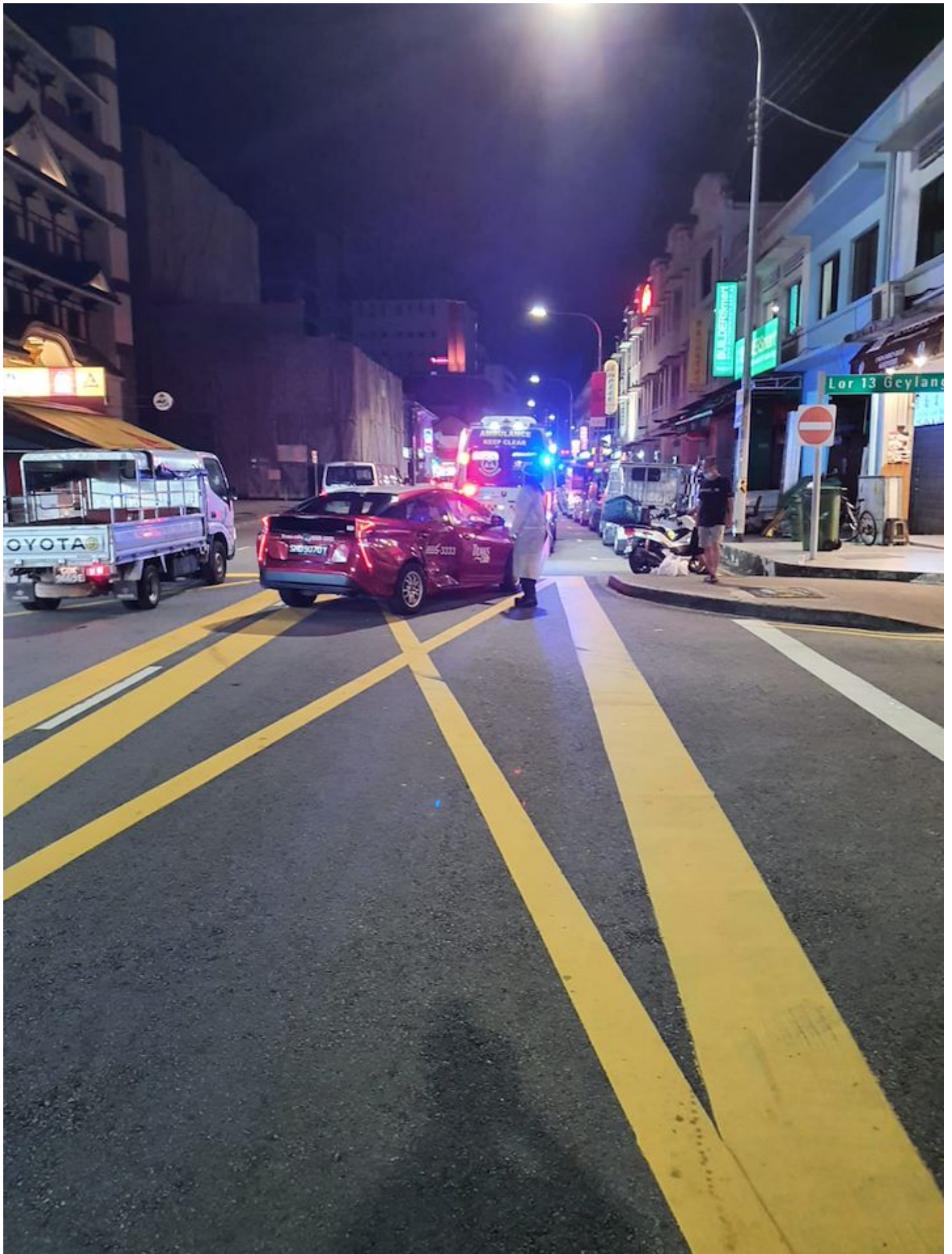


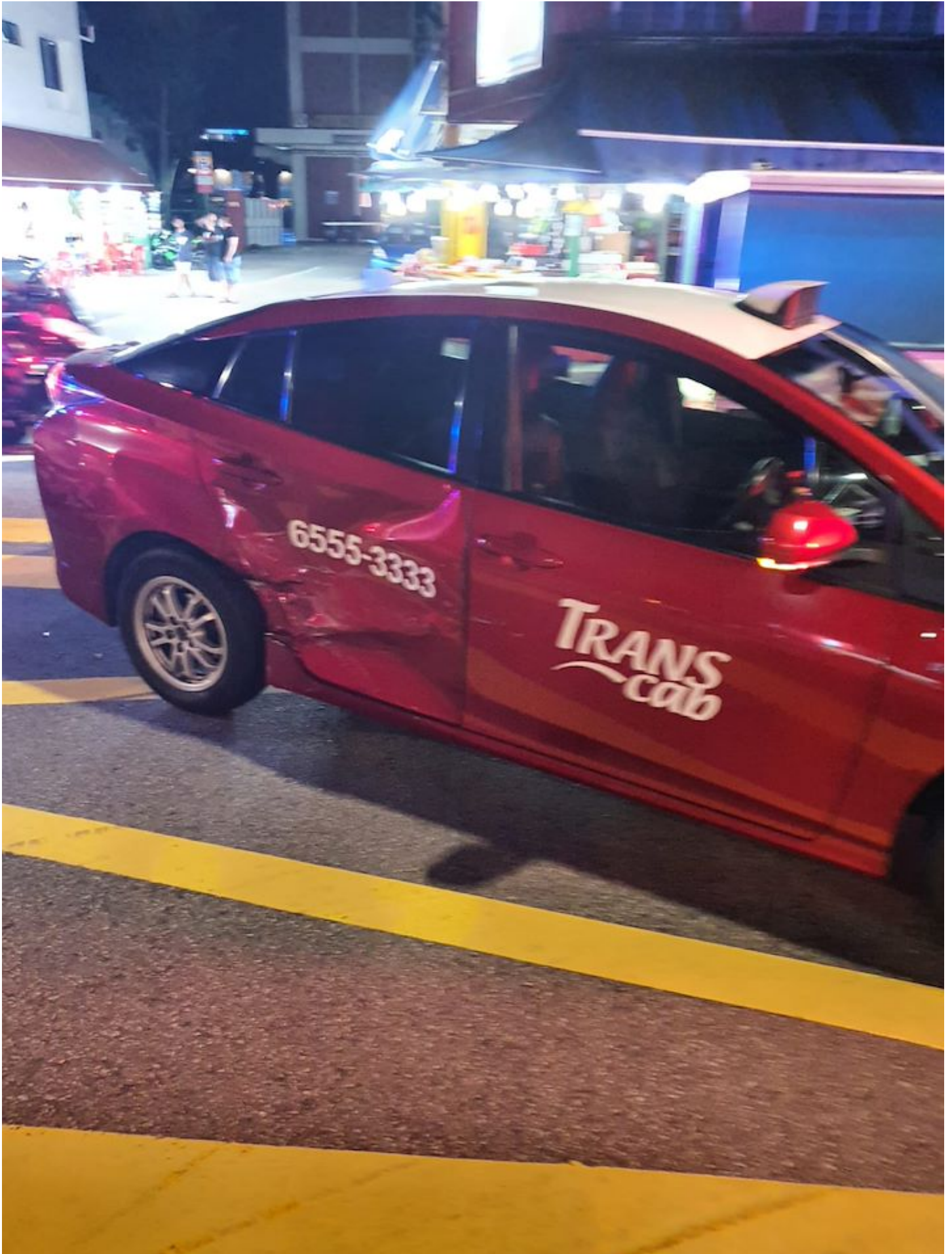


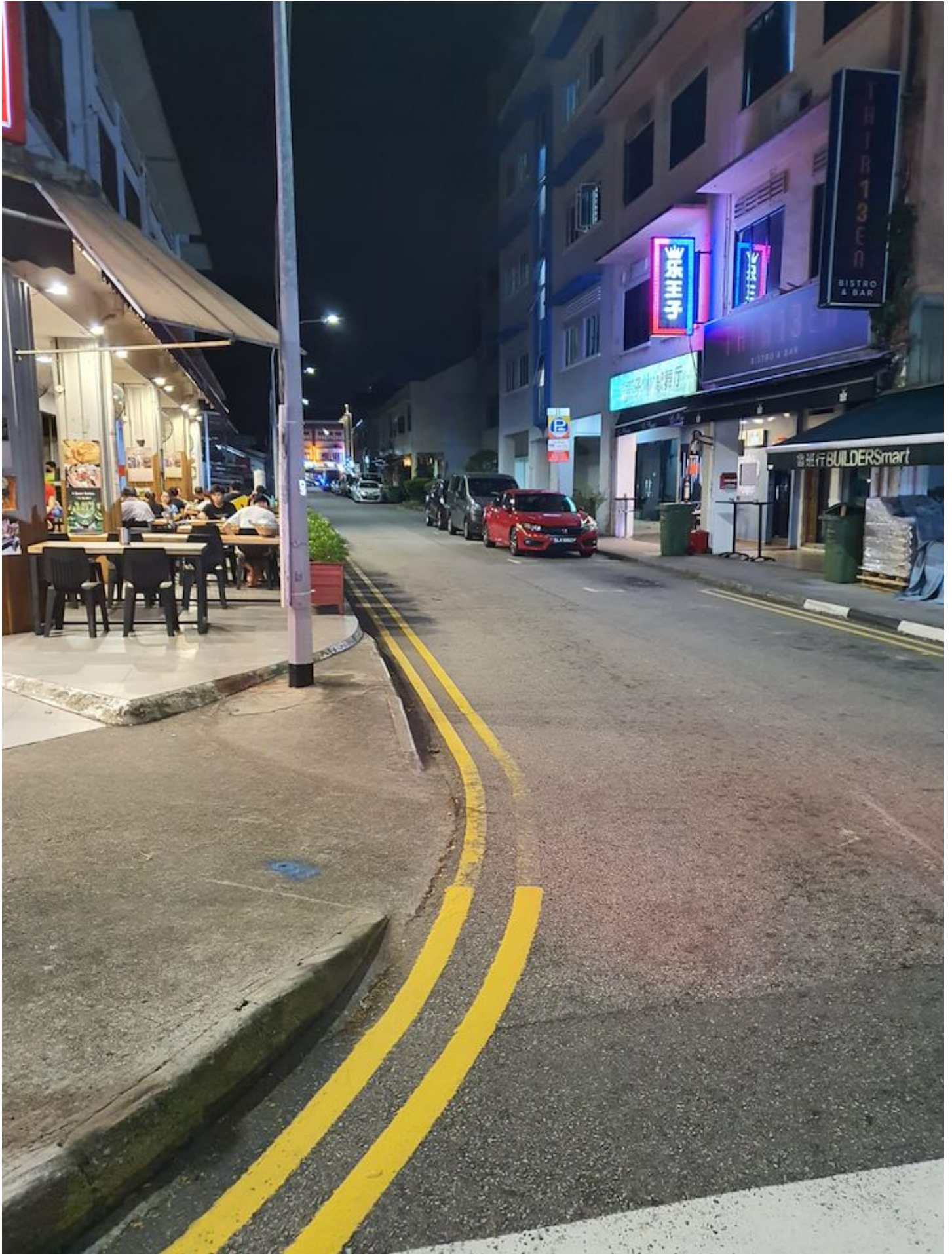


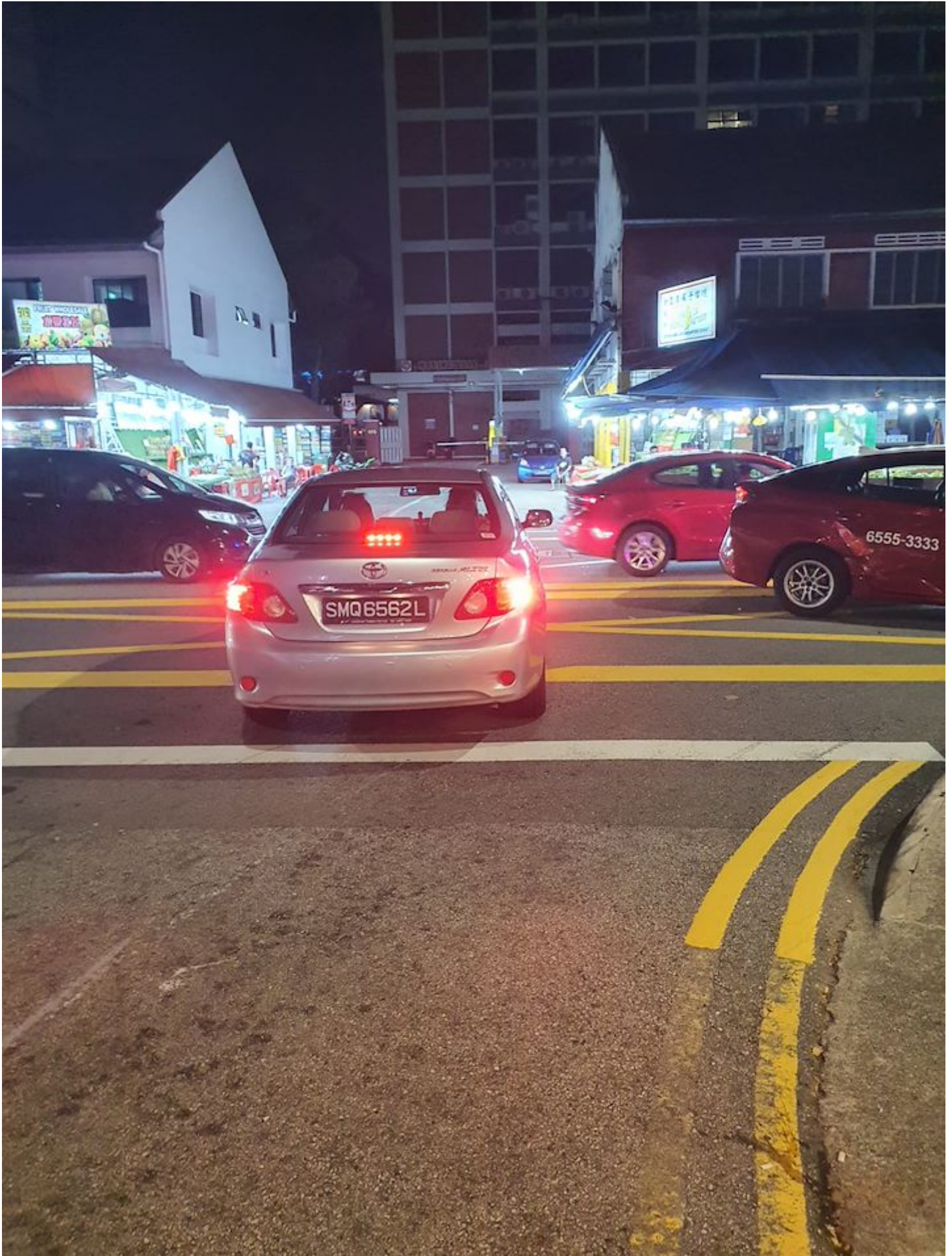














**SINGAPORE
POLICE FORCE**



T/20211202/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211202/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 11:32		Vide Report No.: G/20211201/0191		Station Diary No.:	
Informant's Particulars					
Name of Informant: TOH KIM YAW			Address: 206A COMPASSVALE LANE #15-73 SINGAPORE 541206		
ID Type / ID No.: NRIC NO / S1631284C			Contact No.: Home/Office: Mobile: 97548252		
Nationality: SINGAPORE CITIZEN			Email: tohkimyaw@gmail.com		
Sex: Male	Age: 57	Date of Birth: 02/06/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2021 21:35	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD9070Y	Car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211202/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211202/7006

CONTINUATION OF REPORT

Driver			
Name	TOH KIM YAW		ID No. S1631284C
Related Vehicle	SHD9070Y (Car)		Contact No. 97548252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 1 December 2021 at about 2135 hrs , I was driving my vehicle SHD9070Y travelling straight along Sim ave . Suddenly a vehicle came out from the small road (Geylang Lorong 13) abruptly and collided onto the side of my vehicle . The vehicle that collided onto my vehicle then drove away, Everyday happen too fast which I couldn't capture the car plate number .

I sustained injuries from the above mentioned accident and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20211202/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211202/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/12/2021 11:32

Classification Of Case: