

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 12/12/2021 15:48 (SGT)
Date of Accident 10/12/2021 22:45 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information East Coast parkway along ECP TOWARDS BEDOK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9970A
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 - 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 Heng Yeow Meng
NRIC No SXXXX351I

Date Of Birth	19/02/1966
Occupation	Outdoor
Date Of Driving Pass	20/02/1990
Driving experience	31 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85755375
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	498G Tampines st 45
Address complement	#03-430
Postcode	525498
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 - Head to Rear
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	P1
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

REFER TO POLICE REPORT:T/20211211/2040 LODGED AT TOA PAYOH N P C

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	VIDEO FOOTAGE WITH TRANS CAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR3113Y
Vehicle Manufacturer	Mercedes
Vehicle Model	GLC250D 4MATIC AUTO
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97348699
Address	Na
Address complement	Na
Postcode	Na
Insurance Company Name	-
Nature Of Damage	Na
Details of property damaged in accident	Na
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Mobile equipment
Contact Number	(Phone) +65-91916278
Address	-
Address complement	Sylvia_bong@hotmail.com
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	MISS SYLVIA (TRANS CAB PASSENGER)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HENG YEOW MENG
Gender	Male
Phone No	(Phone) +65-85755375
Address	Na
Address Complement	Na
Post Code	Na
Approximate Age Years Old	-
Injuries Sustained	Pain discomfort on neck, shoulders blade at back area
Injured person in which vehicle?	SHD9970A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MISS SYLVIA
Gender	Female
Phone No	(Phone) +65-91916278
Address	Sylvia_bong@hotmail.com
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9970A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

CCP BEDOK

A SHD 9970 A

B SFR 3113 Y

Fin No



Meng

Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI

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



**SINGAPORE
POLICE FORCE**



T/20211211/2040

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Report No. T/20211211/2040

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

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SFR3113Y (Car)	Contact No.	97348699
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	HENG YEOW MENG	ID No.	S17483511
Related Vehicle	SHD9970A (Taxi)	Contact No.	85755375
Hospital/Clinic	MOUNT ALVERNIA HOPSITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/12/2021	Date Discharge	11/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 10/12/2021 at about 2245hrs, I was driving my Taxi bearing Reg No: SHD 9970A along ECP towards Bedok and had a rear passenger with me. I had travelled past Fort Road and at that moment, traffic was heavy and vehicle is building up.

Out of a sudden, I felt an impact from the rear. I realized that a vehicle bearing Reg No: SFR 3113Y had hit my vehicle from the rear. I have no idea where the vehicle had merged from as to my knowledge there's a lorry at my rear.

I had enquired with my passenger however she does not requires any immediate medical attention. Both of us did not suffer any visible injury apart from feeling giddy due to the impact.

Today I had sought treatment at Mount Alvernia and was give 5 days MC dated from 11/12/2021 till 15/12/2021. (Ref No: M2100007644). I felt pain and discomfort on my neck, shoulder blade and my back area.

I am lodging a Traffic Accident Report as required.