

# 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 ..... 17/12/2021 15:58 (SGT)  
Date of Accident ..... 16/12/2021 19:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE Towards SLE after Tunnel  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5699K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS-CAB SERVICES PTE LTD  
Company Reg No ..... 200303878K  
Email Address ..... Claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-62866666  
Alternative Phone No ..... (Office) +65-62866666

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... PRIUS 5 DR HATCHBACK (AUTO)  
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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Manual  
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 ..... LEONG KOK CHEONG  
NRIC No ..... S1150837E

Date Of Birth .....	26/05/1956
Occupation .....	Outdoor
Date Of Driving Pass .....	24/06/1974
Driving experience .....	47 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91096365
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	92A TELOK BLANGAH ST31
Address complement .....	#10-229
Postcode .....	101092
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 .....	Side Swipe
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Passenger 1
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Cairnhill Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002968999
Police Station Address .....	Blk 9 Gloucester Road #01-03 Singapore 210009
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211216/2111 LODGED AT CAIRNHILL N P P

#### 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 .....	TP Confiscated Driver Memory Card.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBS7107G
Vehicle Manufacturer .....	Kawasaki

Vehicle Model .....	NINJA 400 MANUAL
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Motorcycle
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	no details
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS7107G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****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. The 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 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.



Policyholder's Signature  
Date & Time:

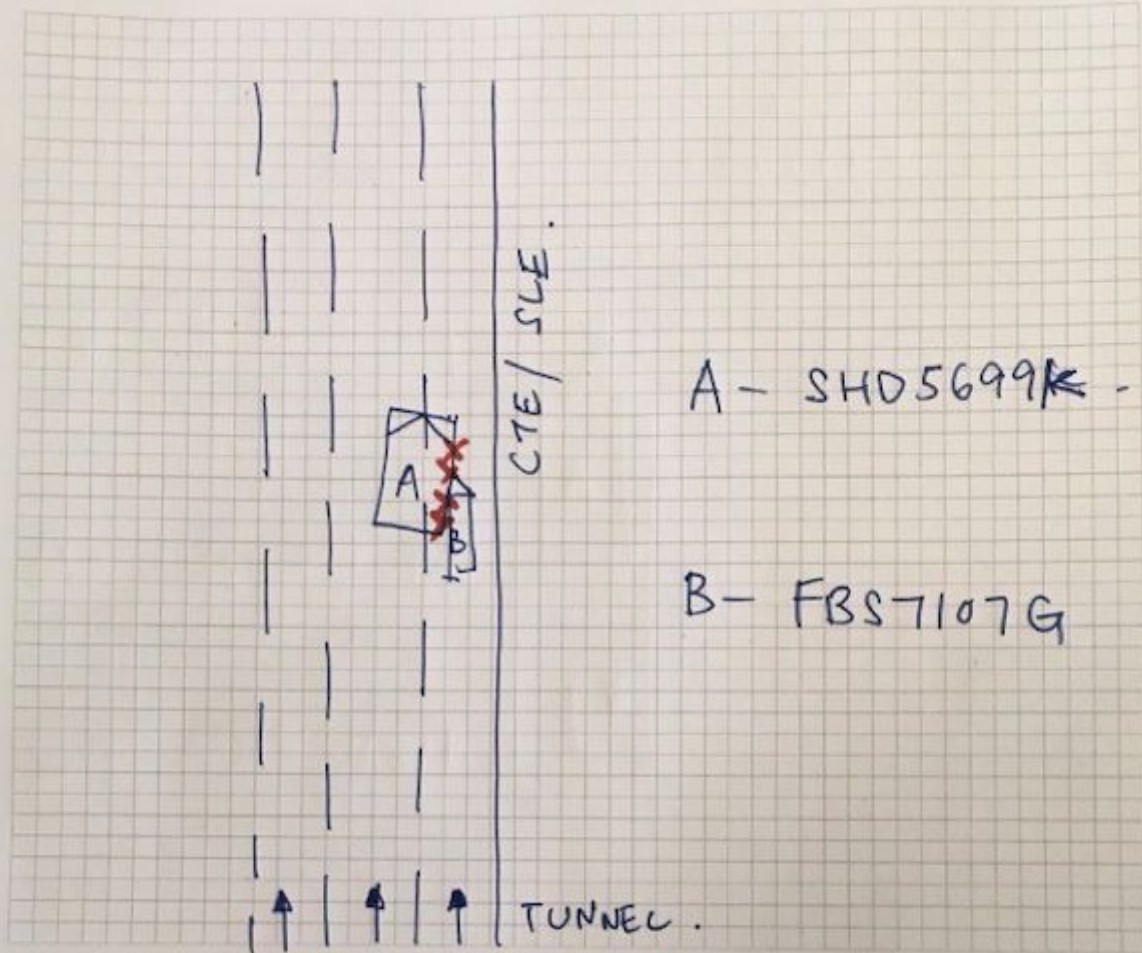
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

17122021

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
MOHAMMAD AZALY BIN ABDULLAH

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

ACCIDENT DIAGRAM



*[Handwritten Signature]*

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

Policyholder's Signature  
Date & Time:

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

17/12/21.

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

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please refer to Police Report

**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:

17122021

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH**

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

GIARMC SketchPlanForm\_V3

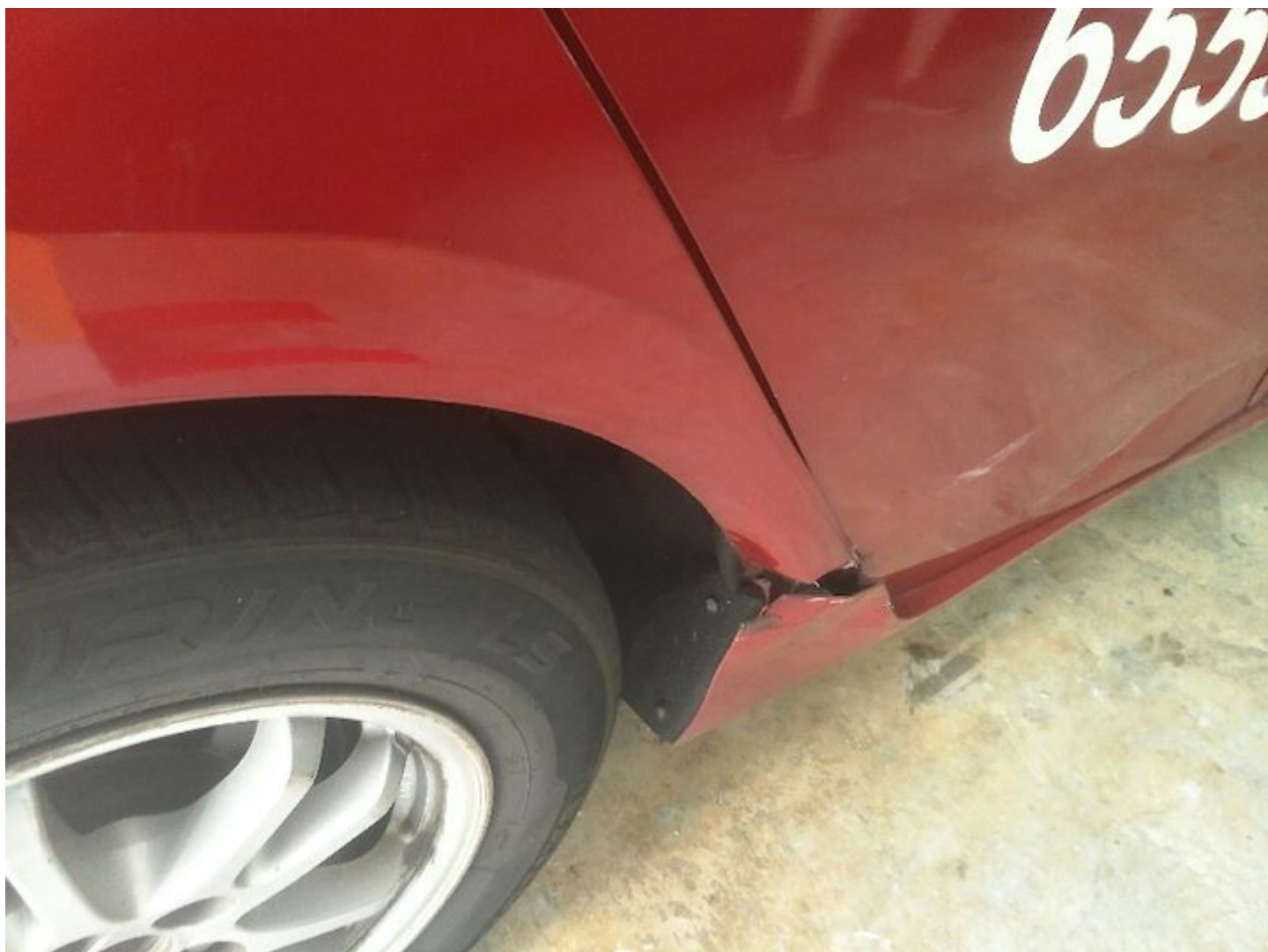
2

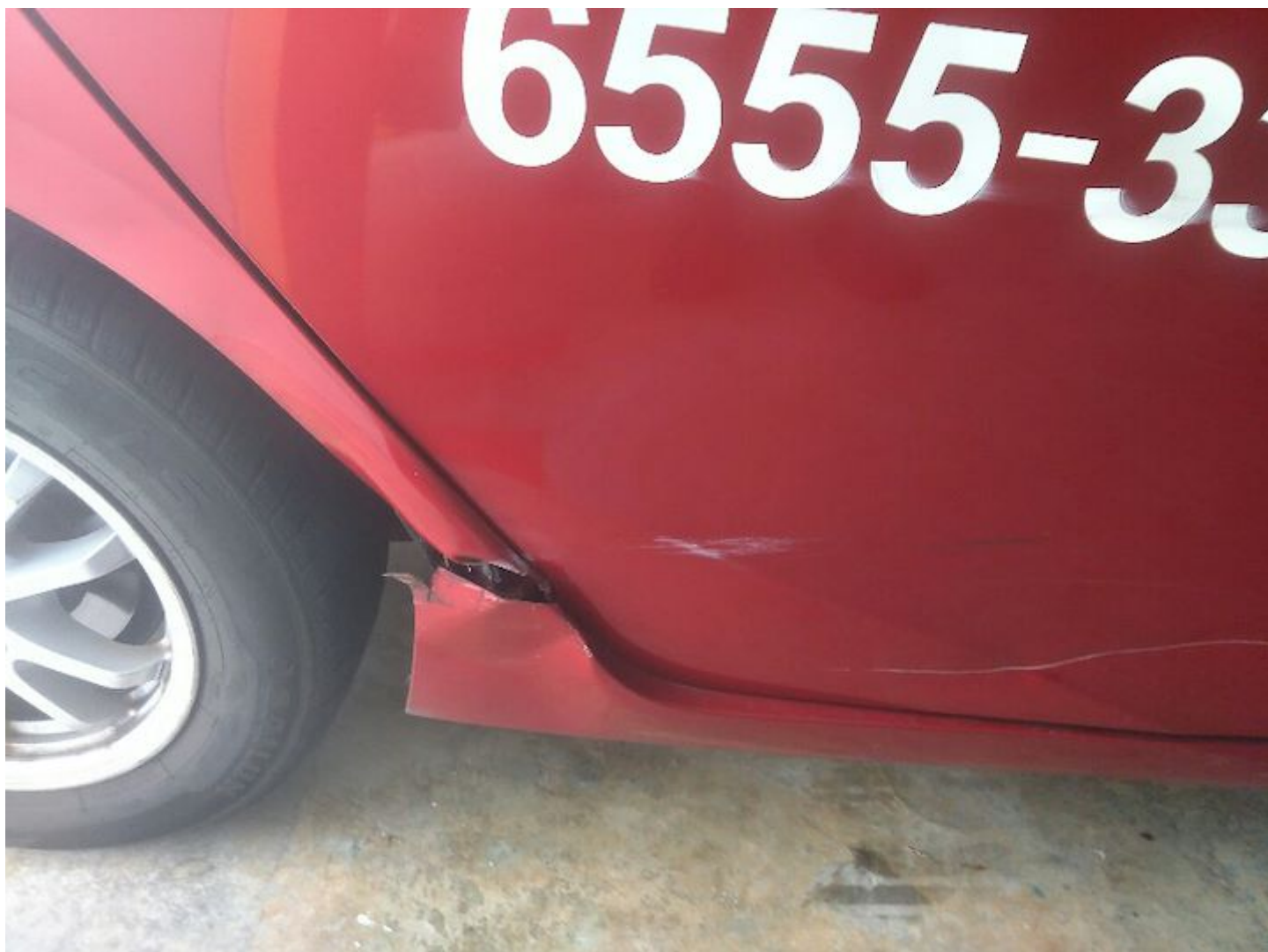






























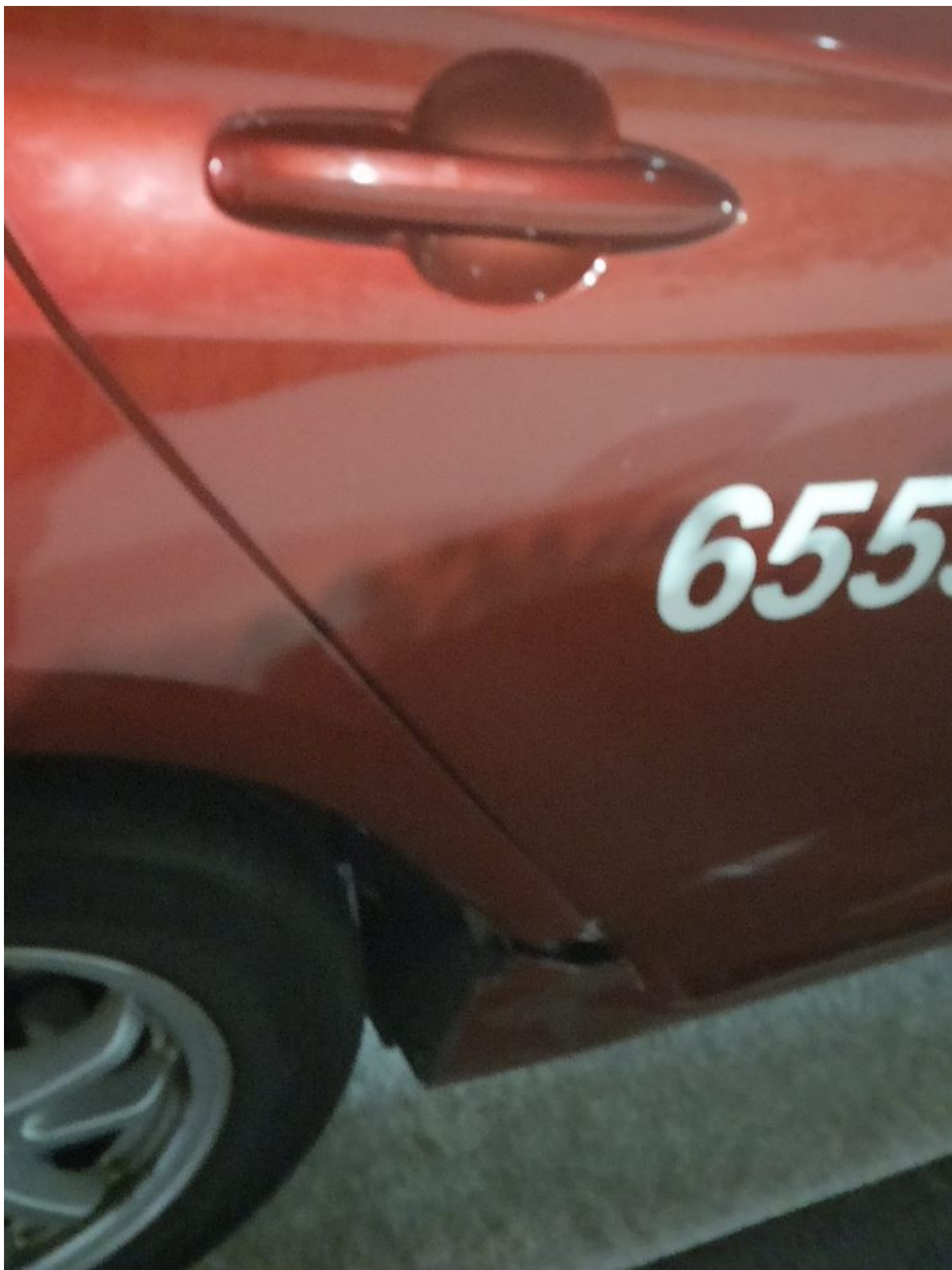



















**SINGAPORE  
POLICE FORCE**


T/20211216/2111

1 of 3

Report No. T/20211216/2111

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2021 21:02		Vide Report No.: E/20211216/0140	Station Diary No.: 30
<b>Informant's Particulars</b>			
Name of Informant: LEONG KOK CHEONG		Address: APT BLK 92A TELOK BLANGAH STREET 31 #10-229 SINGAPORE 101092	
ID Type / ID No.: NRIC NO / S1150837E		Contact No.: Home/Office: Mobile: 91096365	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 26/05/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/12/2021 19:15	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS7107G	Motorcycle				No Damage	0
SHD5699K	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211216/2111

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999

2 of 3

Report No. T/20211216/2111

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEONG KOK CHEONG	ID No.	S1150837E
Related Vehicle	SHD5699K (Car)	Contact No.	91096365
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/12/2021 at about 1915hrs, I was driving along CTE towards SLE, after exiting the tunnel and about 1km after it before Moulmein exit. I was driving on the second lane and I was changing lane to the first lane. I had successfully changed lane and after doing so, I heard a loud sound on the driver side of my vehicle. As such, I stopped my vehicle and I got out from my vehicle. That is when I saw a motorcycle and the rider on the floor. He was unable to get up and I saw abrasions on his hand. The rider was then conveyed to the hospital by ambulance. The damages to my vehicle were some scratches on my driver side doors.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Cairnhill NPP  
9 Gloucester Road #01-03 SINGAPORE  
210009  
Tel No: 1800-2968999



T/20211216/2111

3 of 3

Report No. T/20211216/2111

**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  
A /

Sgt 2 MOHAMED RAFHAN BIN  
MOHAMED ABDUL KADER

Signature Of Interpreter:  
Not applicable

Signature Of Informant:

Date/Time:  
16/12/2021 21:02

Officer In Charge Of Case:  
TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

  
SIGNATURE