SA0A2227000P / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 07/02/2022 18:15 (SGT)
SUBMITTED BY: Jun Keat
VERSION: 1 (07/02/2022 18:15 (SGT))

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 witholding 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	07/02/2022 18:15 (SGT)
Date of Accident	06/02/2022 17:10 (SGT)
Exact Location of Accident	Near 300 Bedok North Ave 3, Singapore 469717
Additional Location Information	JUNCTION OF BEDOK NORTH ROAD AND BEDOK NORTH AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5208A

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) +65-62876666
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	LIM CHEOW SENG

NRIC No	S2006987B
Date Of Birth	17/12/1949
Occupation	Outdoor
Date Of Driving Pass	31/01/1970
Driving experience	52 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96155838
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	818 TAMPINES ST 81
Address complement	#07-612
Postcode	520818
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
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	GY7221T
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White

Vehicle Category	Commercial vehicle
Name of Driver	SUBRAMANIAN PALANI KUMAR
NRIC No	G2654990L
Contact Number	(Phone) +65-88693637
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	LIM CHEOW SEONG
Gender	Male
Phone No	(Phone) +65-96155838
Address	818 TAMPINES ST 81
Address Complement	#07-612
Post Code	520818
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5208A
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:

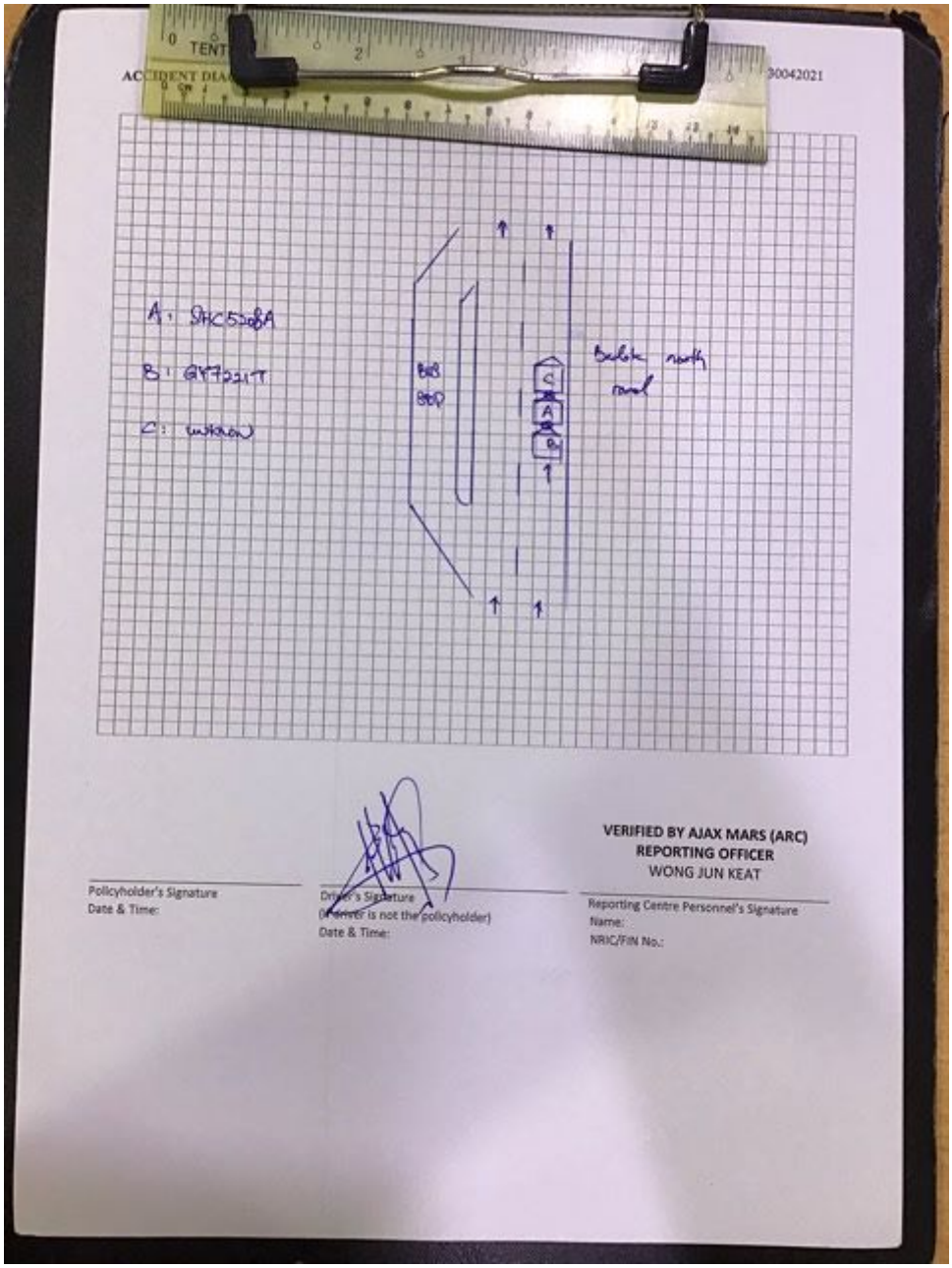
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 7/2/2022	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN #2



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.

		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: 7/2/2022	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

IMAGES

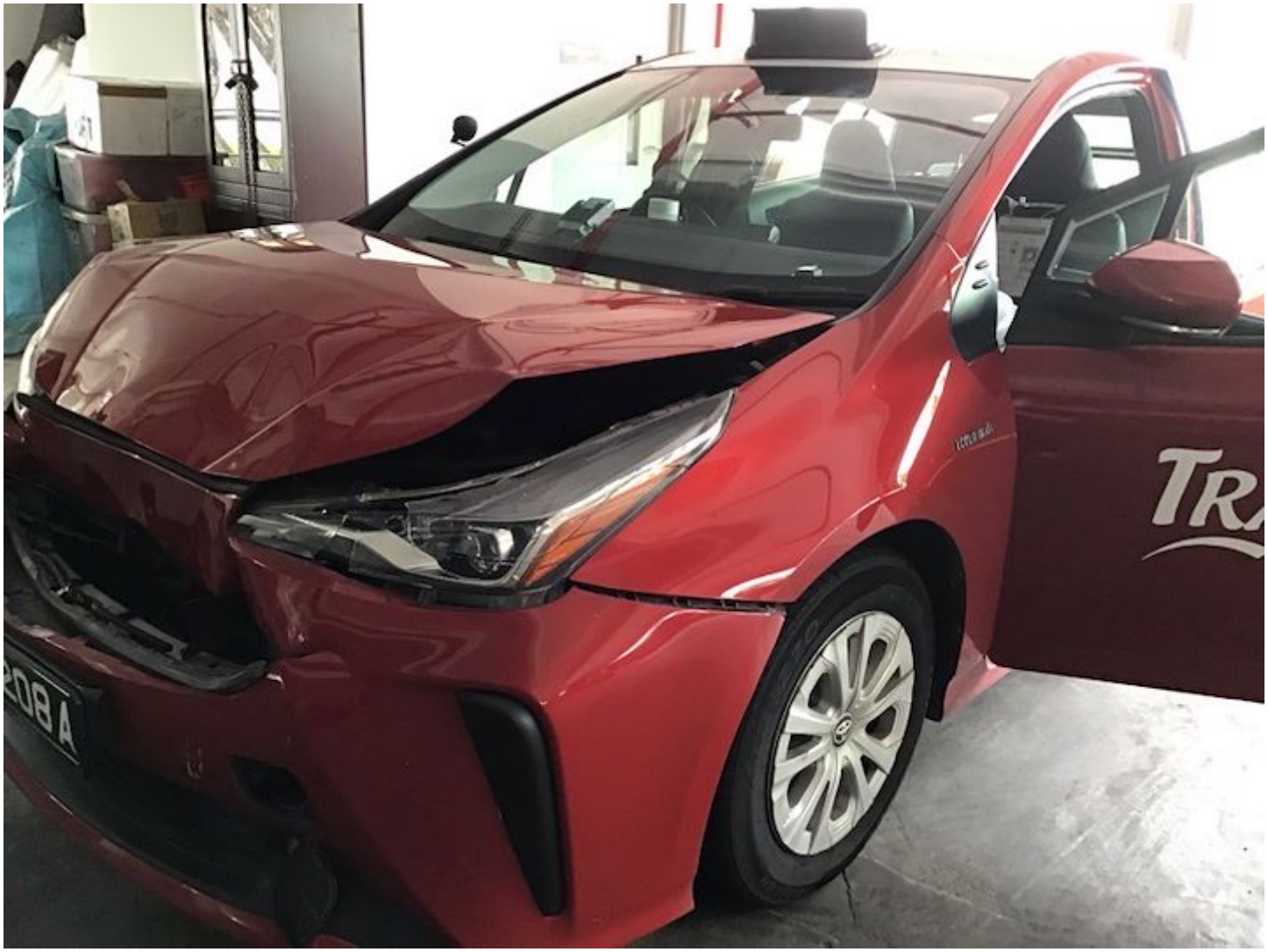
IMAGES #2


Trans-cab
6555-3333
PRIUS
SHC 5208 A
Trans-cab Services Pte Ltd
HONDA

IMAGES #3

IMAGES #4

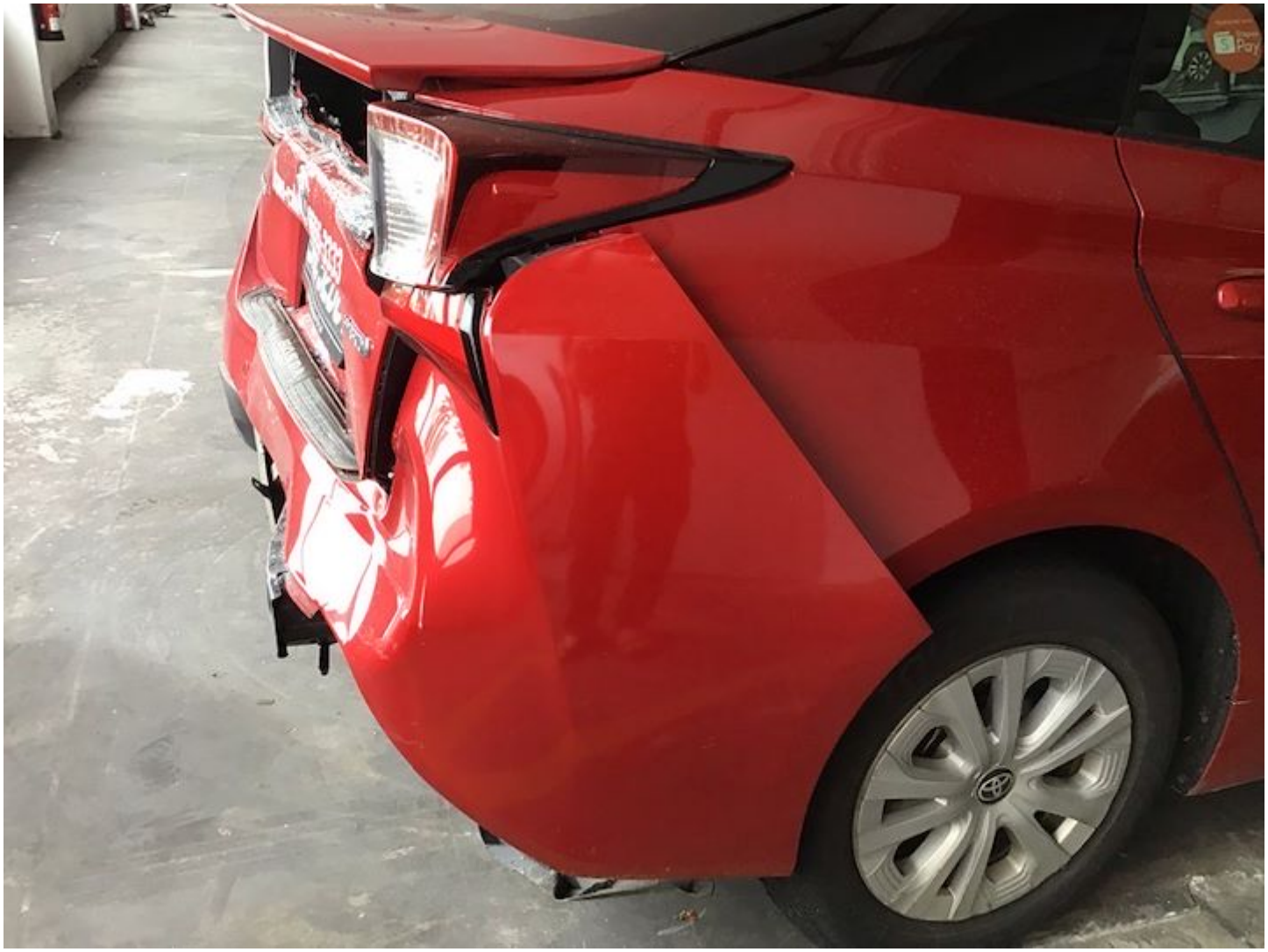
IMAGES #5



IMAGES #6

IMAGES #7

IMAGES #8



IMAGES #9

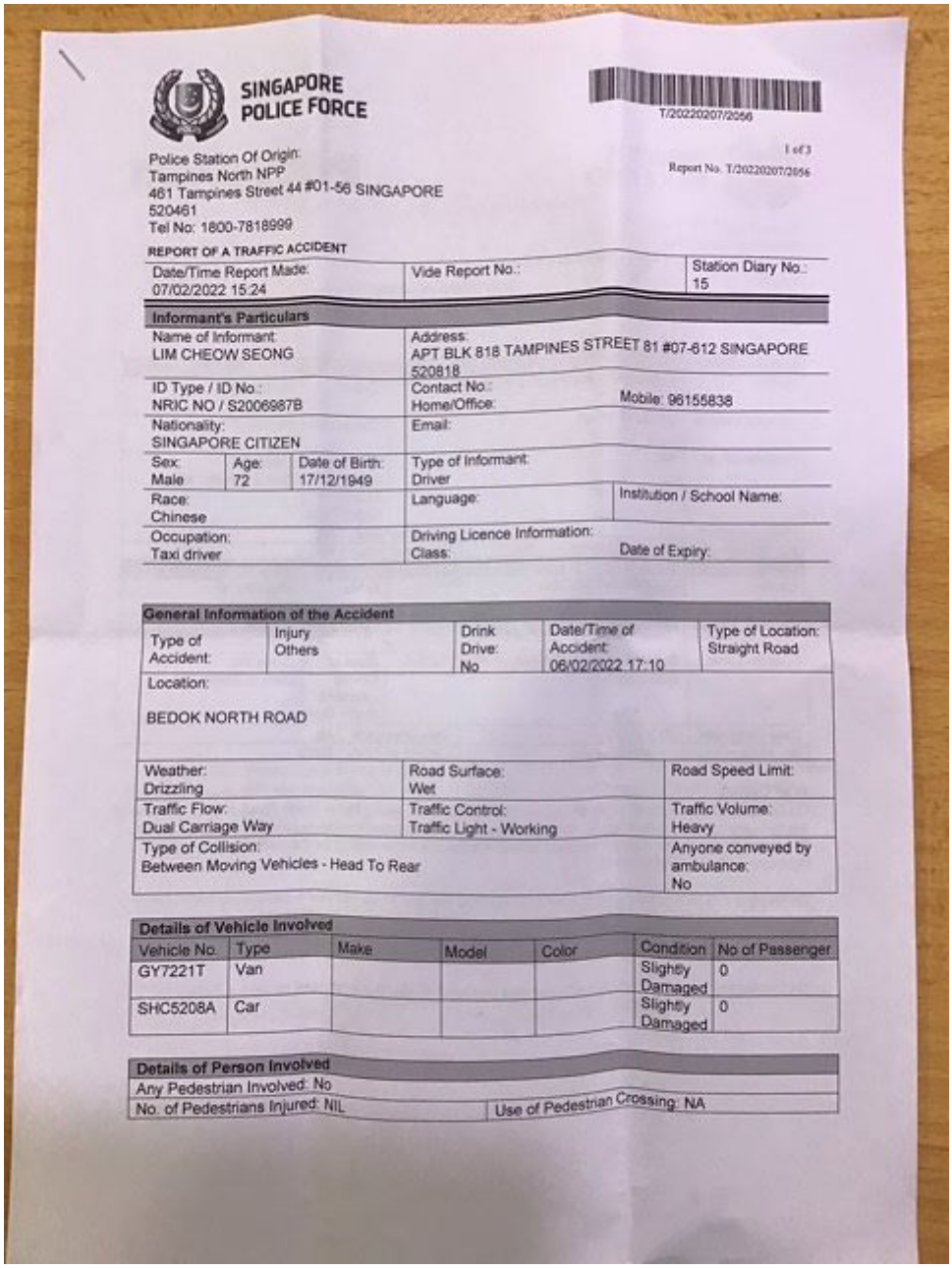
IMAGES #10

IMAGES #11


PASUMPON GROUP
www.pasumpongroup.com
TOYOTA
HIACE
70
GY
7221T


SHC 5208 A

IMAGES #12



SINGAPORE POLICE FORCE

T/20220207/2056

1 of 3

Report No. T/20220207/2056

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/02/2022 15:24		15

Informant's Particulars

Name of Informant:			Address:	
LIM CHEOW SEONG			APT BLK 818 TAMPINES STREET 81 #07-612 SINGAPORE 520818	
ID Type / ID No.:			Contact No.:	
NRIC NO / S2006987B			Home/Office:	Mobile: 96155838
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	72	17/12/1949	Driver	
Race:			Language:	Institution / School Name:
Chinese				
Occupation:			Driving Licence Information:	
Taxi driver			Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	06/02/2022 17:10	Straight Road

Location:
BEDOK NORTH ROAD

Weather:	Road Surface:	Road Speed Limit:
Drizzling	Wet	
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Traffic Light - Working	Heavy
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

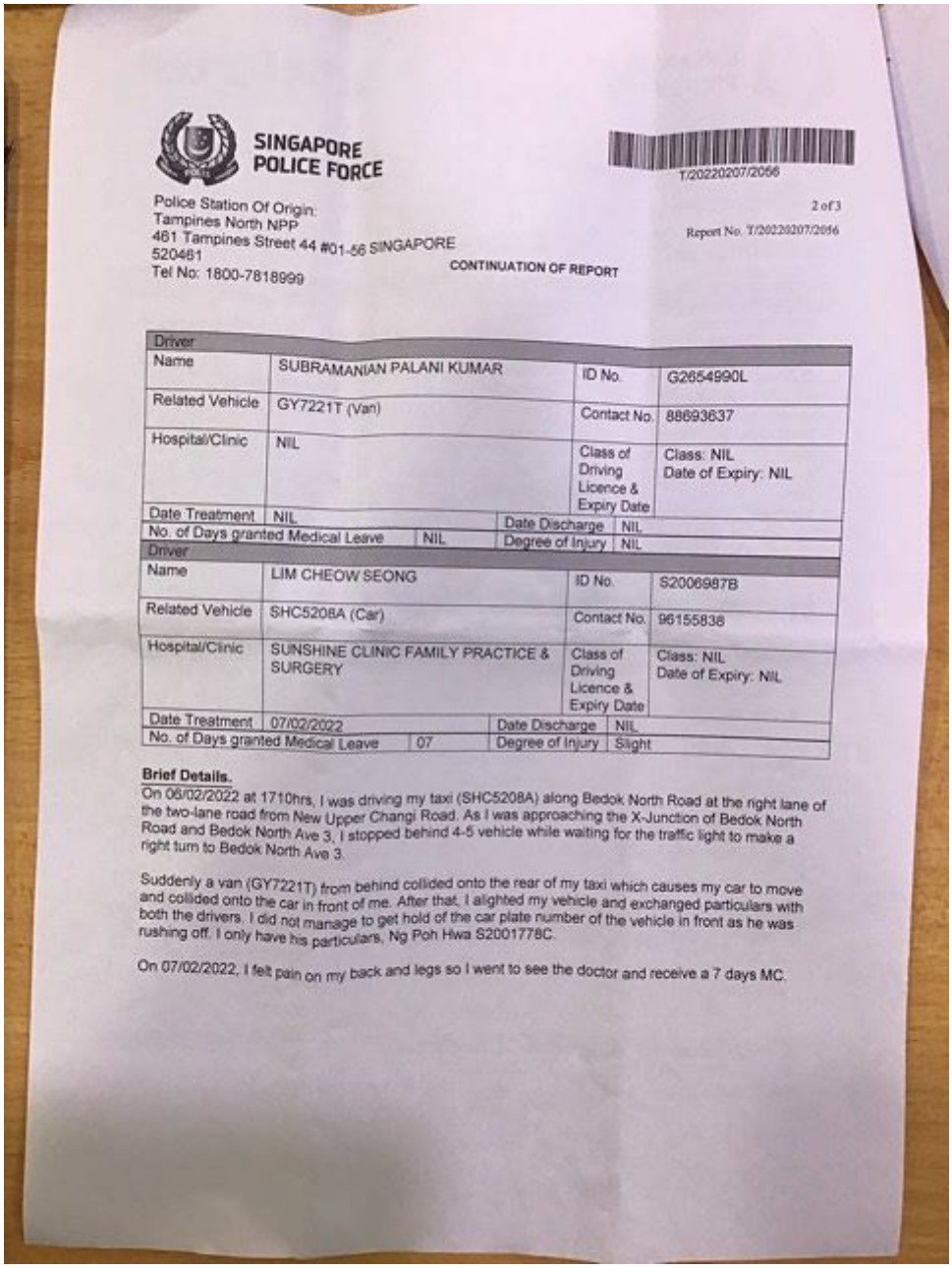
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY7221T	Van				Slightly Damaged	0
SHC5208A	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

POLICE REPORT #2



SINGAPORE POLICE FORCE

T/20220207/2056

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

2 of 3

Report No. T/20220207/2056

CONTINUATION OF REPORT

Driver			
Name	SUBRAMANIAN PALANI KUMAR	ID No.	G2654990L
Related Vehicle	GY7221T (Van)	Contact No.	88693637
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

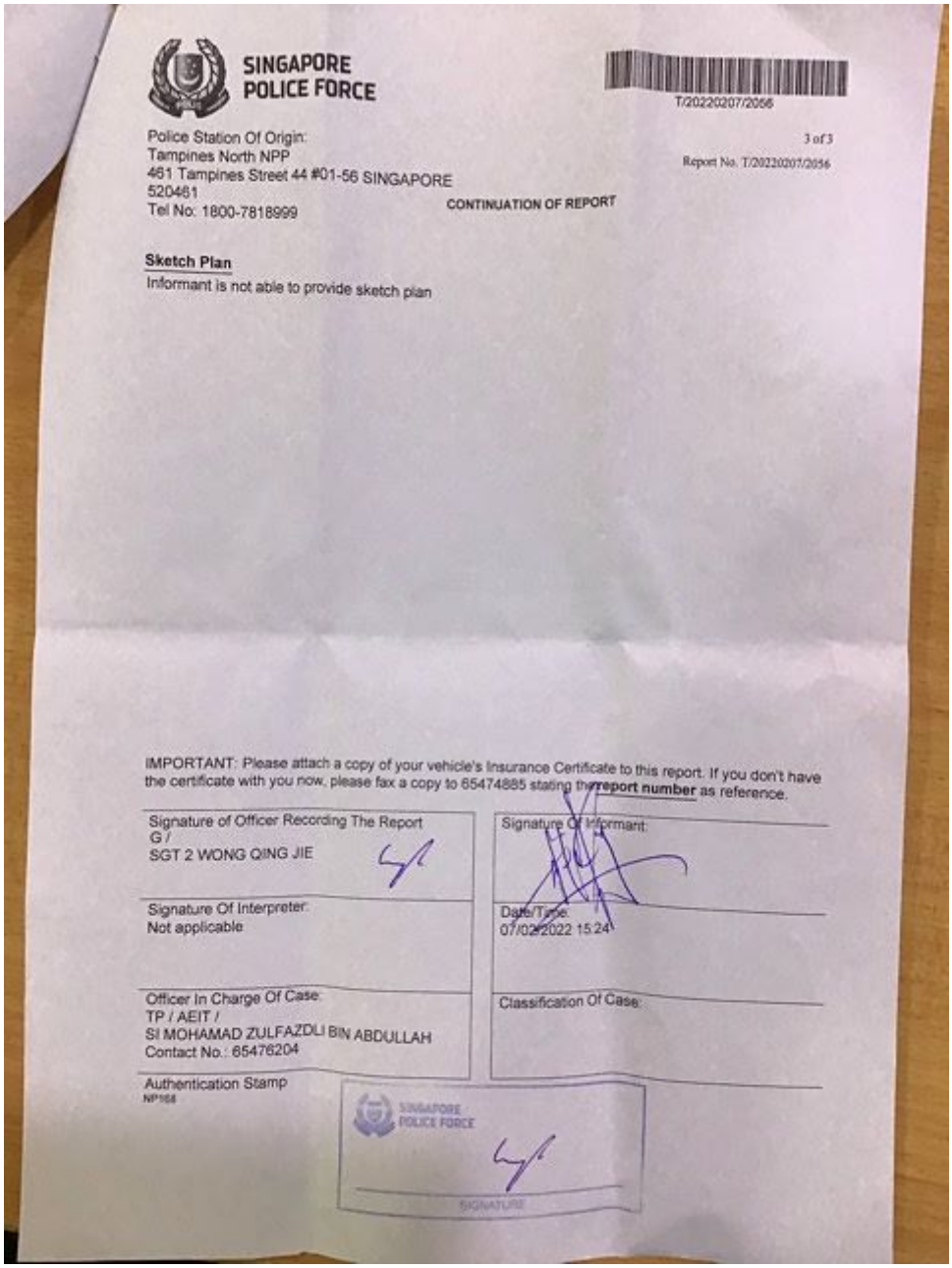
Driver			
Name	LIM CHEOW SEONG	ID No.	S2006987B
Related Vehicle	SHC5208A (Car)	Contact No.	96155838
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/02/2022	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 06/02/2022 at 1710hrs, I was driving my taxi (SHC5208A) along Bedok North Road at the right lane of the two-lane road from New Upper Changi Road. As I was approaching the X-Junction of Bedok North Road and Bedok North Ave 3, I stopped behind 4-5 vehicle while waiting for the traffic light to make a right turn to Bedok North Ave 3.

Suddenly a van (GY7221T) from behind collided onto the rear of my taxi which causes my car to move and collided onto the car in front of me. After that, I alighted my vehicle and exchanged particulars with both the drivers. I did not manage to get hold of the car plate number of the vehicle in front as he was rushing off. I only have his particulars, Ng Poh Hwa S2001778C.

On 07/02/2022, I felt pain on my back and legs so I went to see the doctor and receive a 7 days MC.



SINGAPORE POLICE FORCE

T/20220207/2056

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20220207/2056

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
G /
SGT 2 WONG QING JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/02/2022 15:24

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE