

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	14/03/2022 21:41 (SGT)
Date of Accident	27/02/2022 04:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF CORPORATION ROAD AND YUNG KUANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD28E
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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	-
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	NA

DRIVER

Name of Driver	HO LYE HUAT
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NRIC No	SXXXX330I
Date Of Birth	06/06/1962
Occupation	Outdoor
Date Of Driving Pass	08/07/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86785033
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	850 Woodlands Street 82
Address complement	#08-225
Postcode	730850
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 - Cross Junction
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	P1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220228/2049

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	WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

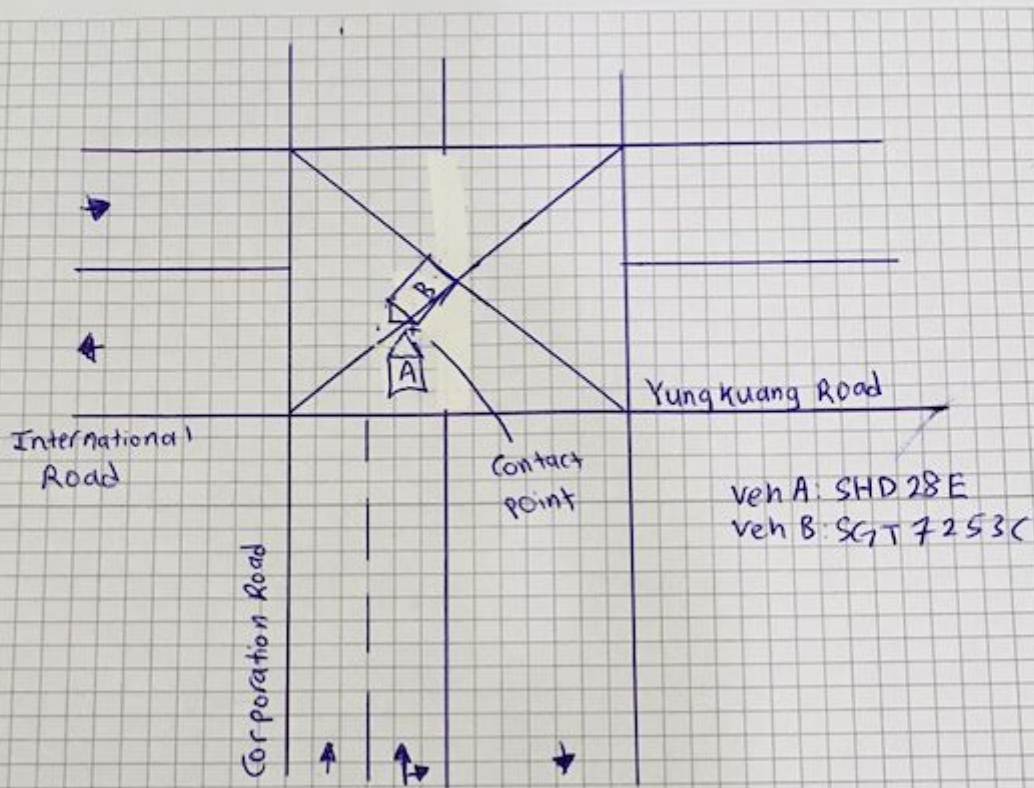
Vehicle Registration Number	SGT7253C
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO LYE HUAT
Gender	Male
Phone No	(Phone) +65-86785033
Address	850 Woodlands Street 82
Address Complement	#08-225
Post Code	730850
Approximate Age Years Old	59
Injuries Sustained	-
Injured person in which vehicle?	SHD28E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

ACCIDENT DIAGRAM



VERIFIED 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.:

SKETCH PLAN**IMPORTANT NOTICE**

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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:

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

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

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
ANG QI HAO, VICTOR

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





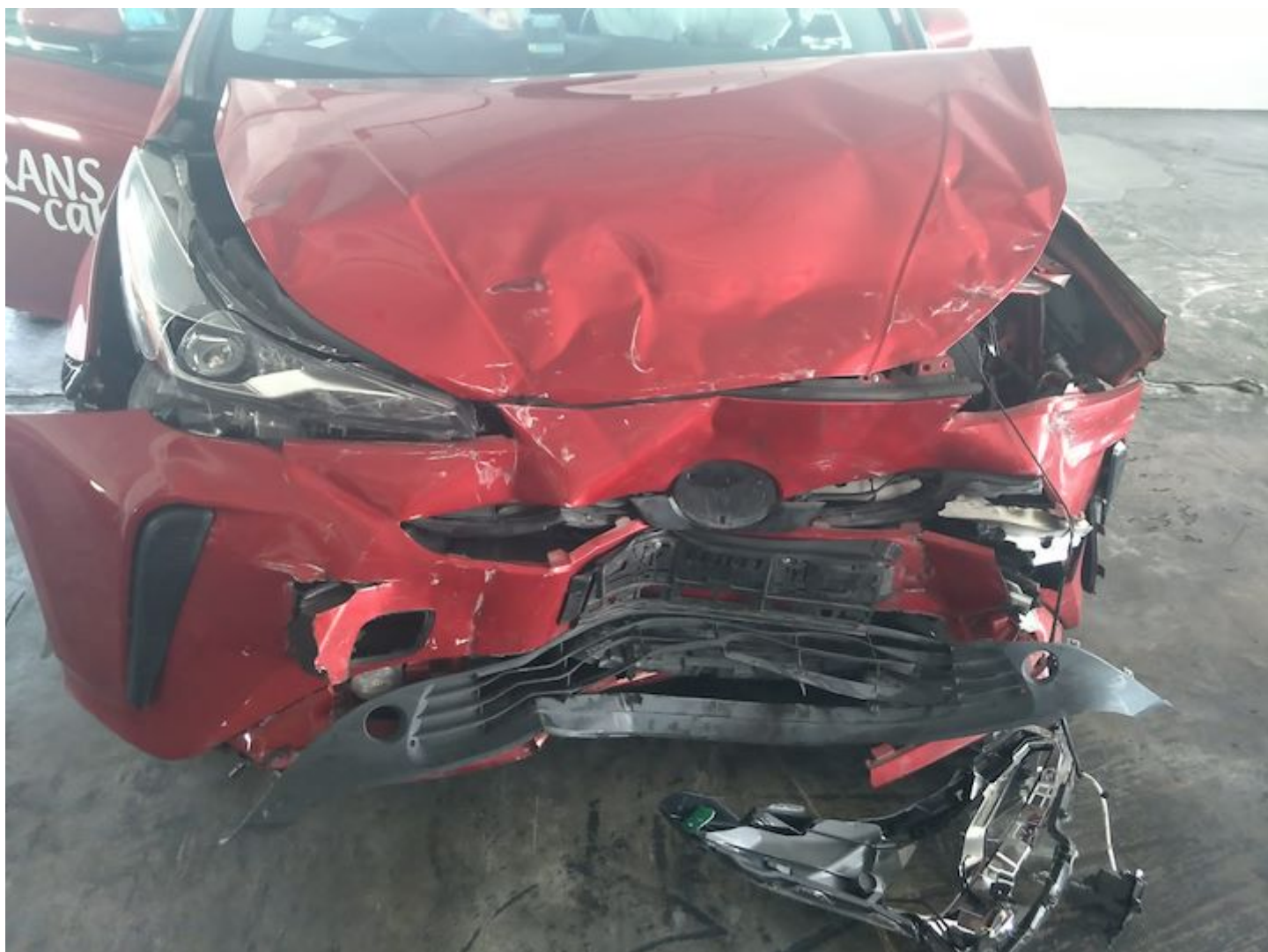


















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20220228/2049

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Report No. T/20220228/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2022 15:14		Vide Report No.:		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: HO LYE HUAT			Address: APT BLK 850 WOODLANDS STREET 82 #08-225 SINGAPORE 730850		
ID Type / ID No.: NRIC NO / S15243301			Contact No.: Home/Office: Mobile: 86785033		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 06/06/1962	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/02/2022 04:00	Type of Location: X-Junction
Location: CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD28E	Car	TOYOTA	PRIUS	Red		1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220228/2049

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Report No. T/20220228/2049

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	HO LYE HUAT	ID No.	S1524330I
Related Vehicle	SHD28E (Car)	Contact No.	86785033
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/02/2022	Date Discharge	28/02/2022
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

On 27/02/2022 at about 4.00am, I was driving my taxi of vehicle plate number SHD28E. There was a passenger inside my vehicle. I was driving along Corporation Road when I approached a traffic light junction.

When I was driving, suddenly a vehicle from the opposite direction dashed in front of me from the right side. I tried to brake but it was too close and bang onto the vehicle.

I can only recall I was brought to hospital by ambulance. I could not recall what is the other junction road name.

On 28/02/2022 I was discharged from NUH given a 15 days MC.

There is in car camera footage.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C.
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20220228/2049

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Report No. T/20220228/2049

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:
F / SR STAFF SGT CHUA KAI
LING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/02/2022 15:14

Officer In Charge Of Case:
TP / GIT /
STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

SN 154

SIGNATURE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SA0A222S000E Vehicle Registration No: SHD28E
 Name (as shown in NRIC): TRANS-CAB SERVICES PTE LTD NRIC/FIN/Passport No: 2XXXXX878K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: NA Singapore ()
 Contact (Tel): 62876666 Mobile No.: NA
 Email Address: Claims@transcab.com.sg
 Date of Accident: 27/02/2022 Time of Accident: 04:00
 Place of Accident: JUNCTION OF CORPORATION ROAD AND YUNG KUANG ROAD
 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) Upload Sketch of Accident

 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: MAZLAN B A RAHMAN
 NRIC/FIN No.: SXXXX401F
 Date: