

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 20/01/2022 16:44 (SGT)
Date of Accident 19/01/2022 19:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG JURONG WEST ST 64 TOWARDS BOON LAY WAY
BESIDE JURONG POINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD317X

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 Renault
Model Latitude
Variant 2.0L DCI AUTO D/AB 4DR
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 1998

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 TOH WEI BENG

NRIC No	SXXXX908C
Date Of Birth	27/04/1975
Occupation	Outdoor
Date Of Driving Pass	05/05/1995
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97638655
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Choa Chu Kang, 408 Choa Chu Kang Avenue 3. #03-301
Address complement	-
Postcode	(S)680408
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)	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220120/2026

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	SMM6218C
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
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	TOH WEI BENG
Gender	Male
Phone No	(Phone) +65-97638655
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD317X
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.



Policyholder's Signature
Date & Time:

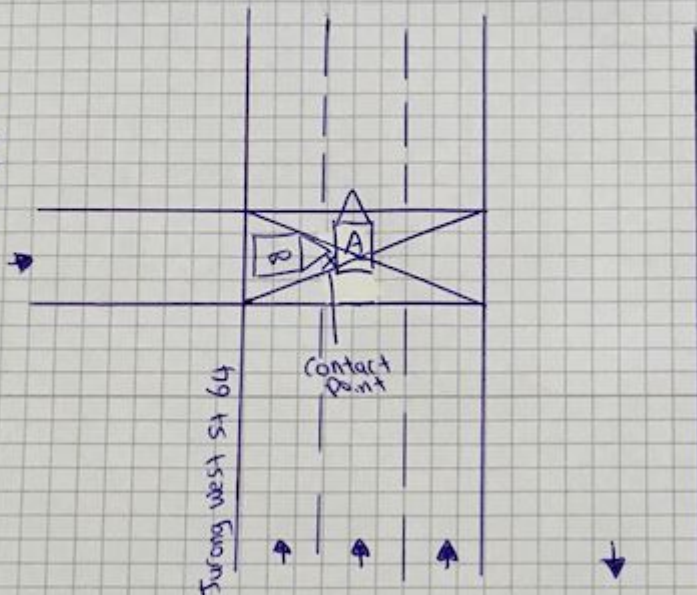
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

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

ACCIDENT DIAGRAM

Jurong point



Veh A SHD317x
Veh B: SMM6218C

[Handwritten Signature]

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

Policyholder's Signature
Date & Time:

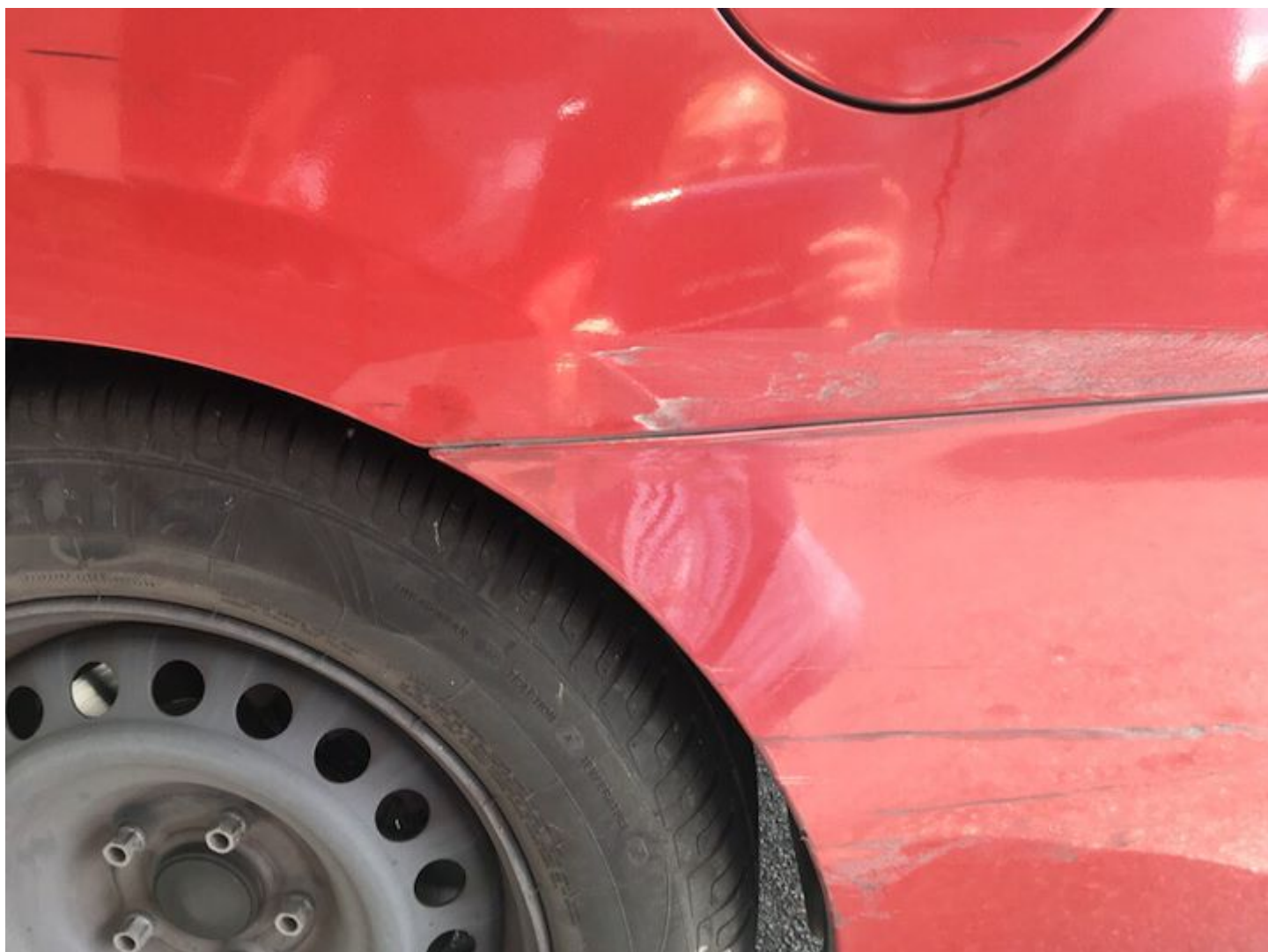
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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





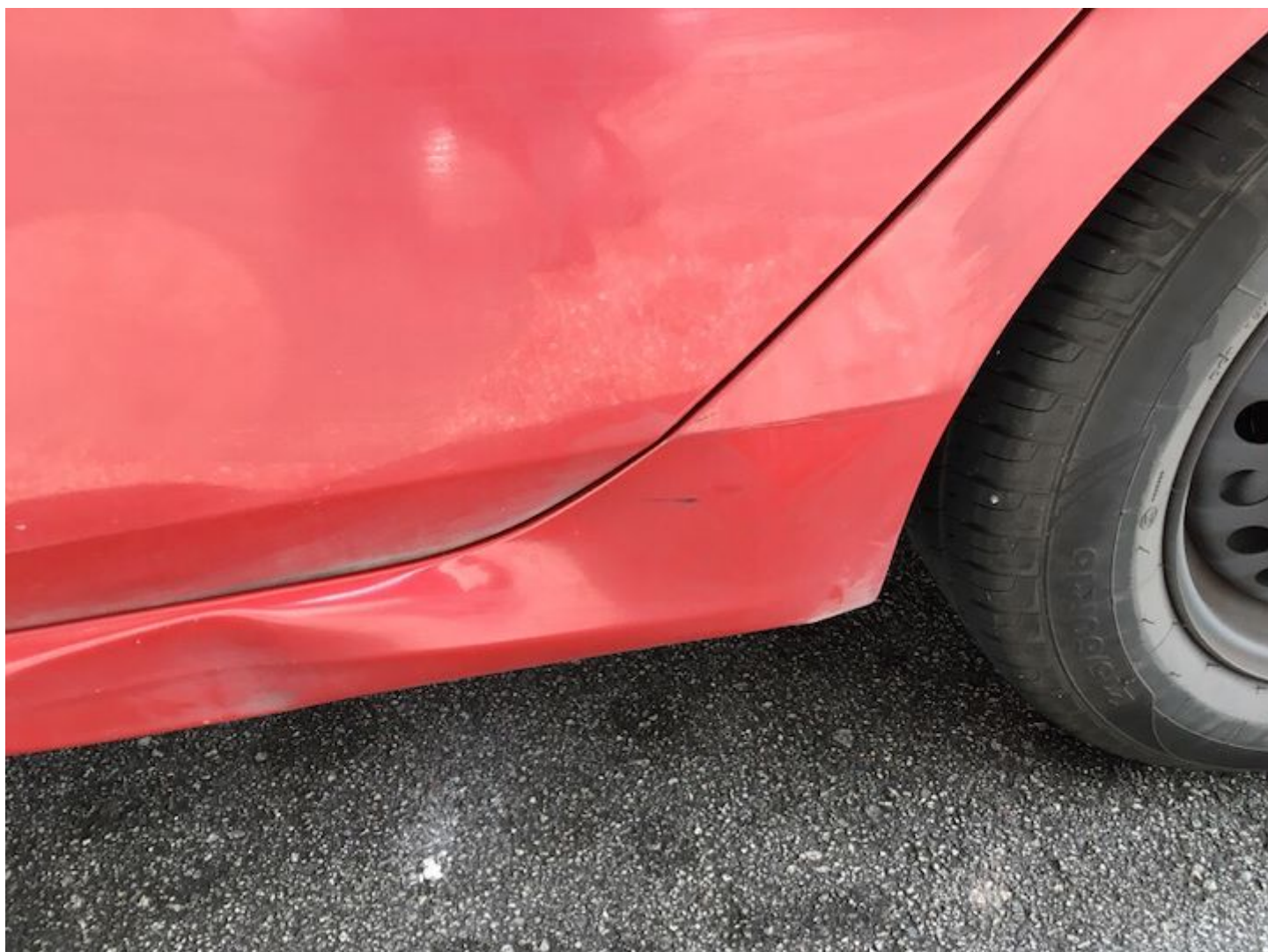










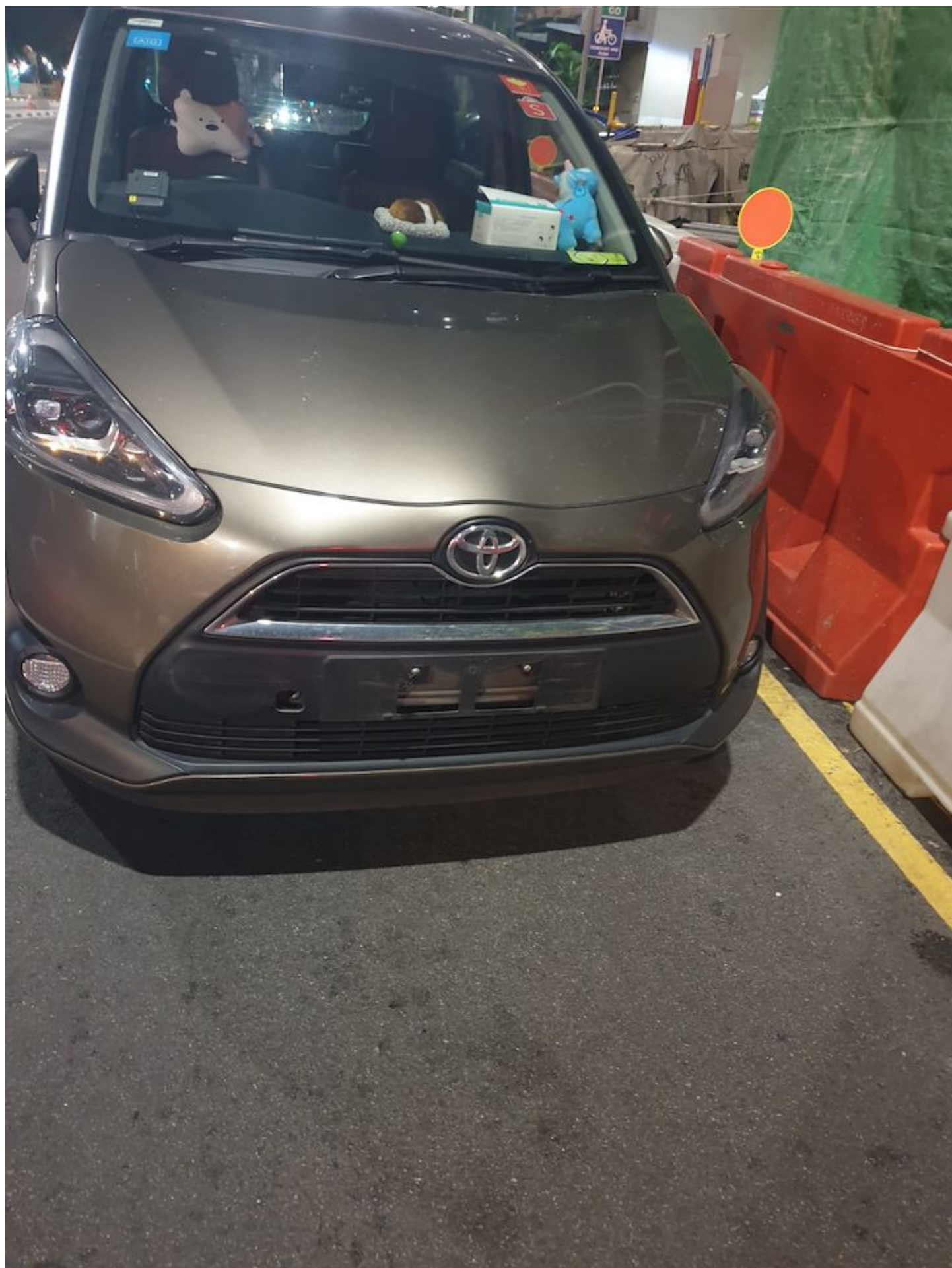


















**SINGAPORE
POLICE FORCE**



T/20220120/2026

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220120/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2022 12:54	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars

Name of Informant: TOH WEI BENG			Address: APT BLK 408 CHOA CHU KANG AVENUE 3 #03-301 SINGAPORE 680408		
ID Type / ID No.: NRIC NO / S7510908C			Contact No.: Home/Office: Mobile: 97638655		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 27/04/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2022 19:50	Type of Location: Straight Road
Location: JURONG WEST STREET 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHD317X	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	1
SMM6218C	Car	TOYOTA	SIENTA ELEGANCE (AUTO)	Brown	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220120/2026

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220120/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH WEI BENG	ID No.	S7510908C
Related Vehicle	SHD317X (Car)	Contact No.	97638655
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	20/01/2022	Date Discharge	20/01/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the 19/01/2022 at around 1948hrs, I was driving my vehicle (SHD317X) along Jurong West Street 64 towards Boon Lay Way. It was a 2 lane road and I was in the left most lane. Whilst passing by Jurong Point, a vehicle (SMM6218C) came out of the carpark and hit onto my vehicle's left side. We subsequently stopped nearby and made a check on our vehicles. My vehicle suffered damages on the rear left bumper whilst the other party suffered damages on the front left bumper. No one was injured at that point of time. I only managed to exchange with the other party's hand phone number (HP: 94301106) and we subsequently left the area.

However when I got home the same night, I felt some pain on my body and decided to go to the doctor the following day 20/01/2022 to get myself checked. I was then given 5 days MC dating from 20/01/2022 till 24/01/2022.

I am making this report for Insurance Claims.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20220120/2026

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Report No. T/20220120/2026

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 /
Sgt 2 MUHAMMAD FIKRI BIN
MUHAMMAD FAZLI

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP160

Signature
Singapore Police Force

Signature Of Informant:

卓伟明

Date/Time:
20/01/2022 12:54

Classification Of Case: