

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 30/03/2022 23:55 (SGT)
Date of Accident 29/03/2022 13:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information Jurong East Street 24
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5172T

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 GOH YAM LIM
NRIC No S7322586H

Date Of Birth	06/07/1973
Occupation	Outdoor
Date Of Driving Pass	30/04/1994
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93664991
Alt. Phone Number	-
Email Address	Terrencegohyamlim@gmail.com
Address	HDB Waterway Sunrise I, 656B Punggol East
Address complement	#18-802
Postcode	822656
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 on collision
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH LOUIS
Gender	Male

PASSENGER 2

Name	NGUYEN THI THANH TUYEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220329/2105 LODGED AT PUNGGOL N P C

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ9050S
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	MOHAMED ZURI BIN HAMID
NRIC No	S1836847A
Contact Number	(Phone) +65-87846401
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	GOH YAM LIM
Gender	Male
Phone No	(Phone) +65-93664991
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5172T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOH LOUIS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5172T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	NGUYEN THI THANH TUYEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5172T
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.



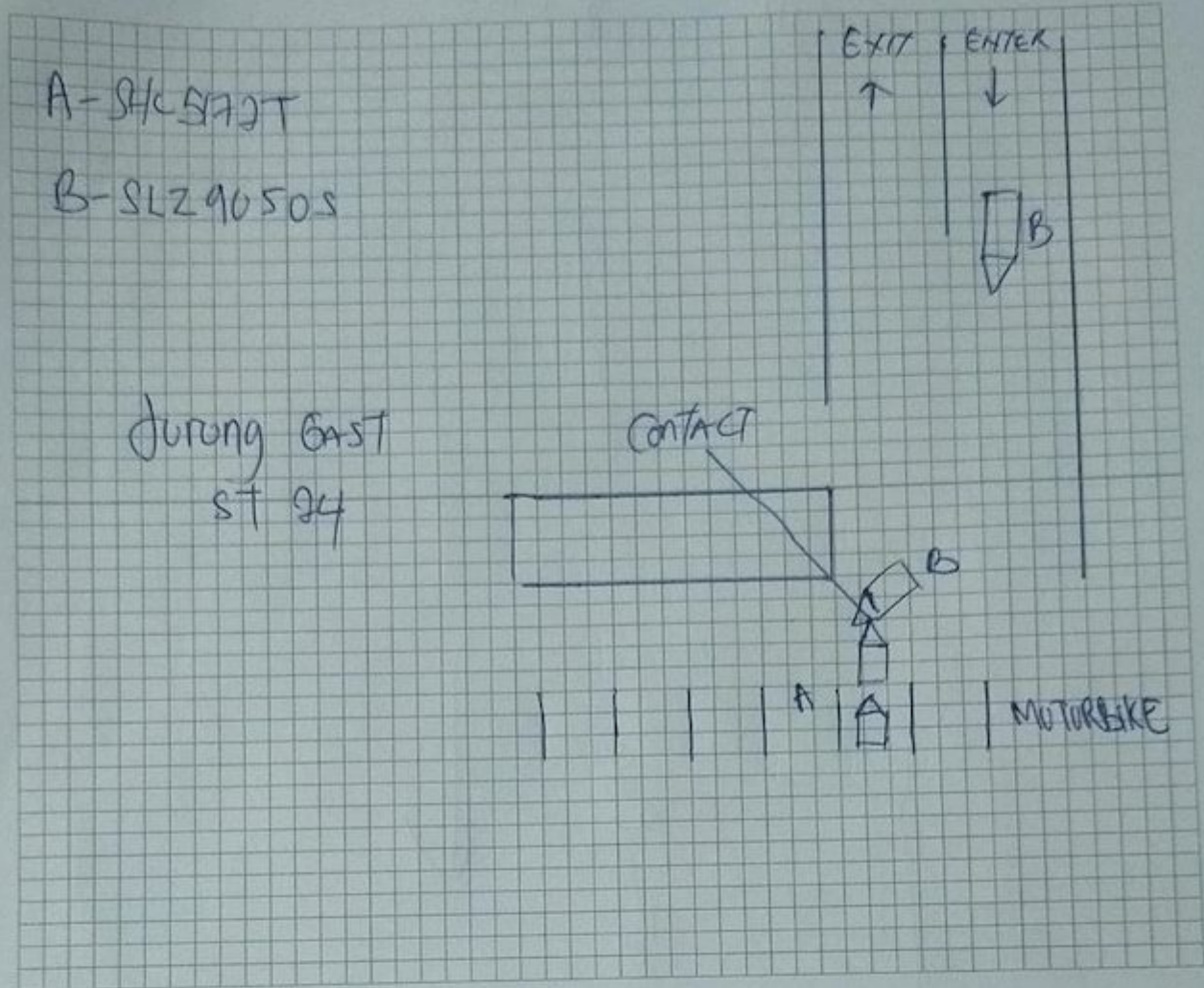
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature
Date & Time:

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

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

ACCIDENT DIAGRAM



A

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As 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:

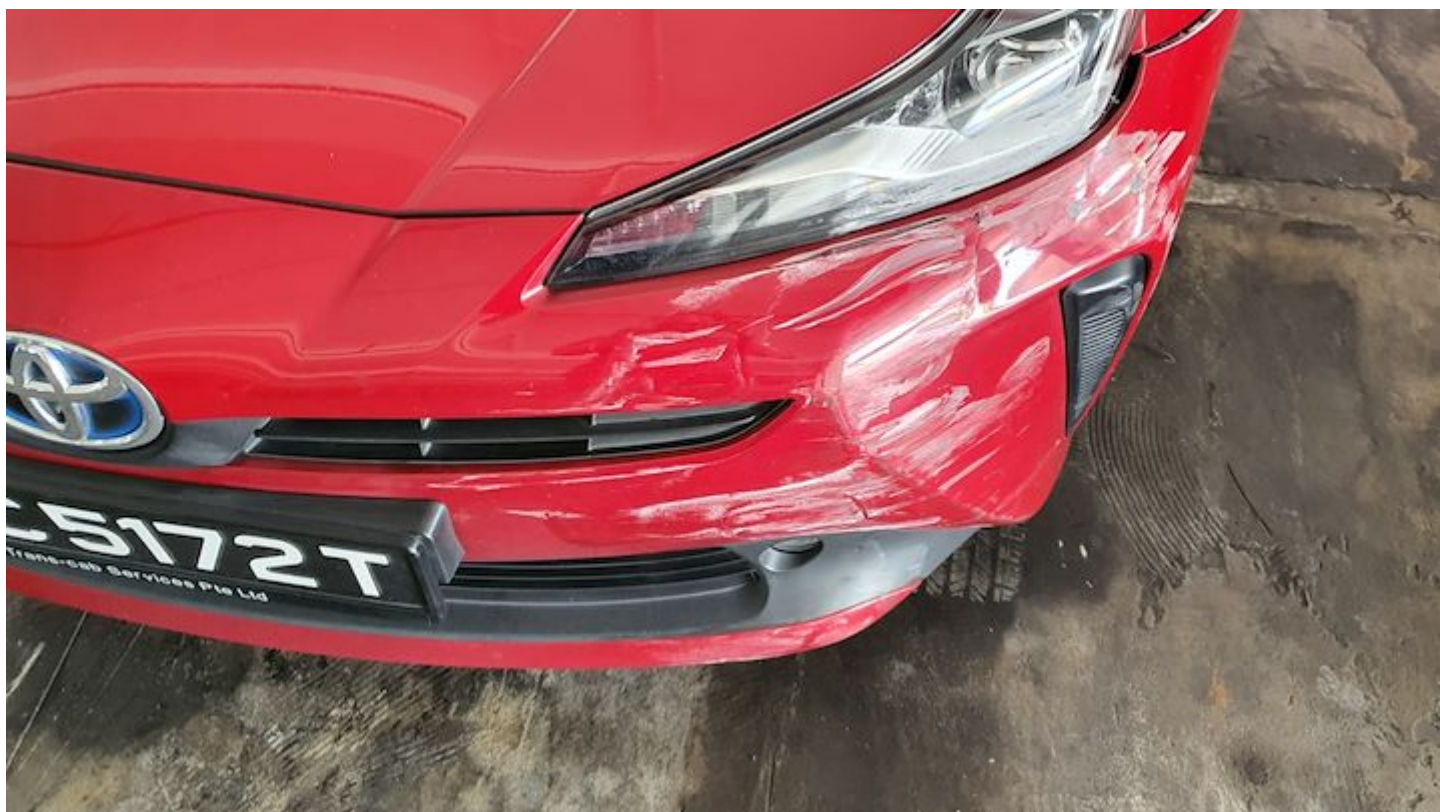
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

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

(JAKRMC SketchPlanForm_V3)

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**SINGAPORE
POLICE FORCE**


T/20220329/2105

1 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20220329/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2022 23:12		Vide Report No.:		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: GOH YAM LIM			Address: APT BLK 656B PUNGGOL EAST #18-802 SINGAPORE 822656		
ID Type / ID No.: NRIC NO / S7322586H			Contact No.: Home/Office: Mobile: 93664991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 06/07/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2022 13:25	Type of Location: Car Park
Location: JURONG EAST STREET 24				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5172T	Car	TOYOTA			Slightly Damaged	2
SLZ9050S	Car	TOYOTA				0



**SINGAPORE
POLICE FORCE**



T/20220329/2105

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20220329/2105

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I had fetched my son (Goh Louis T1512541H) from Yu Hua primary school. As I was moving forward and exiting the carpark lot, another car (plate number: SLZ9050S) was driving towards us and he was not slowing down. His vehicle collided into the left front side of my vehicle. The impact of the incident caused me to feel aches throughout my body, especially on my back. My wife (Nguyen Thi Thanh Tuyen HP: 81828263) and son (Goh Louis) was inside the car with me. No traffic police attended the incident. We then went to Pow Family Clinic & Surgery for a check-up and I was given 4 days of medical leave.

The other driver details are as follows:

Name: Mohamed Zuri Bin Hamid
IC: S1836847A
HP: 87846401



SINGAPORE
POLICE FORCE



T/20220329/2105

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20220329/2105

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 /

Other Tan Ting Wei Colette
@Dania

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2022 23:12

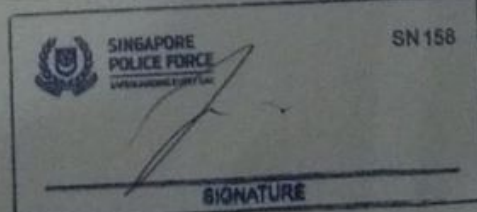
Officer **In** Charge Of Case:

TP / AEIT /

SR STAFF SGT SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Classification Of Case:

NP168



SN 158



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: SA0A223U0001 Vehicle Registration No: SHC5172T
 Name (as shown in NRIC): GOH YAM LIM NRIC/FIN/Passport No: SXXXX586H
 (*Vehicle Driver/~~Vehicle Owner~~) (X) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 93664991
 Email Address: _____
 Date of Accident: 29/03/2022 Time of Accident: 13:25 (SGT)
 Place of Accident: Jurong East Street 24
 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:

AMEND: ATTACHED ACCIDENT PHOTOS

 Policyholder / Driver's Signature
 Date:

SUSAN

 Reporting Centre Personnel's Signature
 Name: F S NEO
 NRIC/FIN No.:
 Date: 31/03/2022