

# 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 ..... 15/04/2022 20:59 (SGT)  
Date of Accident ..... 14/04/2022 15:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS TUAS BEFORE KALLANG BAHRU EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9443E

### 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 ..... -

### DRIVER

Name of Driver ..... CHEW CHOO GUAN  
NRIC No ..... SXXXX683Z

Date Of Birth .....	17/02/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	03/07/1980
Driving experience .....	41 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91639162
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Sims Vista, 52 Sims Place #02-134
Address complement .....	-
Postcode .....	380052
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 .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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 .....	MOHAN RAI - 97776018
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Mountbatten Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003449999
Alt. Police Station Phone No .....	(Fax) +65-64474185
Police Station Address .....	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED

#### 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 .....	SLC9265K
Vehicle Manufacturer .....	Honda

Vehicle Model .....	Vezel
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKU3431D
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Niro
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	ARCHER FONG JUN HAN
NRIC No .....	SXXXX703G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Red
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... CHEW CHOO GUAN  
Gender ..... Male  
Phone No ..... (Phone) +65-91639162  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SHD9443E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... MOHAN RAI - PASSENGER  
Gender ..... Male  
Phone No ..... (Phone) +65-97776018  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SHD9443E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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  
ANG QI HAO, VICTOR**

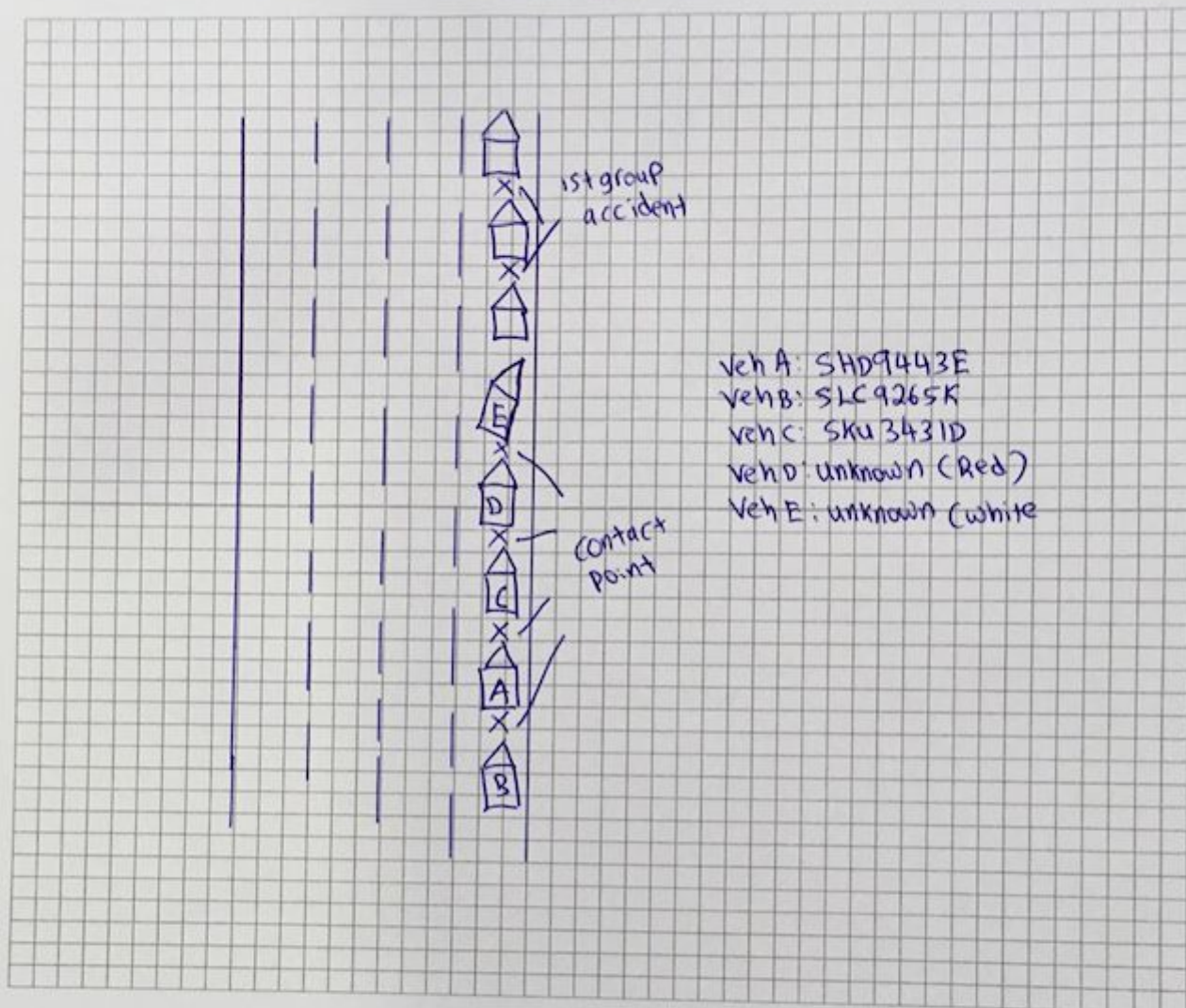
Policyholder's Signature  
Date & Time:

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

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



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**

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:

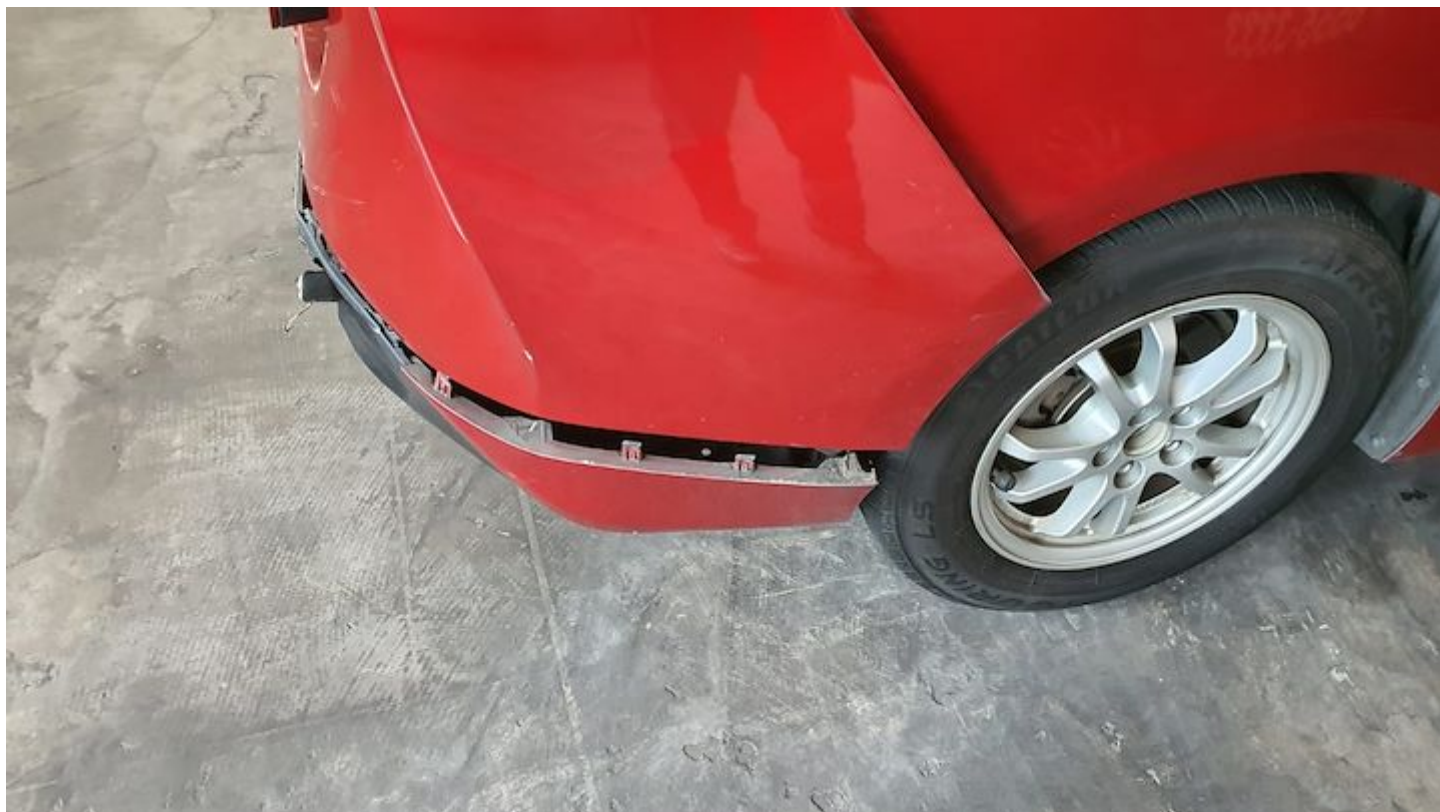
**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**ANG QI HAO, VICTOR**

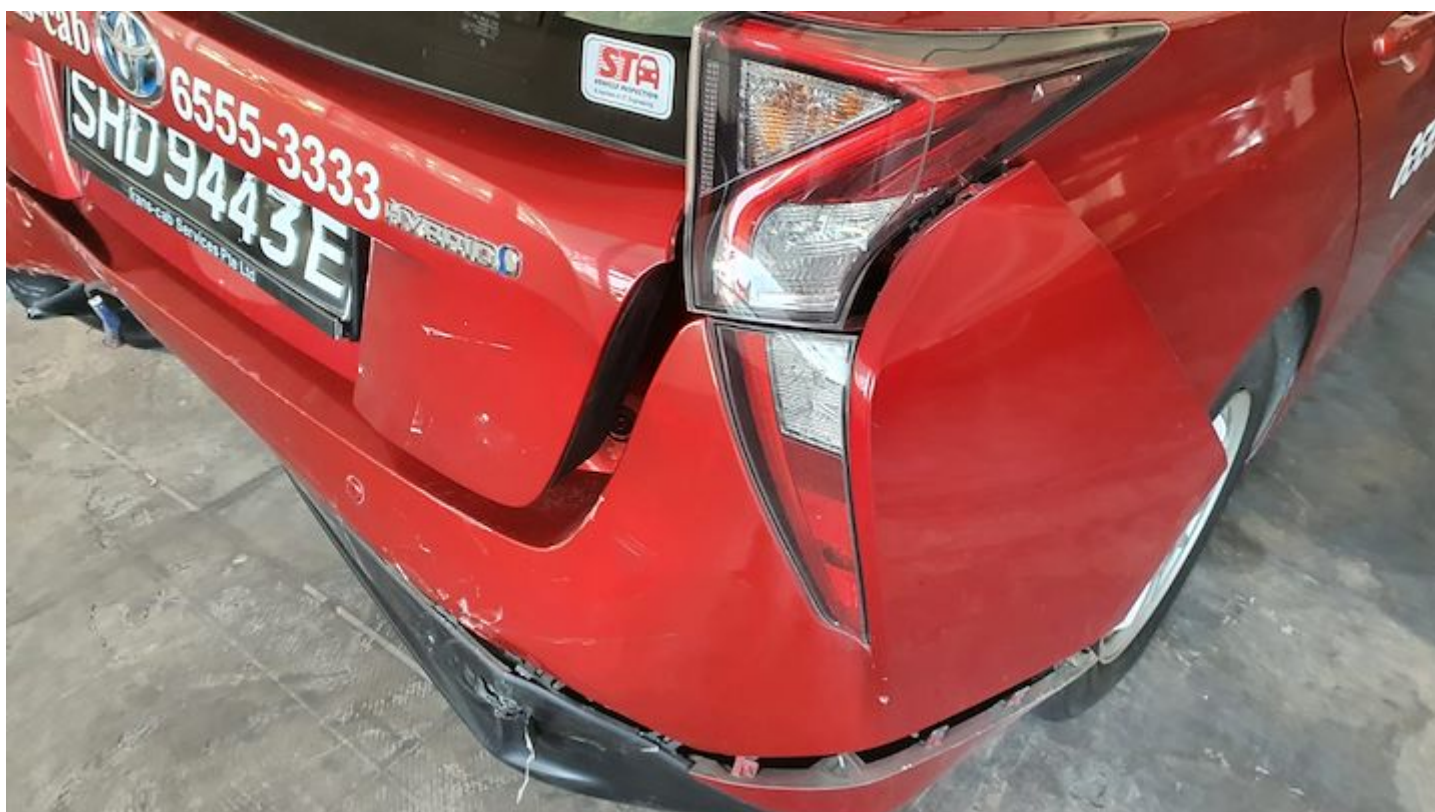
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Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



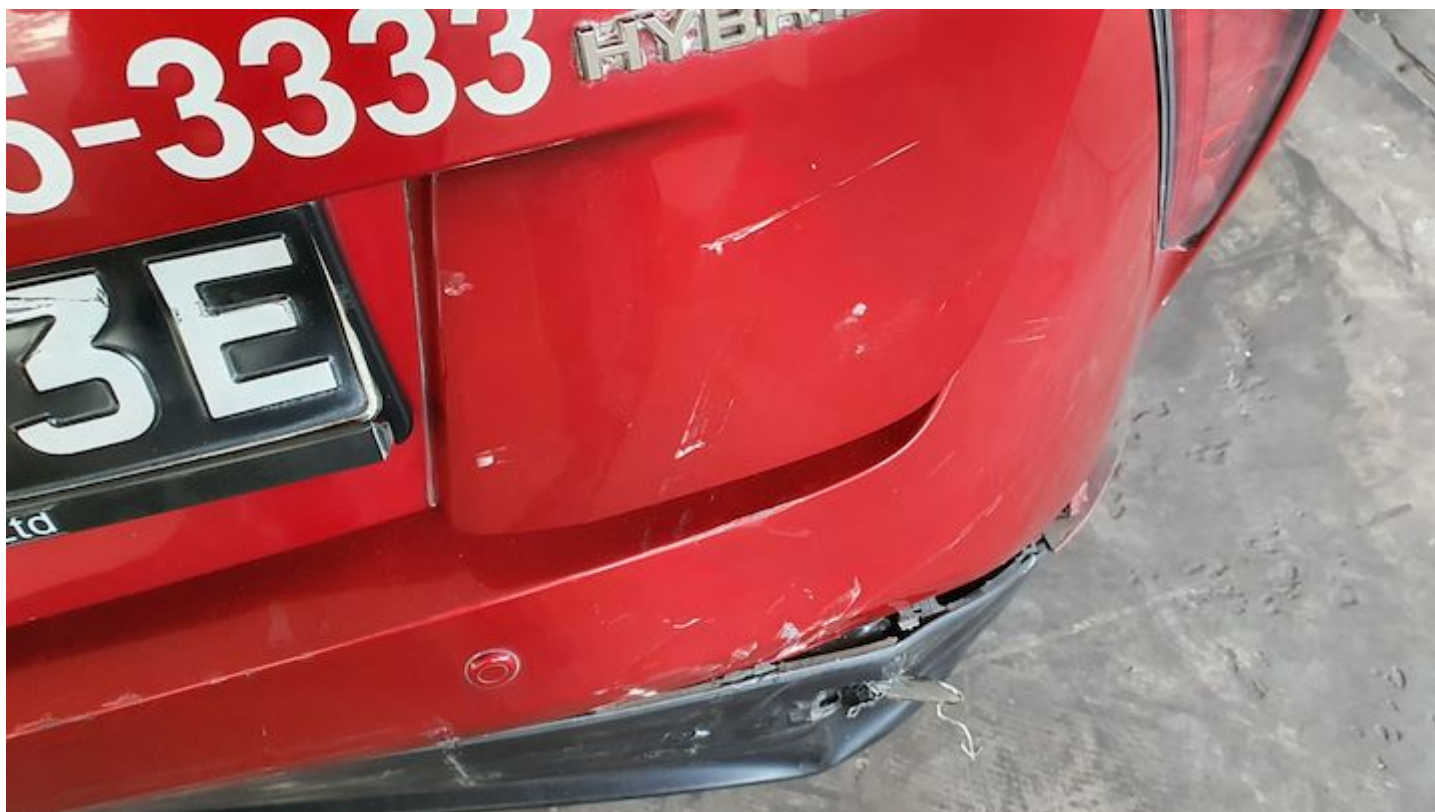


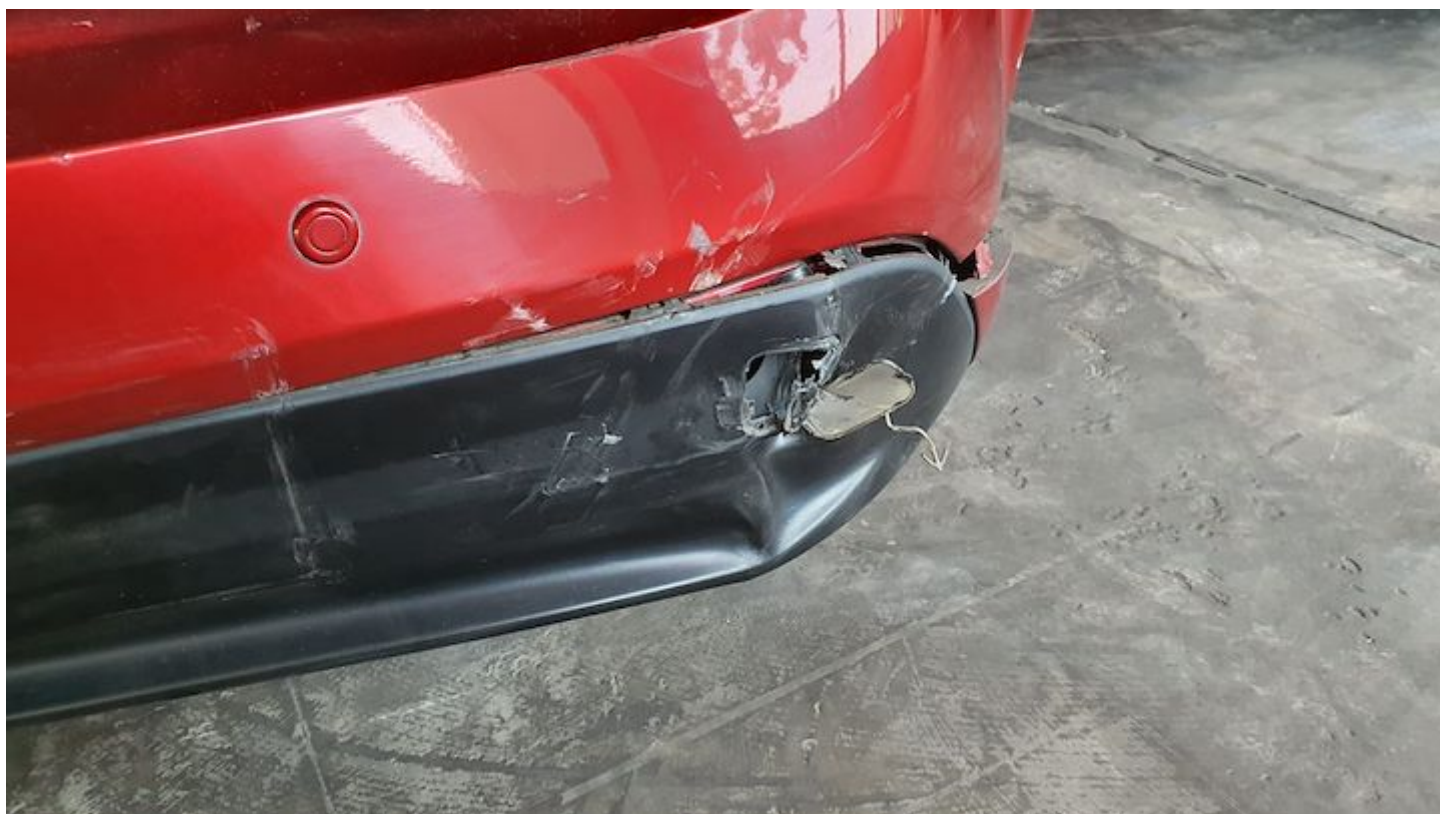




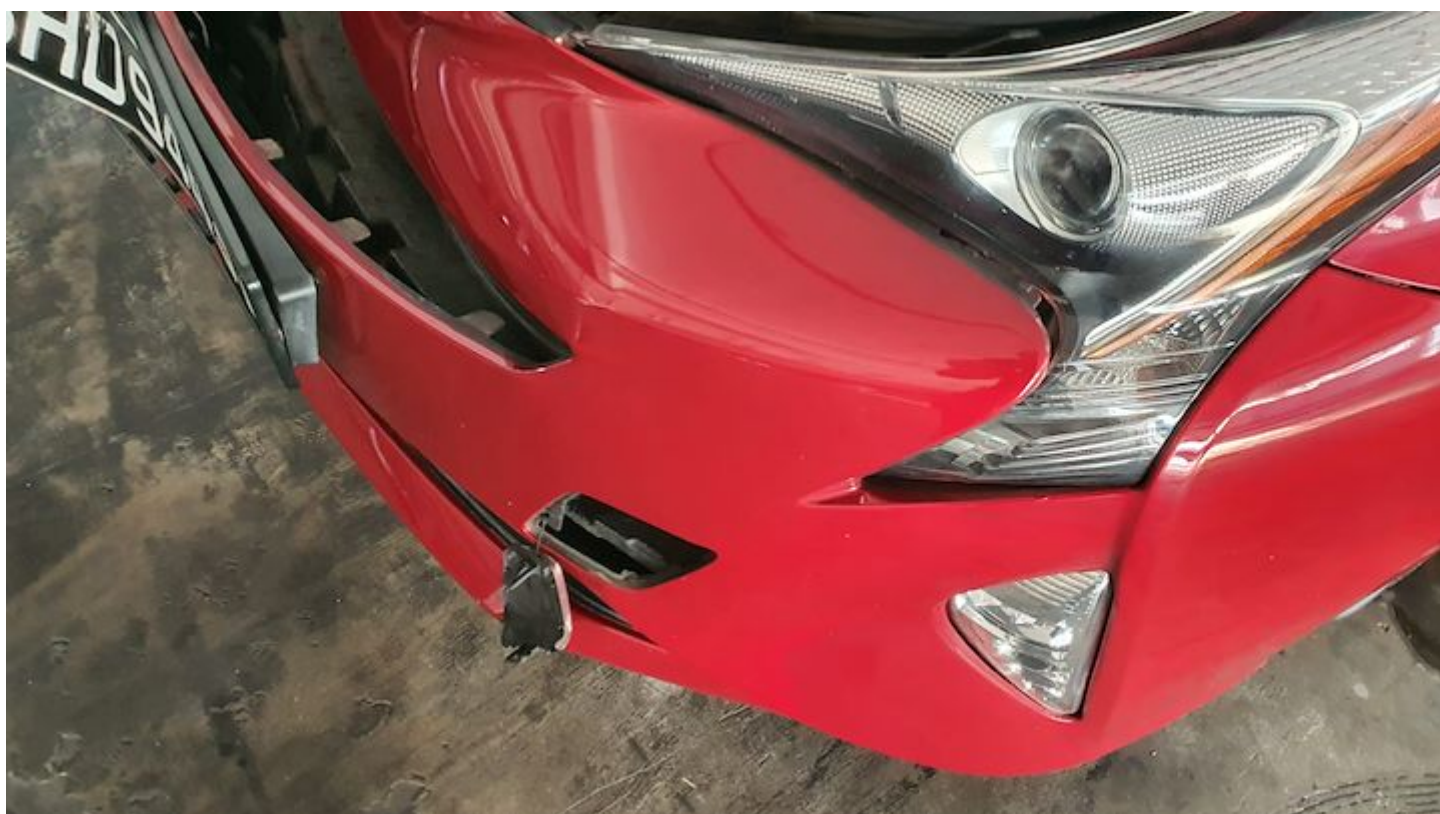
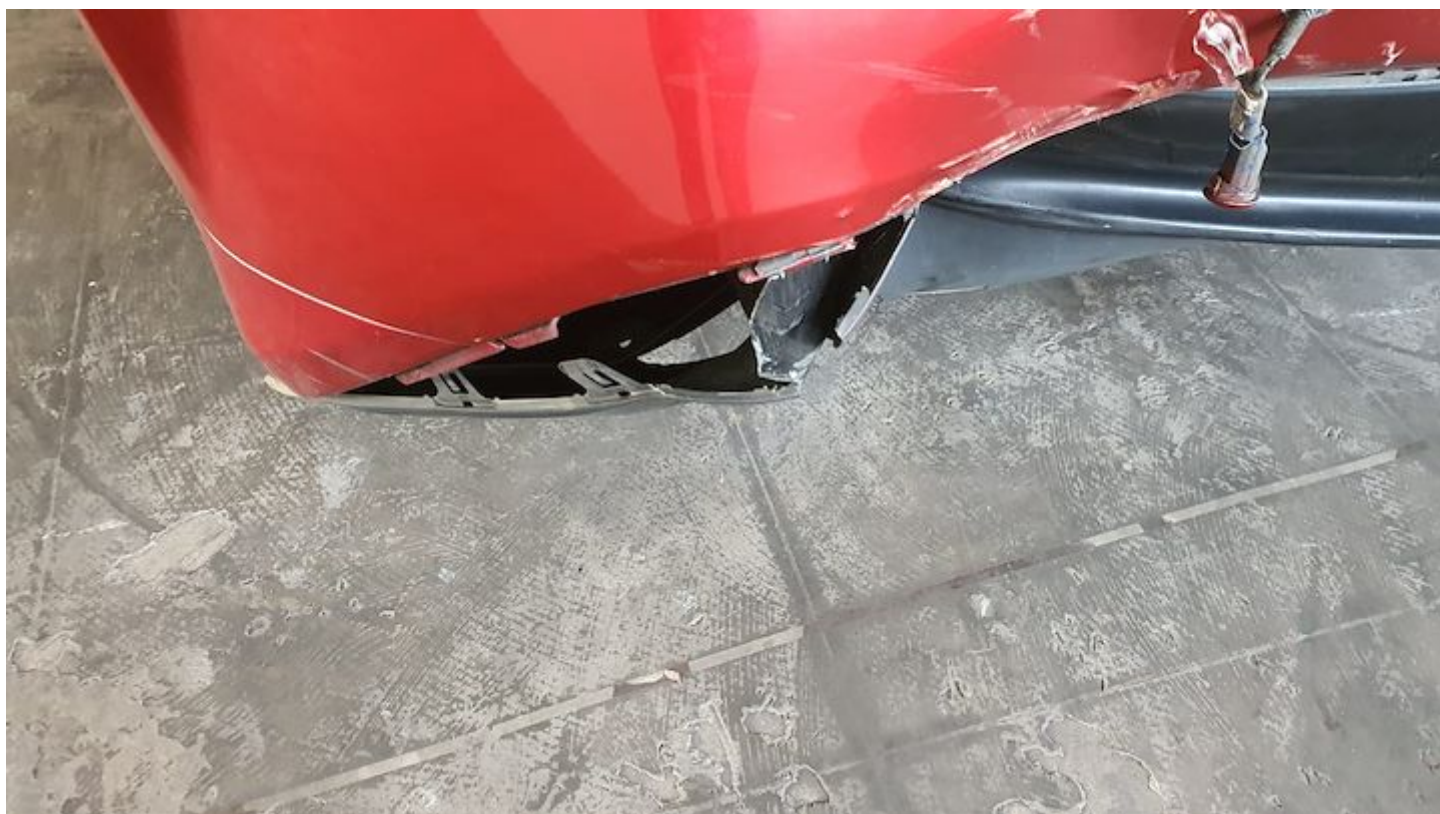




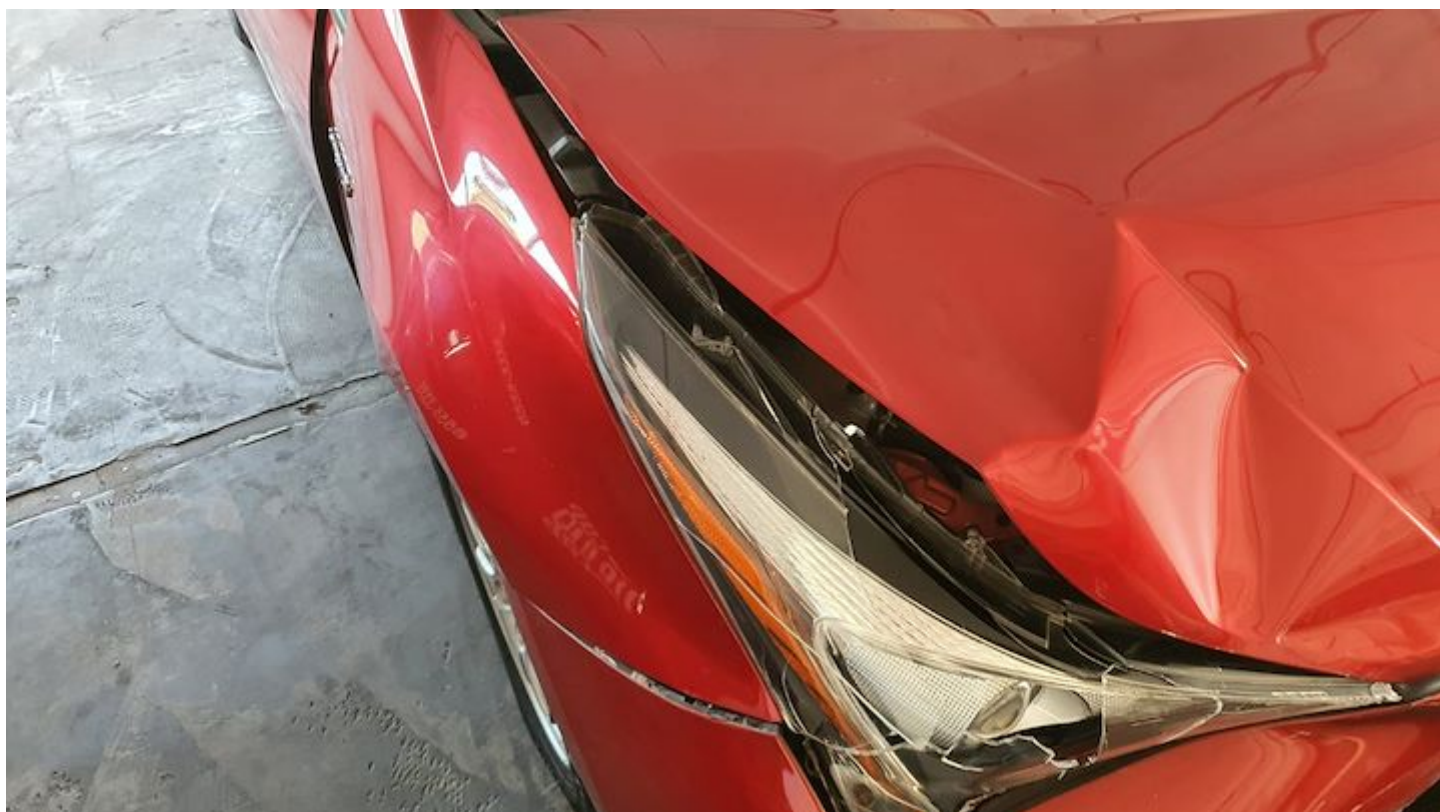




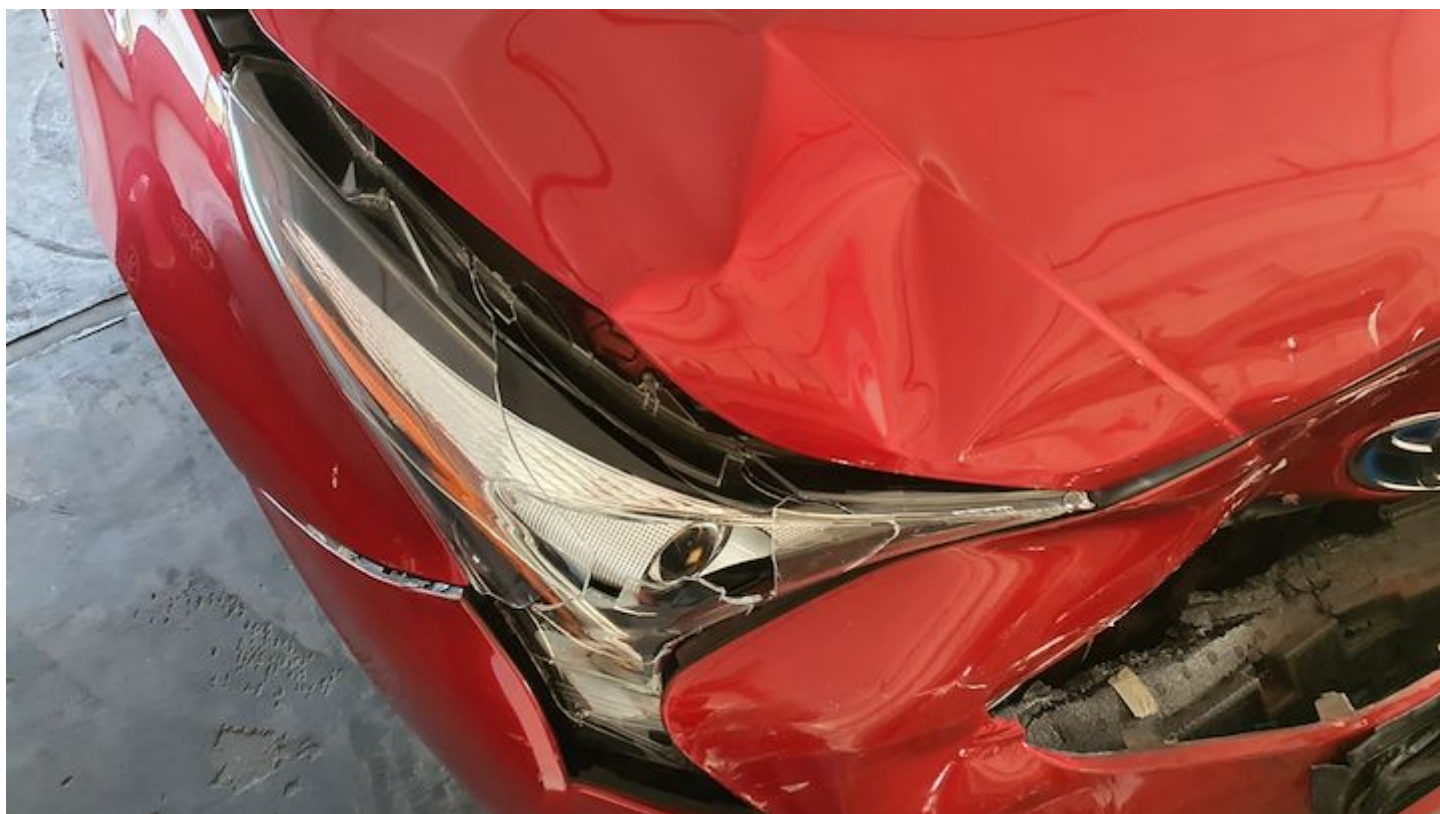










































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999



T/20220415/2068

1 of 3

Report No. T/20220415/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2022 18:31	Vide Report No.: T/20220414/2121	Station Diary No.: 16
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**Informant's Particulars**

Name of Informant: CHEW CHOO GUAN		Address: APT BLK 52 SIMS PLACE #02-134 SINGAPORE 380052	
ID Type / ID No.: NRIC NO / S1423683Z		Contact No.: Home/Office: Mobile: 91639162	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 17/02/1960	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2022 15:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Chain Collision	Anyone conveyed by ambulance: Yes			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9443E	Car				Slightly Damaged	1
SKU3431D	Car				Slightly Damaged	1
SLC9265K	Car					3

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999



T/20220415/2068

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Report No. T/20220415/2068

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHEW CHOO GUAN	ID No.	S1423683Z
Related Vehicle	SHD9443E (Car)	Contact No.	91639162
Hospital/Clinic	SIMS DRIVE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	14/04/2022	Date Discharge	14/04/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	ARCHER FONG JUN HAN	ID No.	S9843703G
Related Vehicle	SKU3431D (Car)	Contact No.	NIL
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

**Brief Details.**

Vide T/20220414/2121, I am making amendments to my taxi plate number, the correct plate number is SHD9443E.

On the 14/04/2022 at about 1510hrs, I was driving along Lane 1 at Pan Island Expressway before Kallang Bahru Exit 12.

While driving, one car (SKU3431D) that was driving in front of me suddenly jammed brake as such I applied brakes as well and managed to stop without colliding onto the front car. However, one car (SLC9265K) that was behind me did not stop on time and collided onto the rear of my car and the impact caused my car to move forward and hit onto the car in front of me.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999



T/2022DA15/2288

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Report No: T/2022DA15/2288

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 3 ONG WEI XING

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
15/04/2022 18:31Officer In Charge Of Case:  
TP / GIT /  
Other MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

NP168