

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 17/05/2022 10:28 (SGT)
Date of Accident 15/05/2022 07:45 (SGT)
Exact Location of Accident Near 49 Tampines Rd, Singapore 535080
Additional Location Information JUNCTION OF TAMPINES ROAD AND HOUGANG AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD126E

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 -
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 GOH UAN GEK
NRIC No SXXXX596C

Date Of Birth	21/02/1963
Occupation	Outdoor
Date Of Driving Pass	13/10/2004
Driving experience	17 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98582389
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	536 SERANGOON NORTH AVE 4
Address complement	#06-201
Postcode	550536
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 to Rear
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	SEAH CHEE SOON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
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	SKT2289K
Vehicle Manufacturer	Volvo

Vehicle Model	XC60 T5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY JOO HENG
NRIC No	SXXXX604Z
Contact Number	(Phone) +65-90083223
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	SEAH CHEE SOON
Gender	Male
Phone No	(Phone) +65-98392217
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD126E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOH LUAN GEK
Gender	Female
Phone No	(Phone) +65-98582389
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD126E
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.

**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:

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

17/5/2022

ACCIDENT DIAGRAM

42021

TAMPINES ROAD

HOUSHAW AVENUE

A: SHODGE

B: SGT2099K

VERIFIED 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:

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







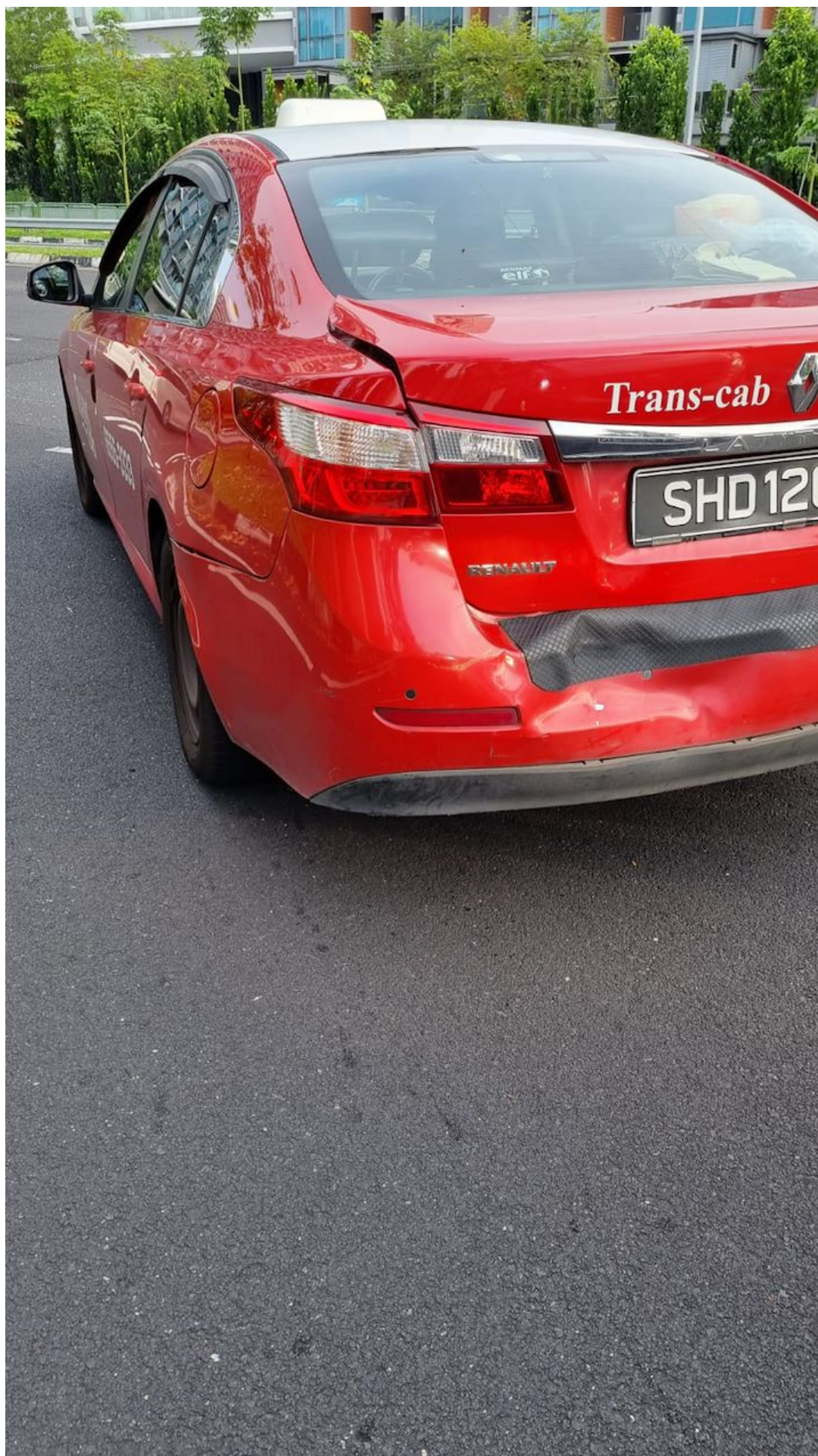




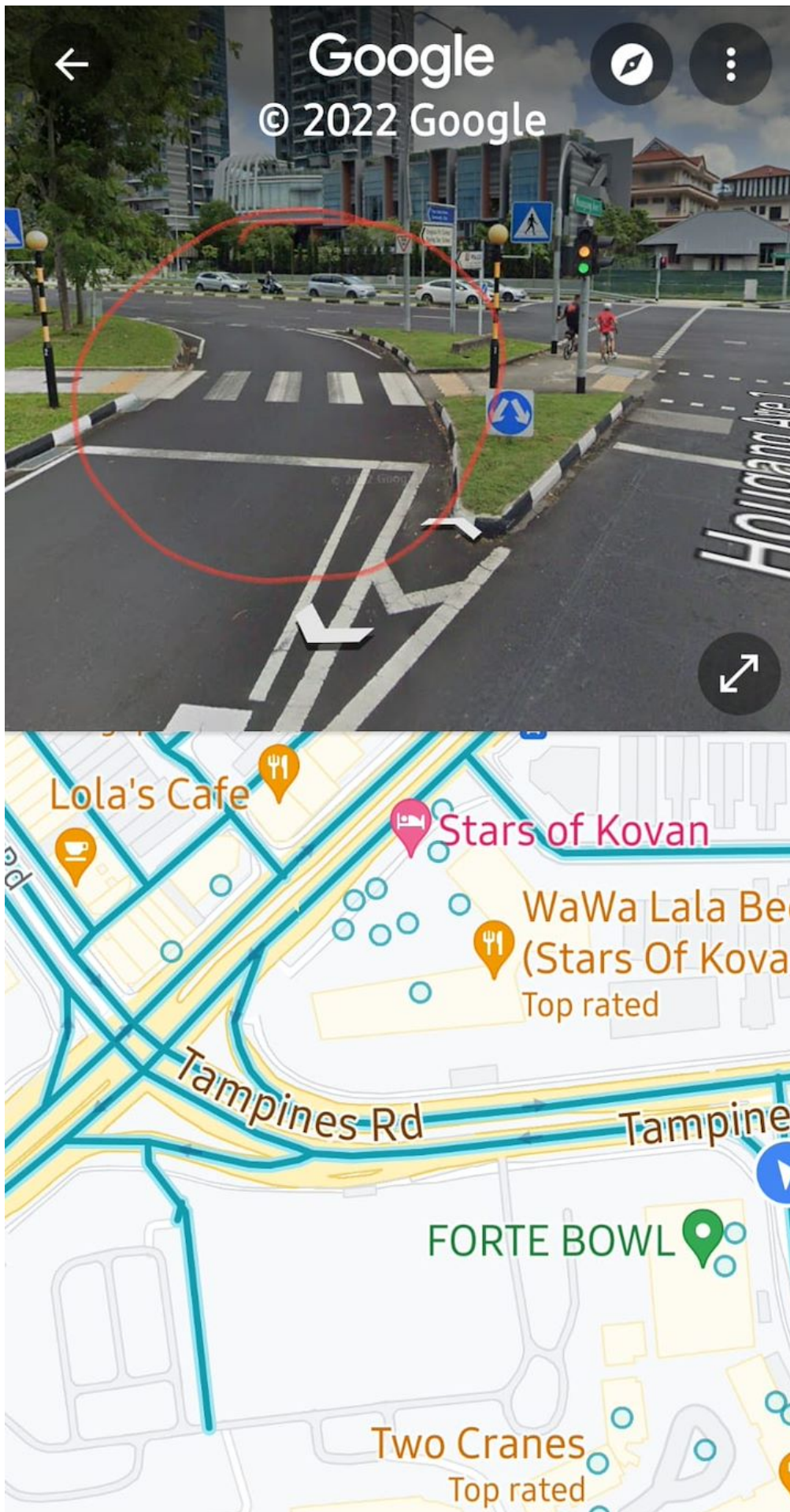




















**SINGAPORE
POLICE FORCE**



T/20220515/2050

1 of 4

Report No. T/20220515/2050

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2022 13:57 Vide Report No.: Station Diary No.: 9

Informant's Particulars

Name of Informant: GOH LUAN GEK		Address: APT BLK 536 SERANGOON NORTH AVENUE 4 #06-201 SINGAPORE 550536	
ID Type / ID No.: NRIC NO / S1577596C		Contact No.: Home/Office: Mobile: 98582389	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 59	Date of Birth: 21/02/1963	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 Others	Drink Drive: No	Date/Time of Accident: 15/05/2022 07:45	Type of Location: Filter lane/Slip road with zebra crossing
Location: HOUGANG AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD126E	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	1
SKT2289K	Car	VOLVO	XC60 T5	Beige	Slightly Damaged	0



**SINGAPORE
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T/20220515/2050

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Tel No: 1800-7819999

2 of 4
Report No. T/20220515/2050

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SEAH CHEE SOON	ID No.	S1572420Z
Related Vehicle	SHD126E (Car)	Contact No.	98392217
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2022	Date Discharge	15/05/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	GOH LUAN GEK	ID No.	S1577596C
Related Vehicle	SHD126E (Car)	Contact No.	98582389
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/05/2022	Date Discharge	15/05/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	TAY JOO HENG	ID No.	S0198604Z
Related Vehicle	SKT2289K (Car)	Contact No.	90083223
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.

On 15/05/2022 at about 0745hrs, I was driving a red Transcab (SHD126E) with my husband as the passenger. I was waiting at the filter lane / slip road along Hougang Ave 1 when a car (SKT2289K) suddenly collided into my rear. I came out of my vehicle to assessed the damage and found out that my whole rear was dented and the trunk was unable to open. The locked of my car was also damage and unable to lock. I then exchanged contact with vehicle SKT2289K and he told me to report to my insurance company. We then made our separate ways. As the impact was big, I and my husband felt that our shoulder and neck area was pain as such both of us went to Neptune Healthcare Medical & Surgery at Blk 328 Tampines St 32 #01-362 S(520328) , Tel: 6781 8030.

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POLICE FORCE**

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T/20220515/2050

3 of 4
Report No. T/20220515/2050

CONTINUATION OF REPORT

I want to state that I have in-car camera at the front and rear of my Transcab.

 SINGAPORE POLICE FORCE	 T/20220515/2050	4 of 4 Report No. T/20220515/2050
Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999	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 <u>report number</u> as reference.		
Signature of Officer Recording The Report: G / SGT 2 NEO GENG QUAN 	Signature Of Informant: 	
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2022 13:57	
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:	
NP168		