

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 21/06/2022 17:26 (SGT)
Date of Accident 20/06/2022 14:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG WOODLANDS AVE 12 JUNCTION OF WOODLANDS
AVE 1 TOWARDS GAMBAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD521Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXXX78K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-62876666
Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Renault
Model LATITUDE 2.0L DCI AUTO D/AB 4DR
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 -

DRIVER

Name of Driver CHUA POH HIN

NRIC No	SXXXX959Z
Date Of Birth	29/09/1961
Occupation	Outdoor
Date Of Driving Pass	26/04/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83386370
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Woodlands, 743 Woodlands Circle
Address complement	#11-461
Postcode	730743
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220621/2020 LODGED AT WOODLANDS EAST N P C

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	YM8002C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	FE84BE6SRDEA
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Commercial vehicle

Name of Driver	GUNASEKARAN GNANAMANI
Passport No/FIN	GXXXX196P
Contact Number	(Phone) +65-93711691
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	CHUA POH HIN
Gender	Male
Phone No	(Phone) +65-83386370
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD521Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

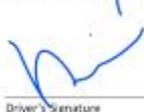
SKETCH PLAN

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.



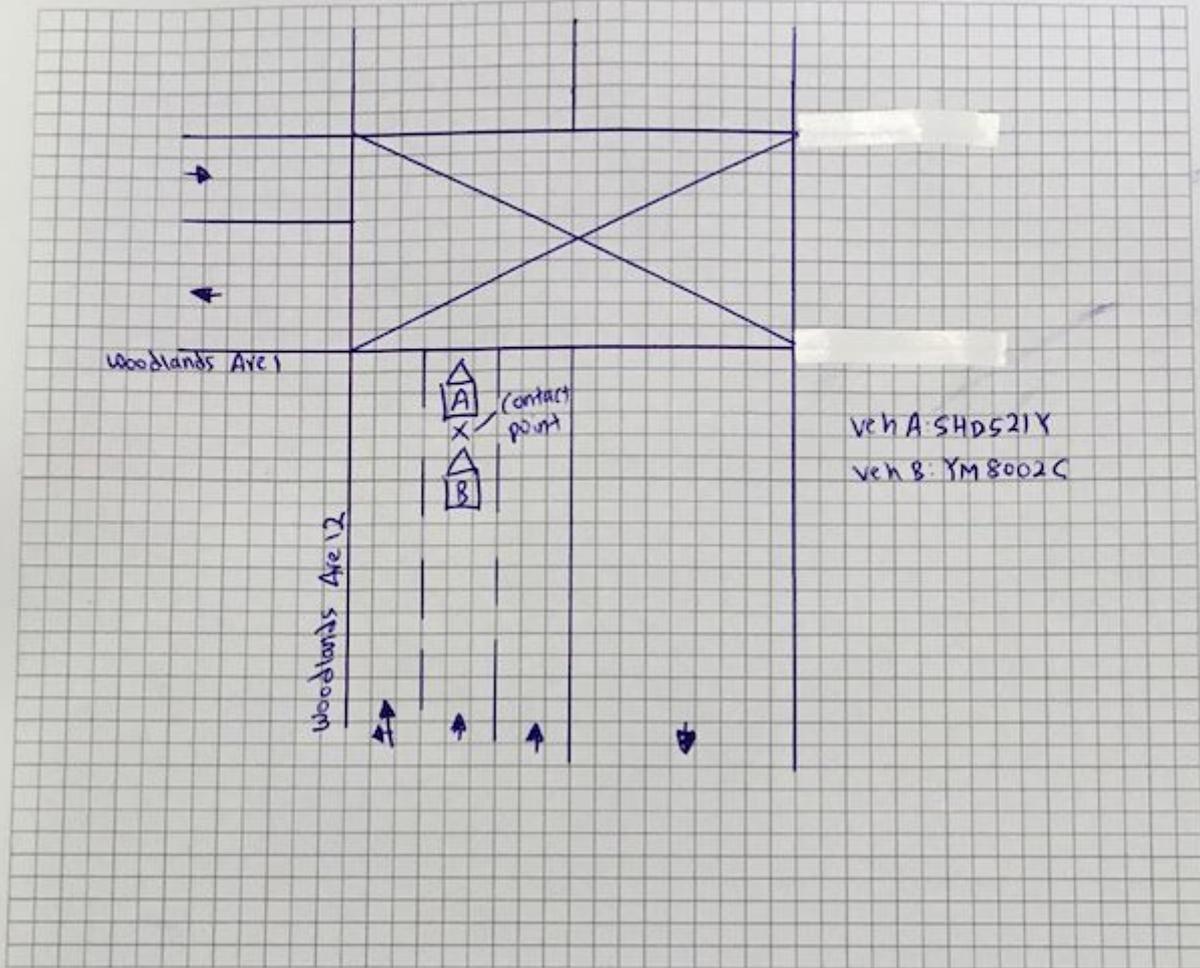
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QJ HAO, VICTOR**

Policyholder's Signature
Date & Time:

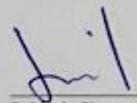
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:


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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



















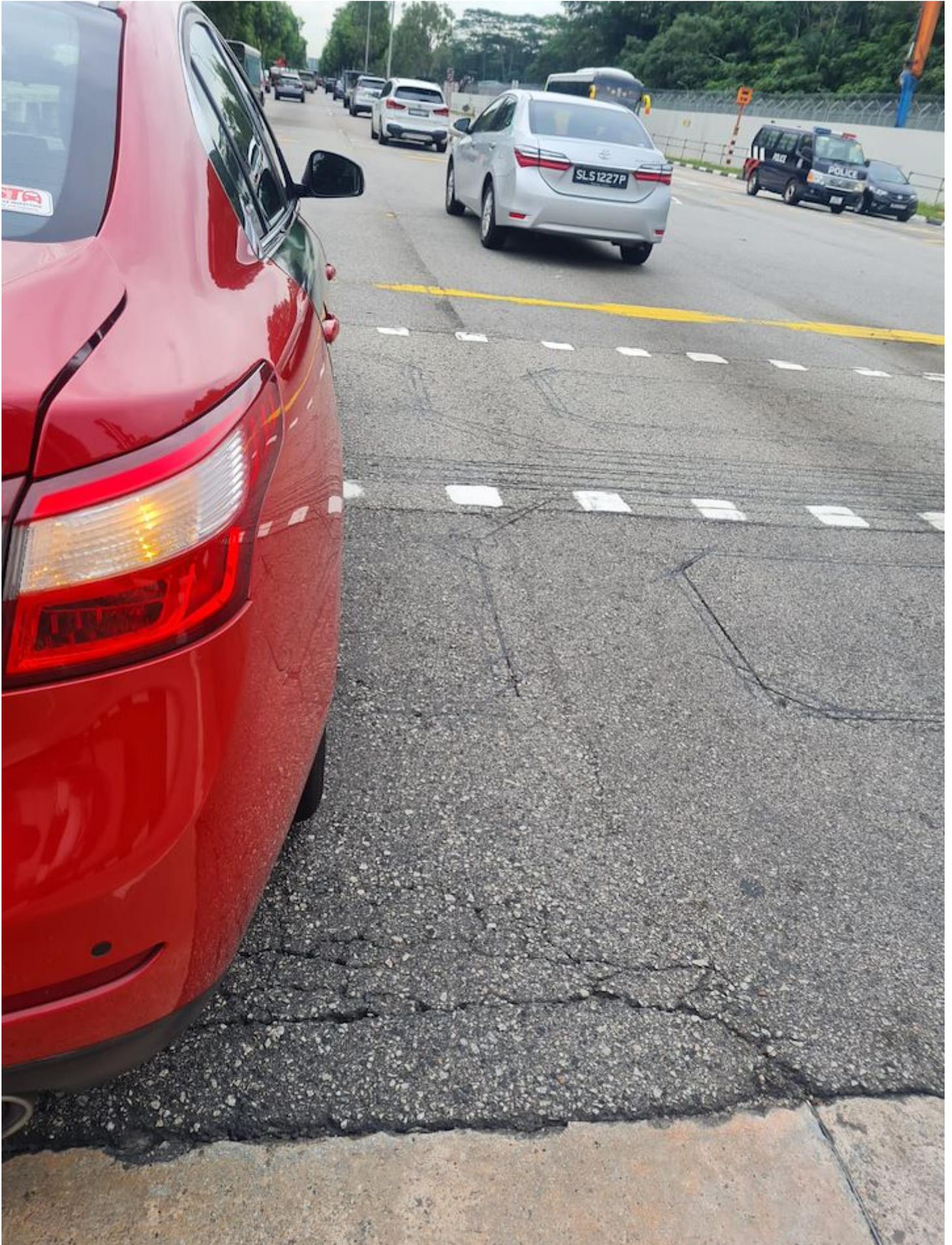




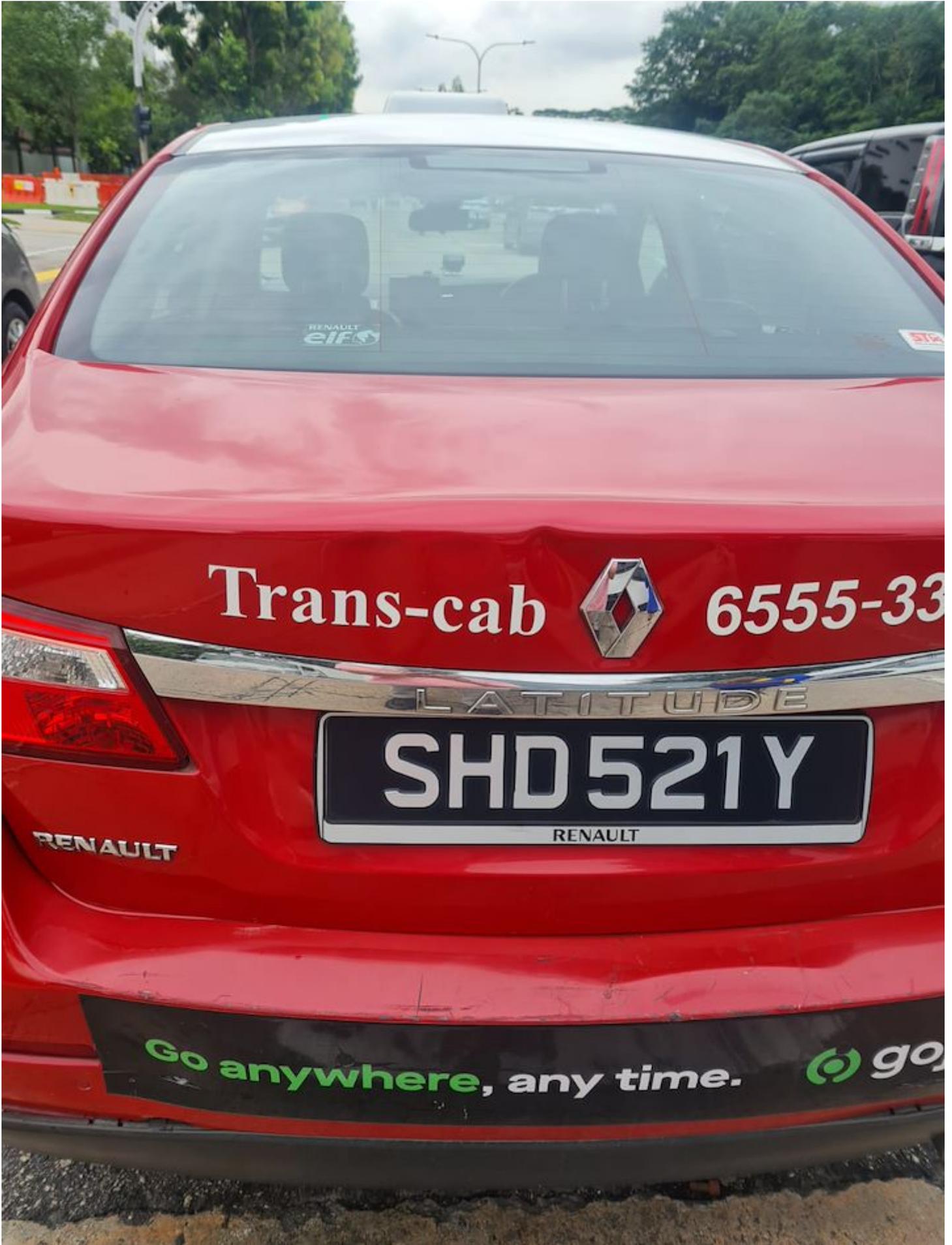


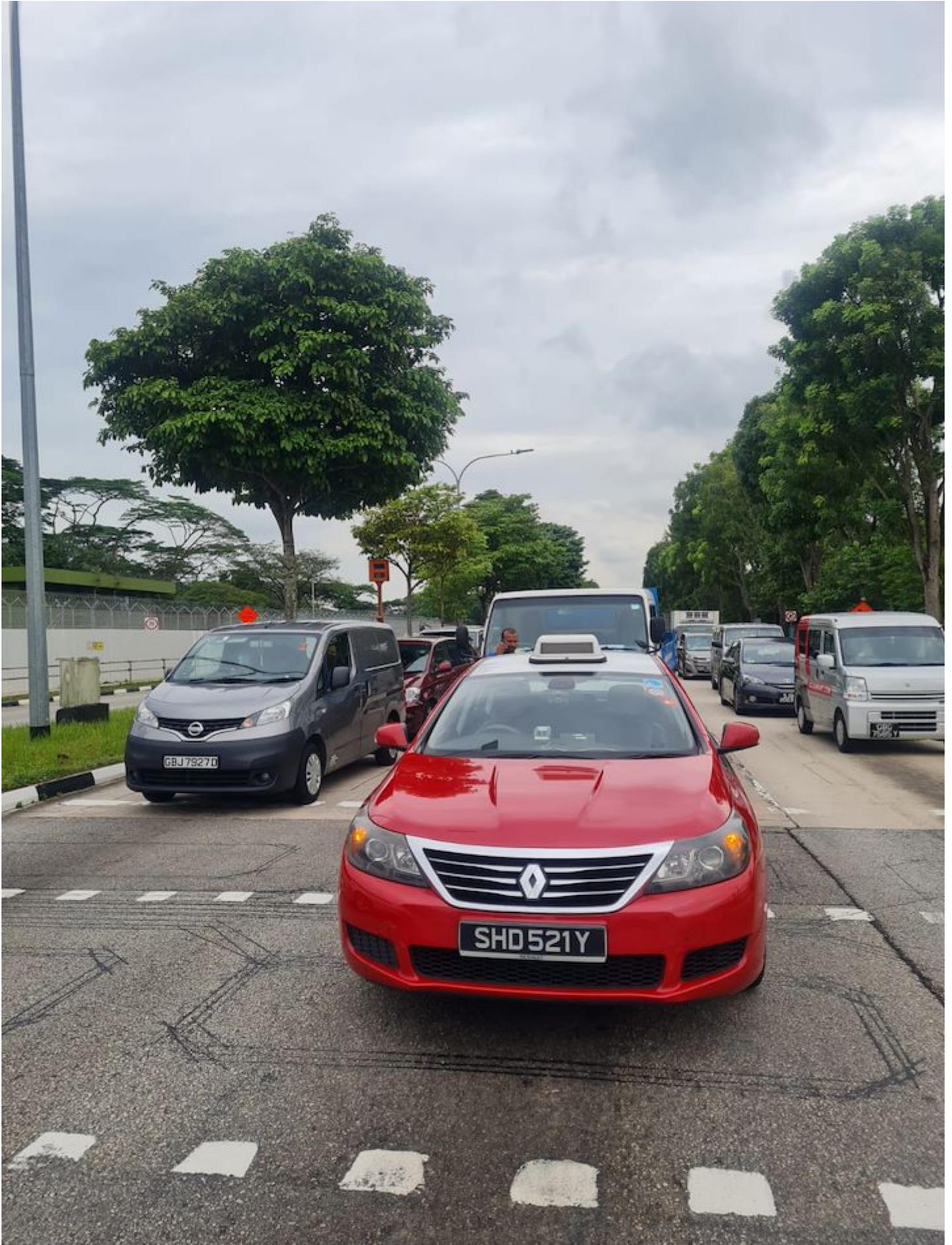










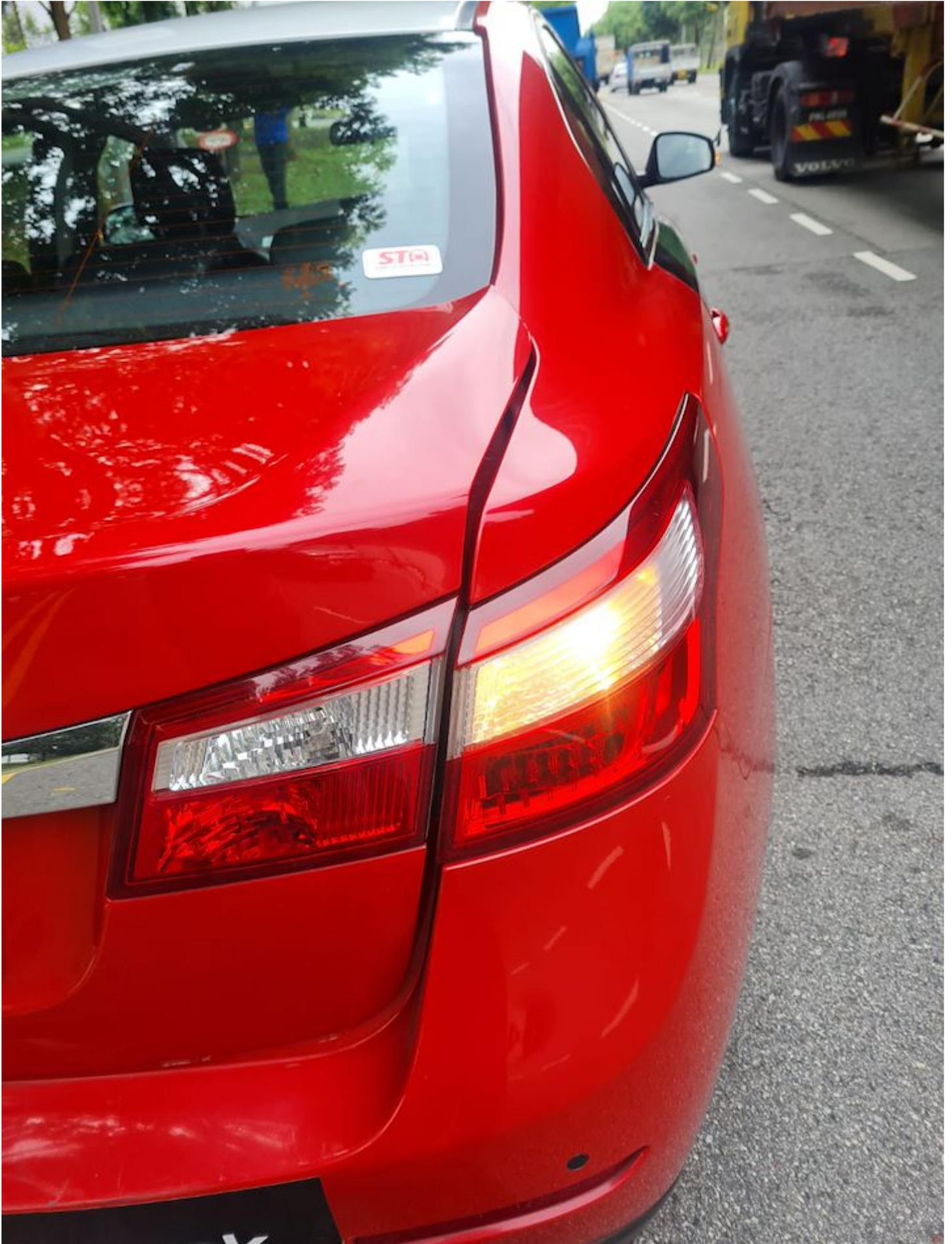














Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No. T/20220621/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/06/2022 11:11

Video Report No.:

Station Diary No.:
31

Informant's Particulars

Name of Informant:
CHUA POH HIN

Address:
APT BLK 743 WOODLANDS CIRCLE #11-461 SINGAPORE
730743

ID Type / ID No.:
NRIC NO / S1512959Z

Contact No.:
Home/Office:

Mobile: 83386370

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 60
Date of Birth: 29/09/1961

Type of Informant:
Driver

Race:
Chinese

Language:

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: 20/06/2022 14:45	Type of Location: T-Junction
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Location:

WOODLANDS AVENUE 12

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Dual Carriage Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed to
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Pass
SHD521Y	Car				Slightly Damaged	0
YM8002C	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing:



**SINGAPORE
POLICE FORCE**



T/20220621/2020

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220621/2020

CONTINUATION OF REPORT

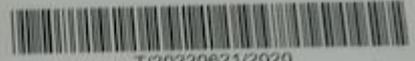
Driver			
Name	CHUA POH HIN	ID No.	S1512959Z
Related Vehicle	SHD521Y (Car)	Contact No.	83386370
Hospital/Clinic	ONECARE CLINIC BOON LAY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/06/2022	Date Discharge	20/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GUNASEKARAN GNANAMANI	ID No.	G6566195P
Related Vehicle	YM8002C (Lorry)	Contact No.	93711691
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 20/06/2022 at about 1445hrs, I was driving along Woodlands avenue 12 towards Woodlands Avenue 10. While at the junction of Woodlands Avenue 1, the traffic light was red. Thus, I stopped my vehicle at the stop line of Lane 2. Suddenly, i felt an impact from the rear. Thereafter, i alighted to make a check and discovered that a lorry had collided into the rear of my vehicle. The boot of my vehicle suffered a dent . As a result, the boot was unable to be closed and the sensor was damaged. I also suffered pain at my neck. I went to see a doctor and was given 3 days medical leave. No police or ambulance attended to the accident. No government property was damaged.



**SINGAPORE
POLICE FORCE**



T/20220621/2020

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3
Report No. T/20220621/2020

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:
L/
SGT 2 NG KOK WEI JOHN *Jd*

Signature Of Informant: *Ji*

Signature Of Interpreter:
Not applicable

Date/Time:
21/06/2022 11:11

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Classification Of Case:

NP168