

# 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 ..... 24/06/2022 16:38 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/06/2022 22:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF LOWER DELTA ROAD TURNING RIGHT TO  
JALAN BUKIT MERAH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5962E

### 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 ..... -

### 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  
Policy Number / Cover Note Number ..... VFX/P2413997

### DRIVER

Name of Driver ..... LIM YIAM KWANG  
NRIC No ..... SXXXXX746H  
Date Of Birth ..... 25/01/1960

Occupation .....	Outdoor
Date Of Driving Pass .....	01/02/1994
Driving experience .....	28 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91804750
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Rivervale Gateway, 188C Rivervale Drive #05-1046
Address complement .....	-
Postcode .....	543188
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 - Cross Junction
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	P1
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220624/2004

#### 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 .....	SD CARD WITH TP

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDH9208U
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM YIAM KWANG
Gender .....	Male
Phone No .....	(Phone) +65-91804750
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC5962E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	3RD PARTY DRIVER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SDH9208U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

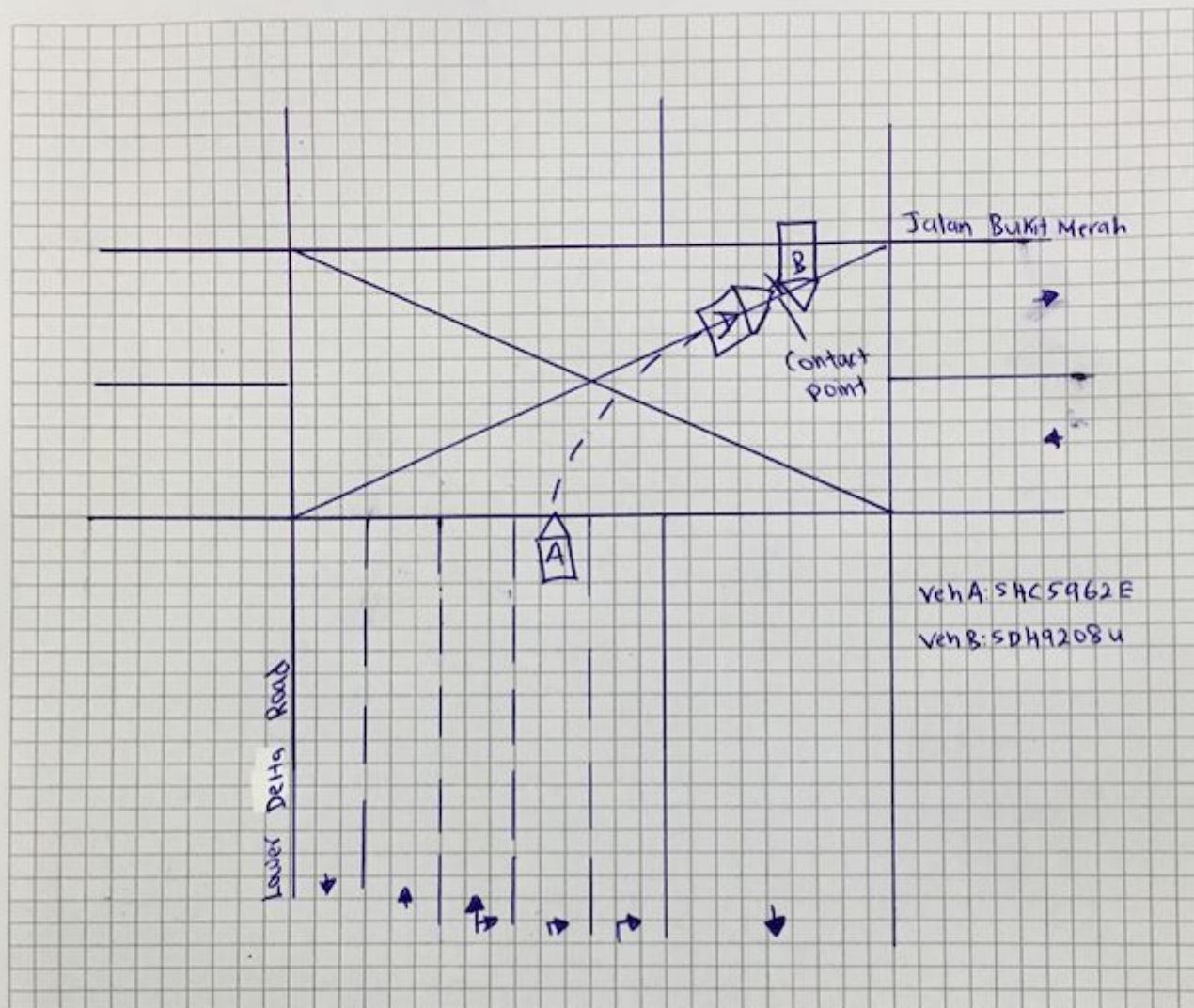
\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

Ver. 30042021

ACCIDENT DIAGRAM



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

Policyholder's Signature  
Date & Time:

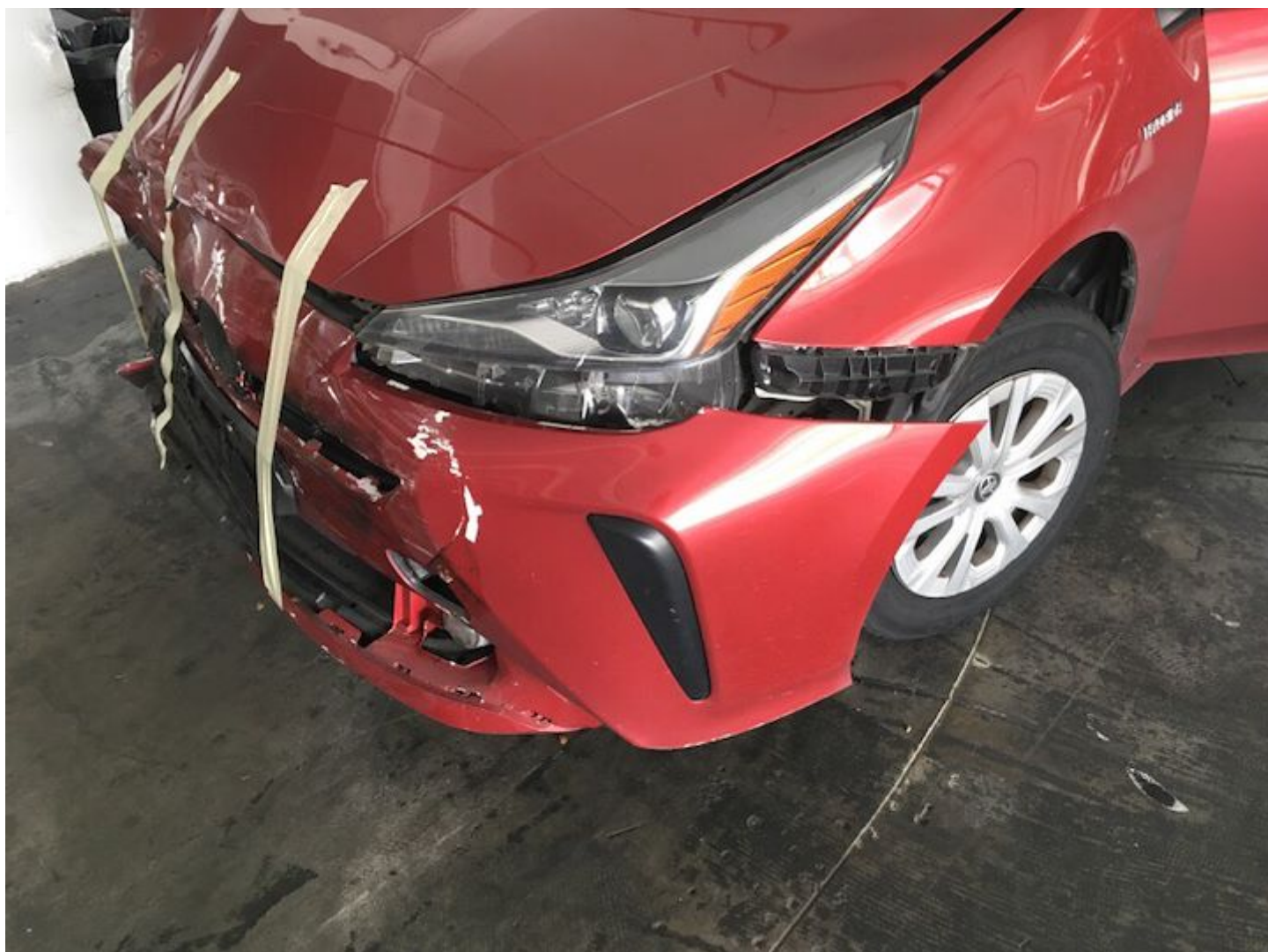
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

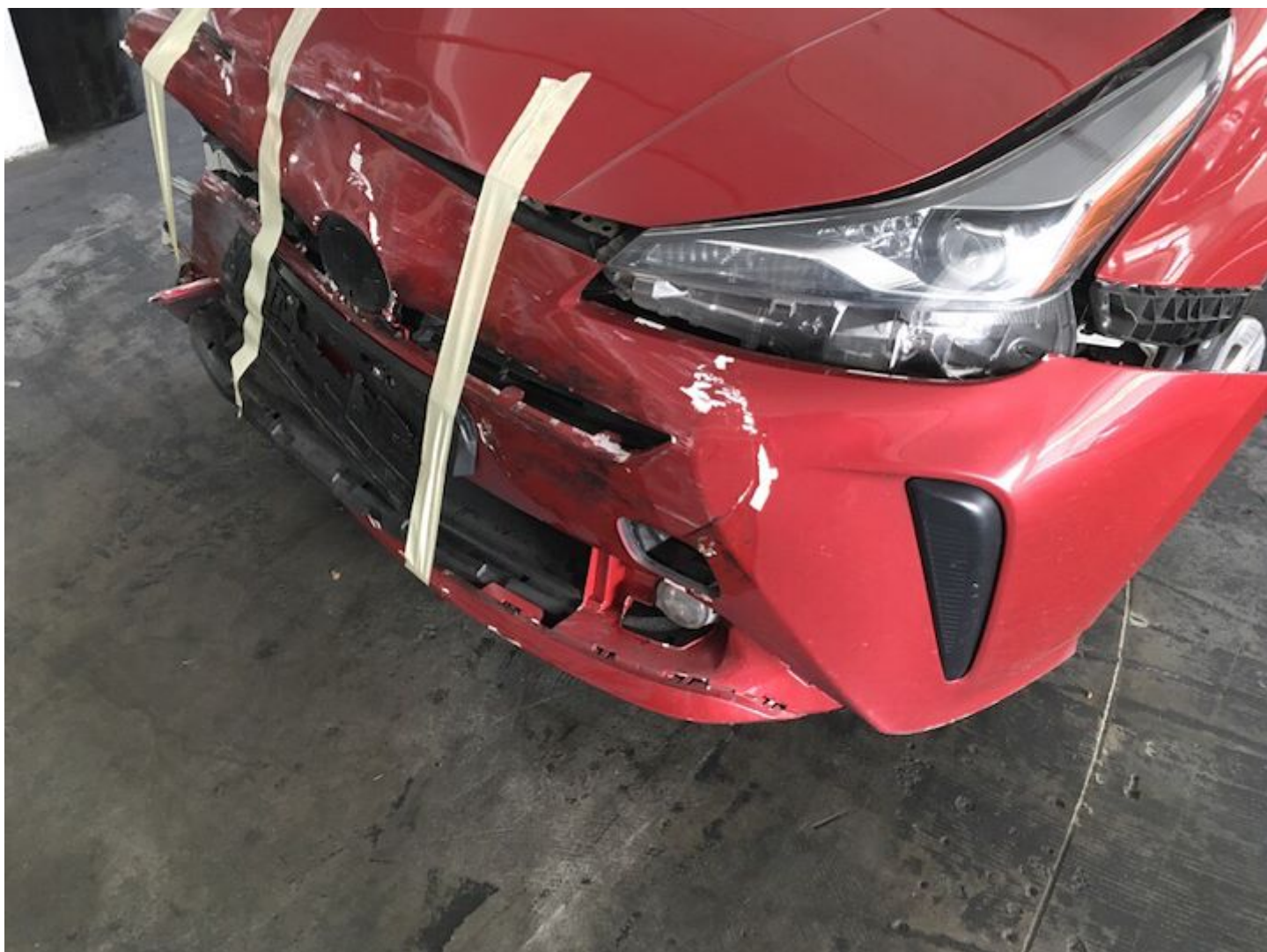


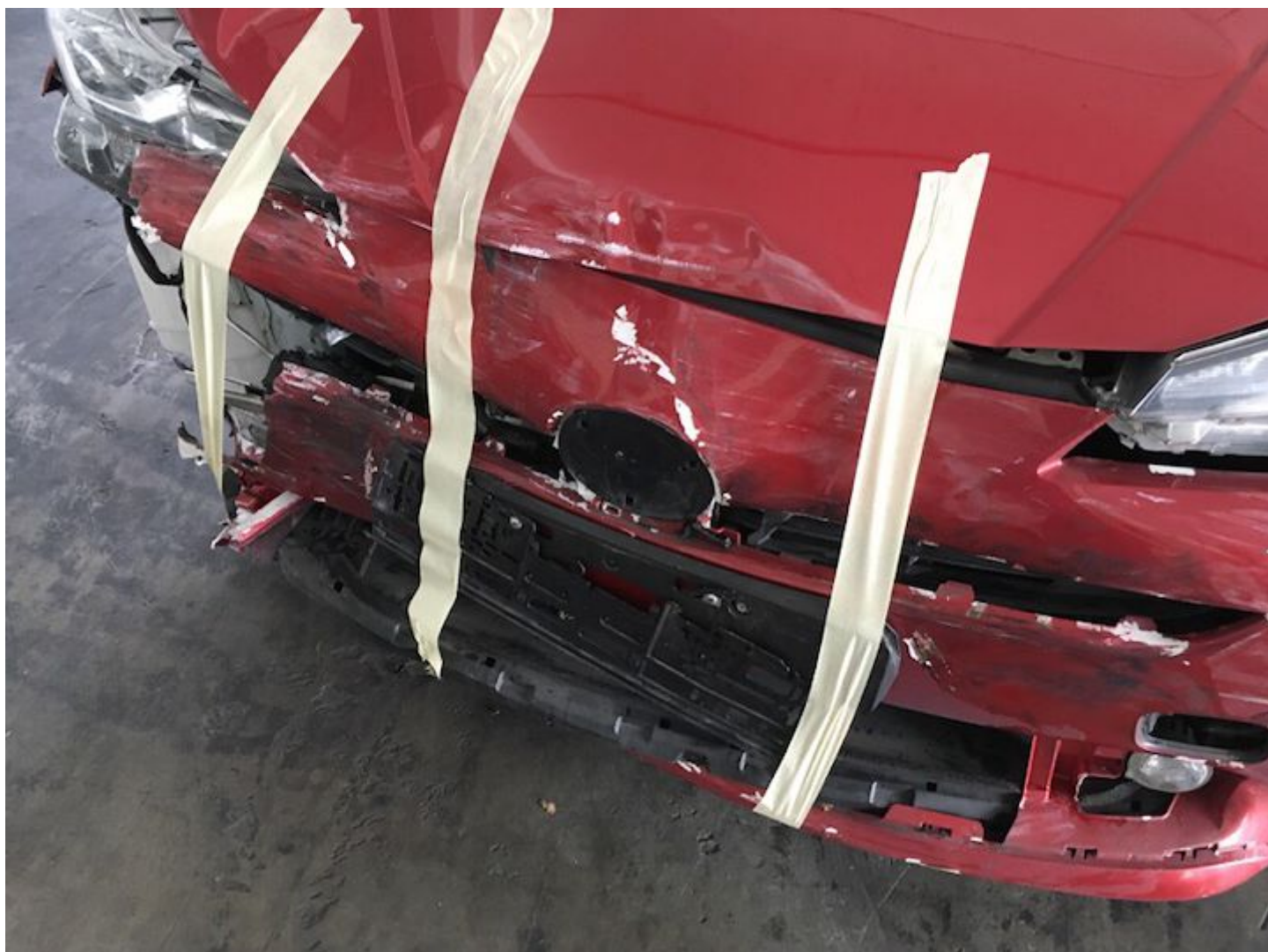




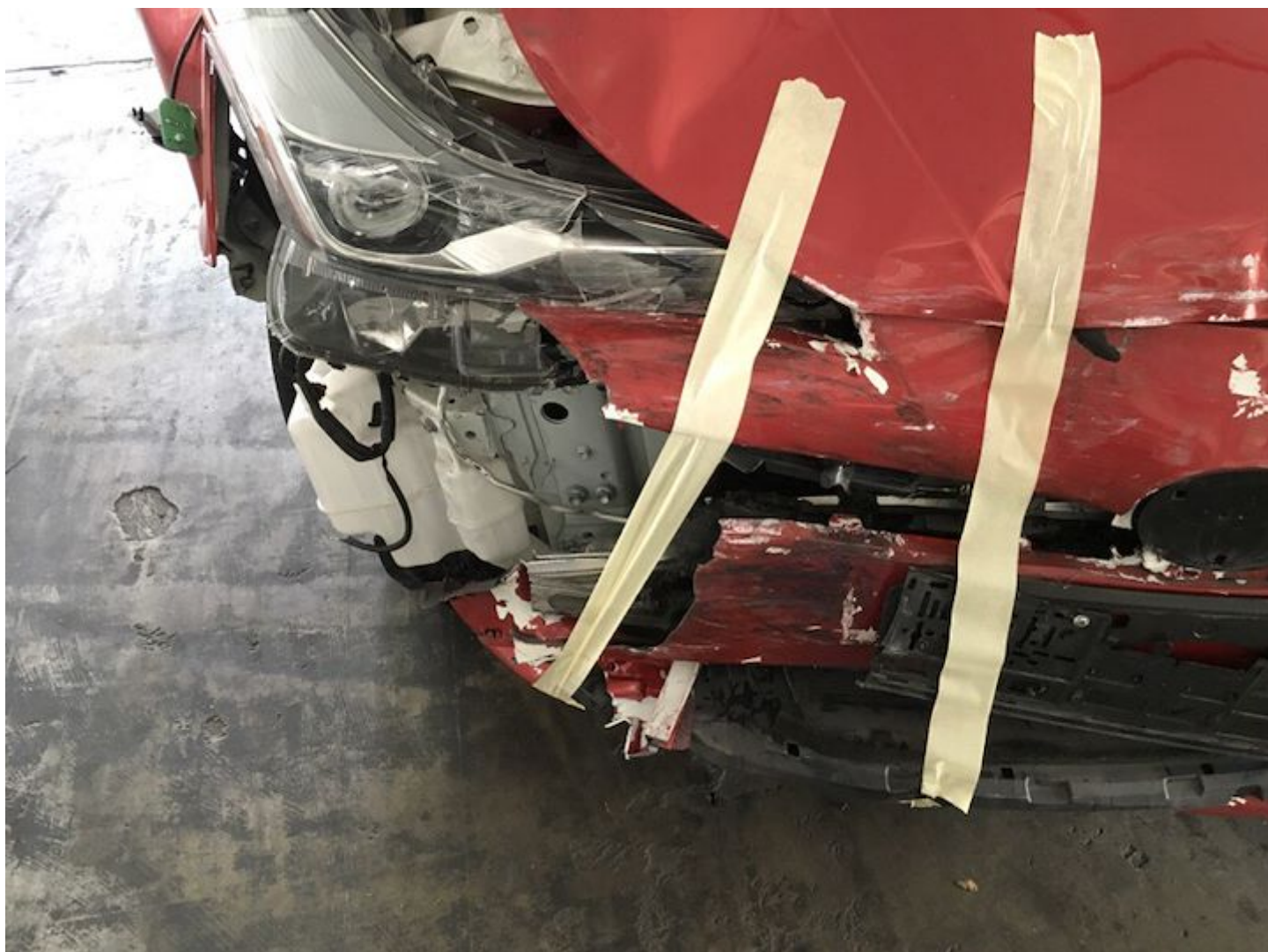


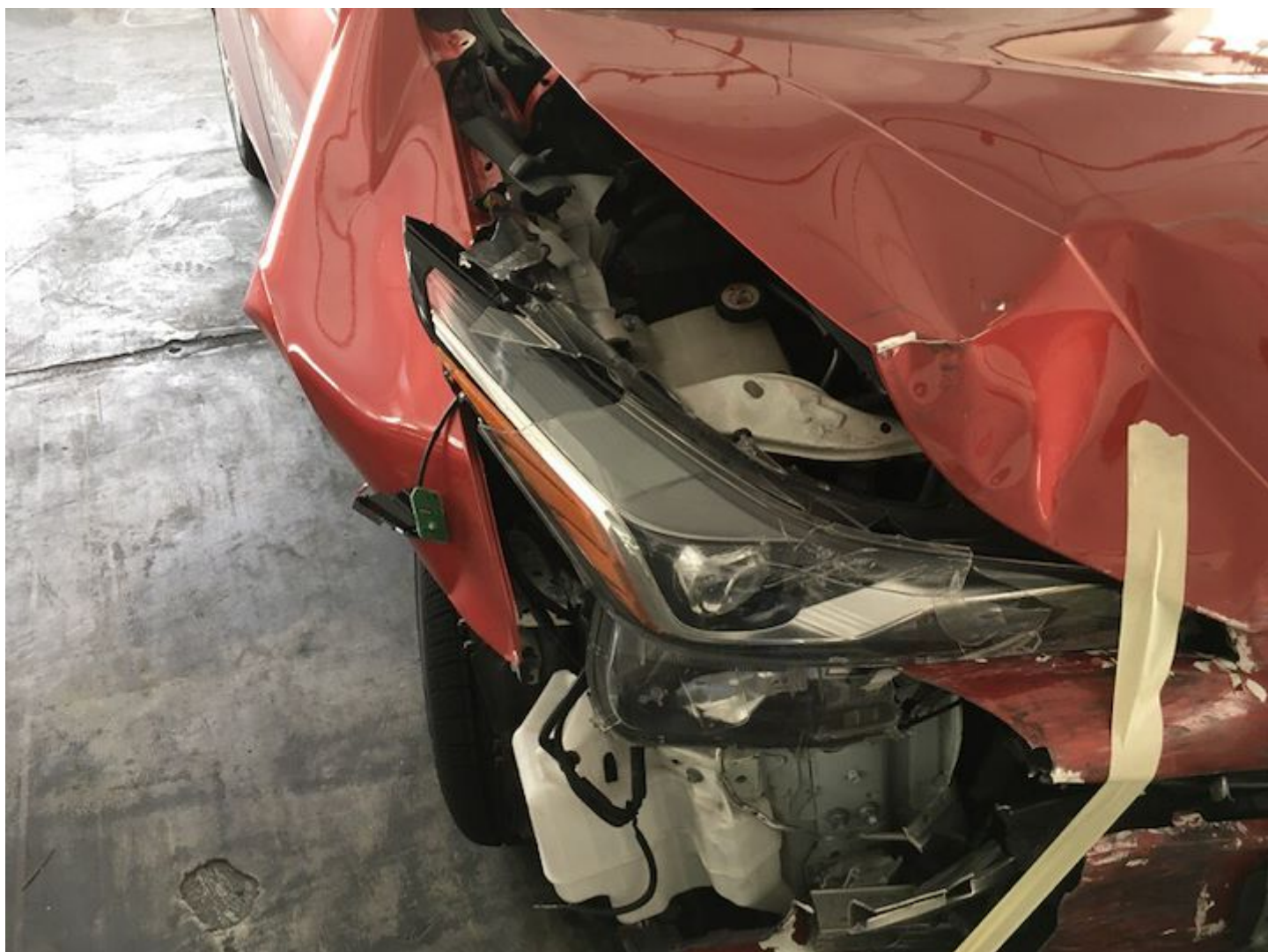




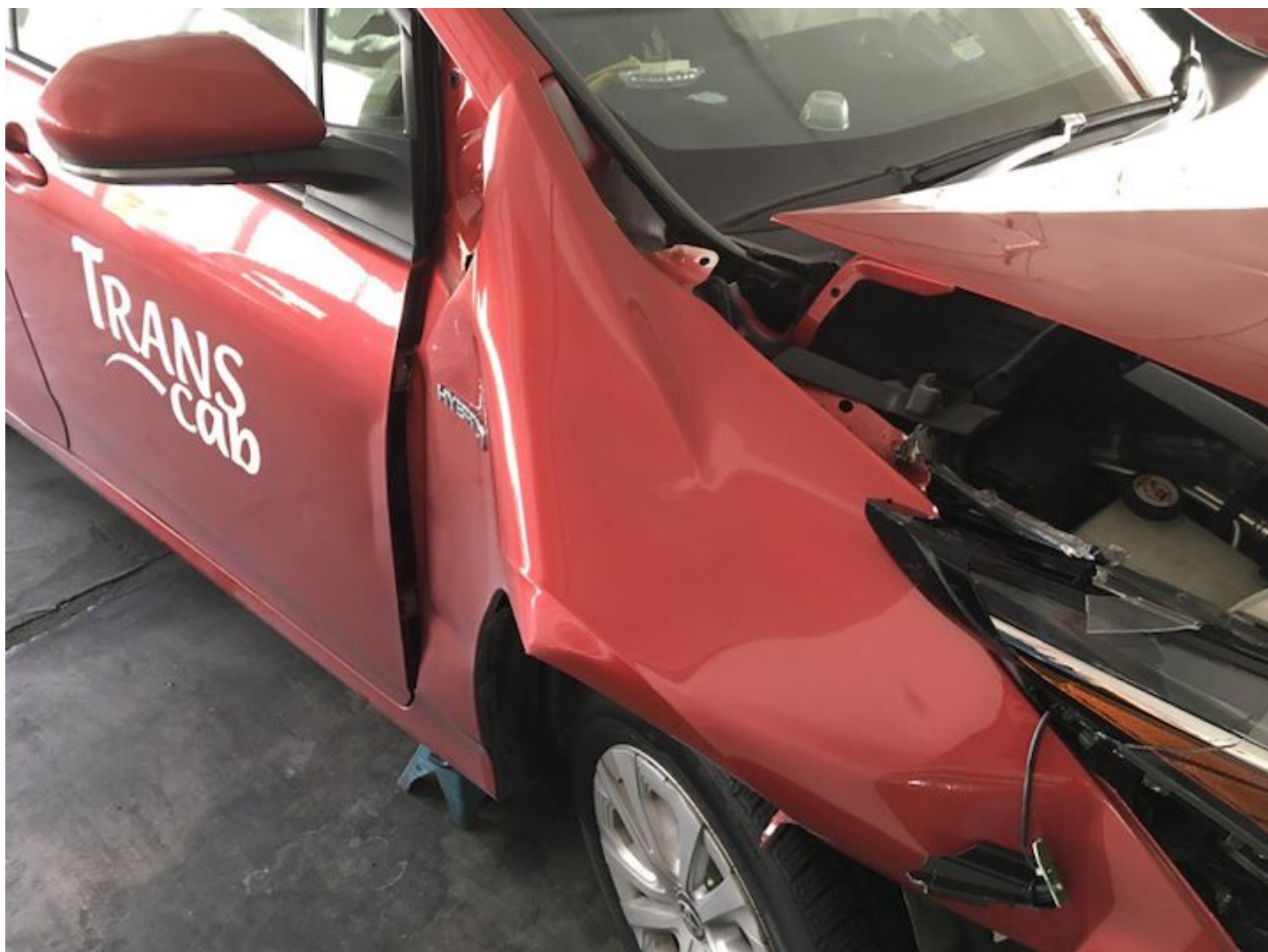


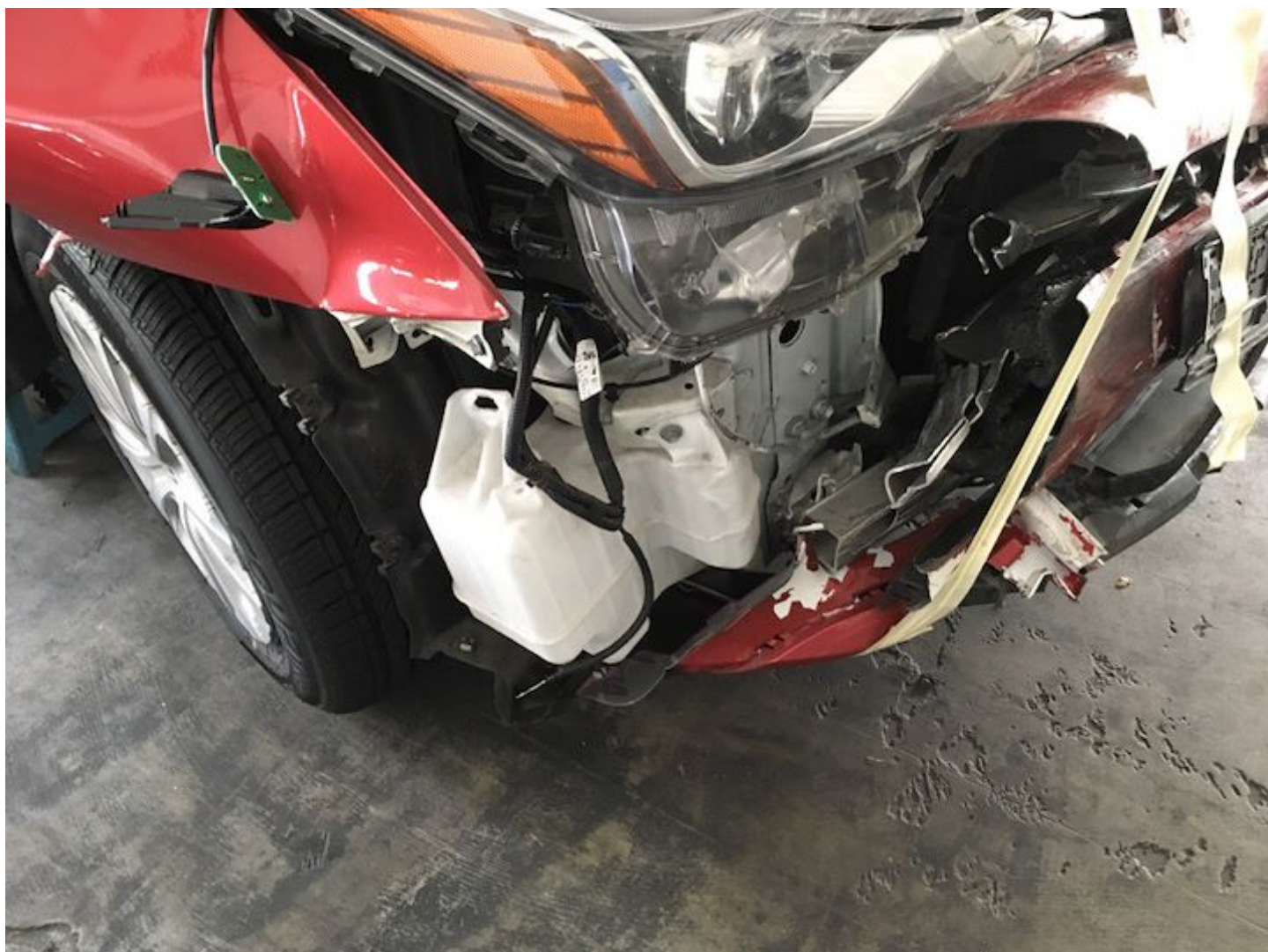




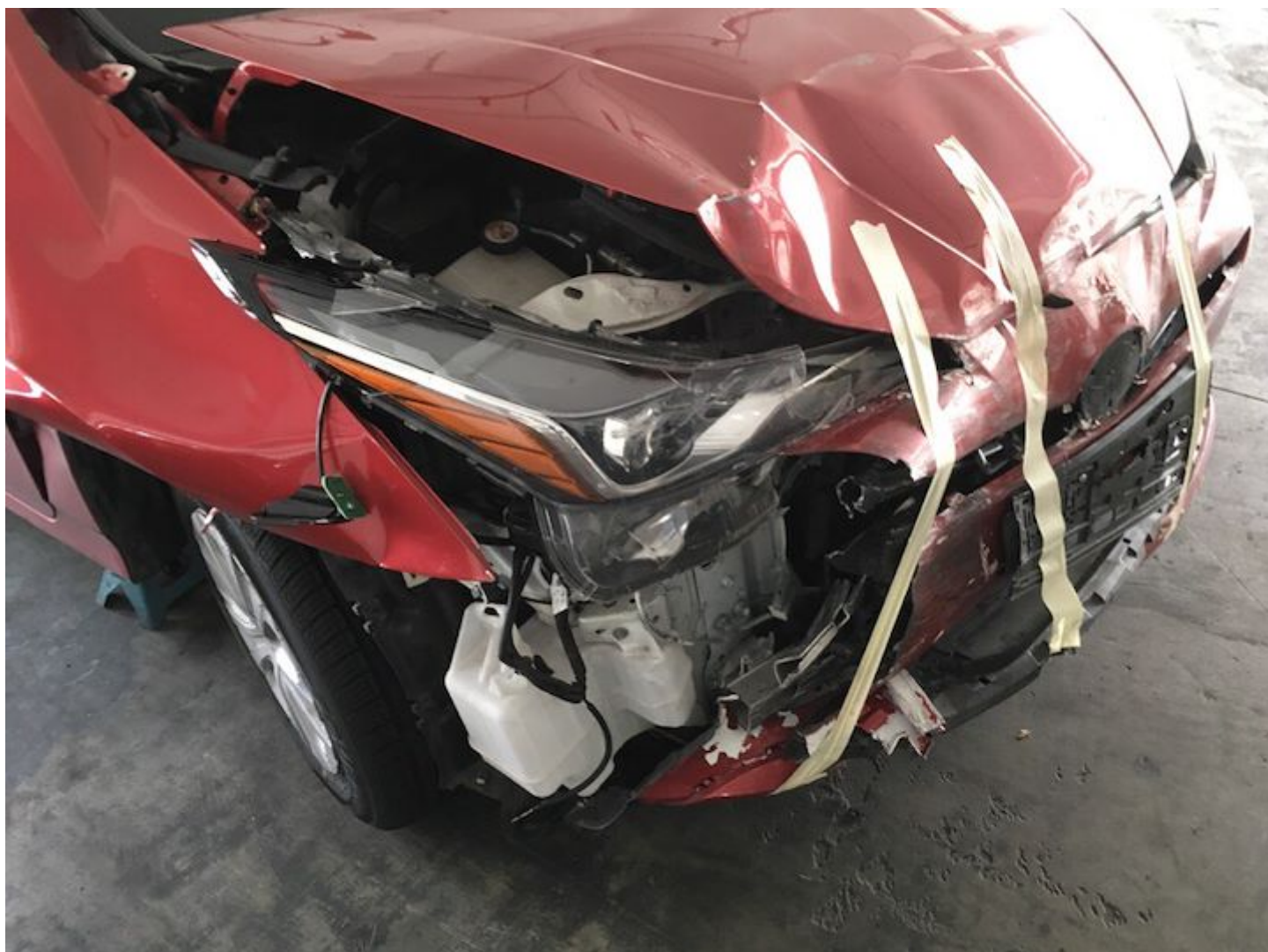


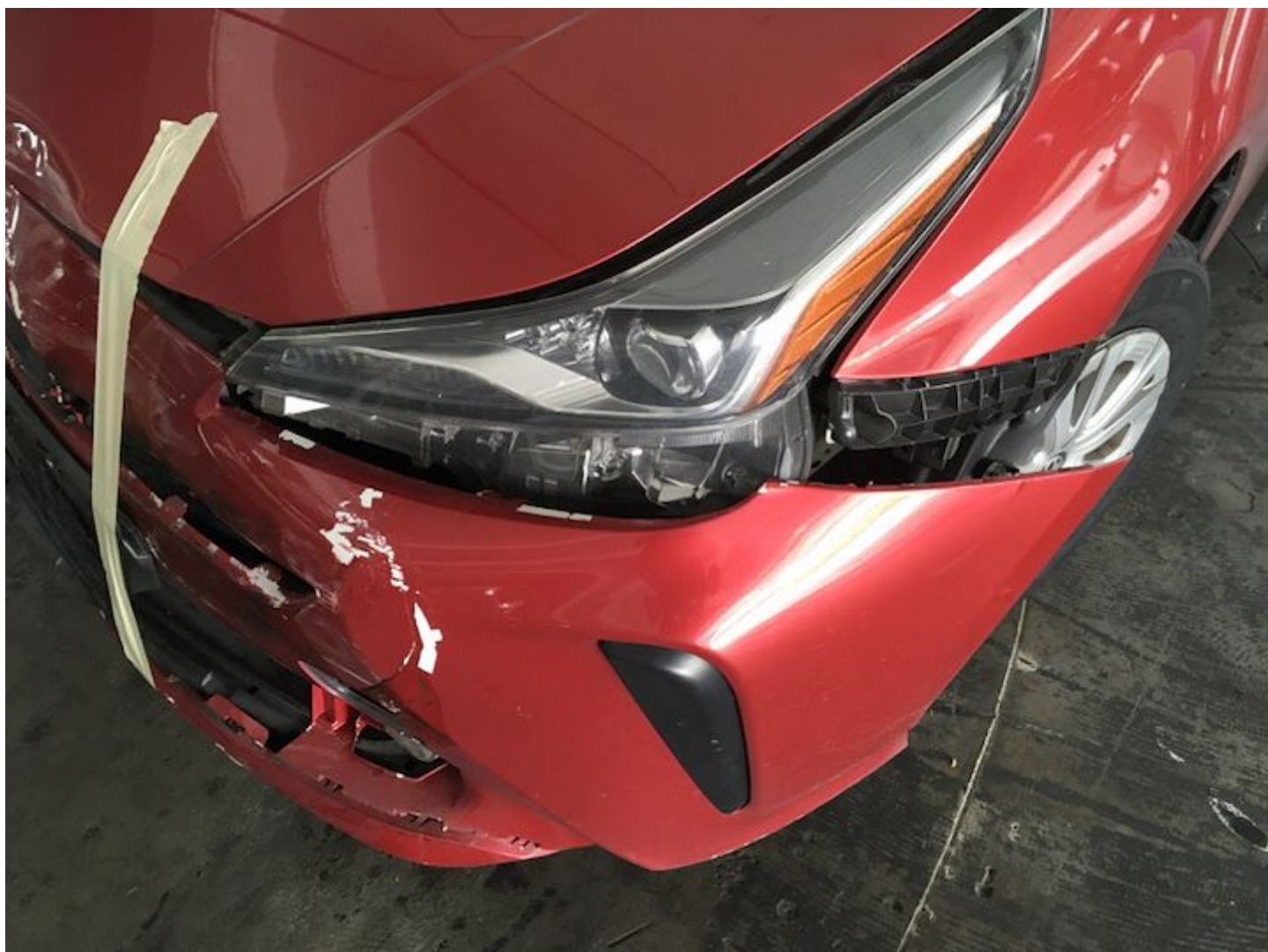




























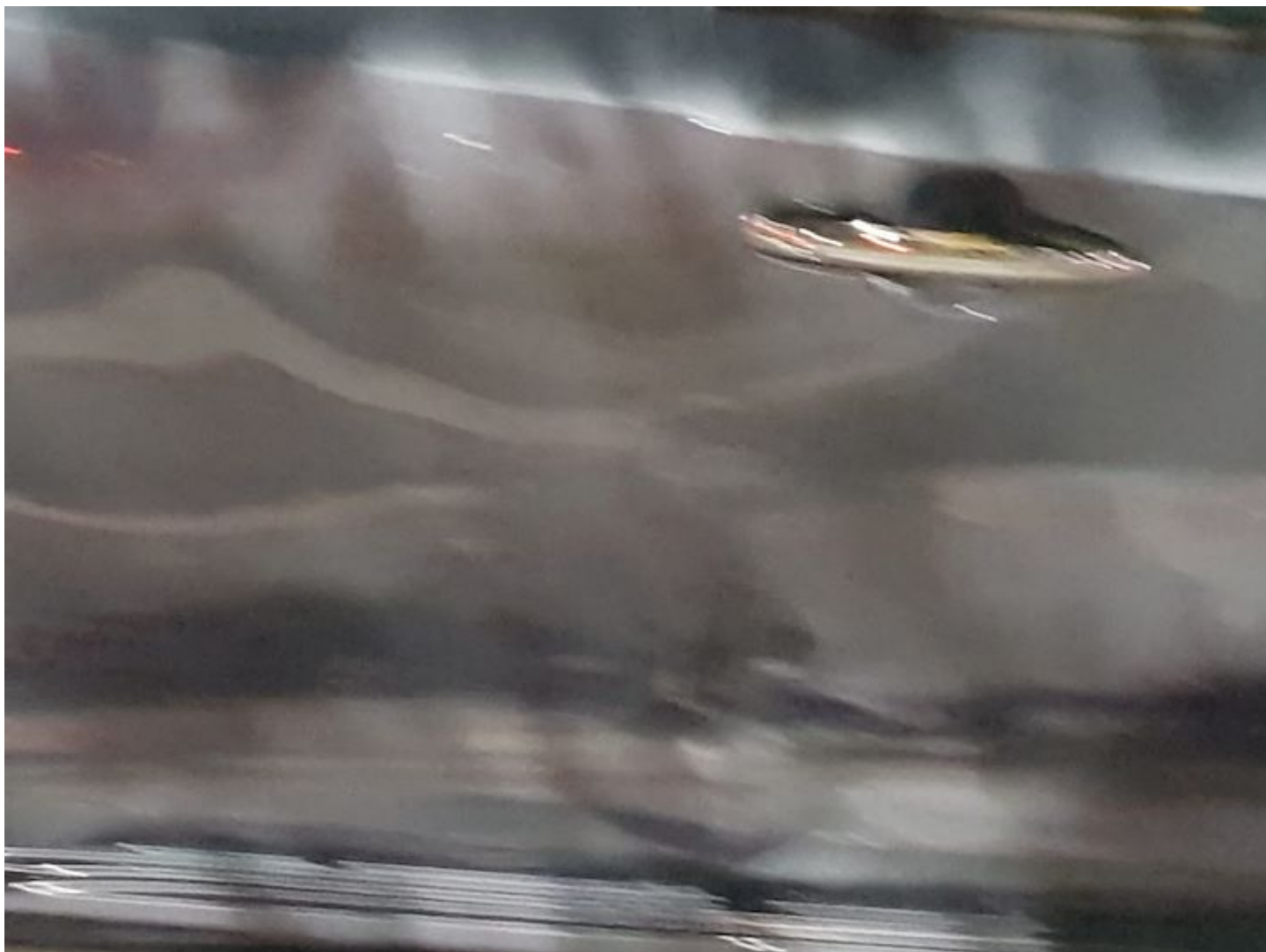








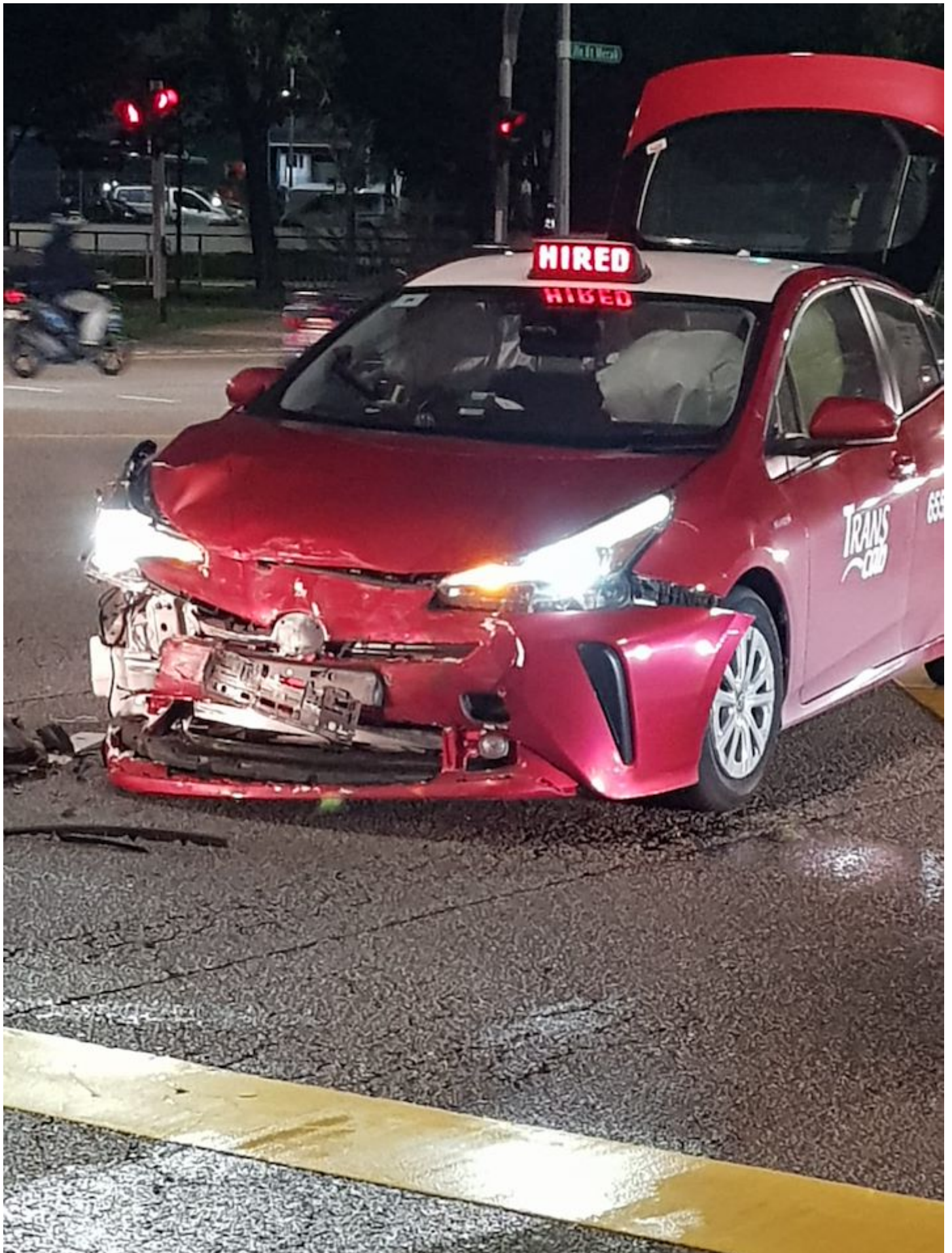















**SINGAPORE  
POLICE FORCE**


T/20220624/2004

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20220624/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/06/2022 01:45	Vide Report No.: D/20220623/0111	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: LIM YIAM KWANG			Address: APT BLK 188C RIVERVALE DRIVE #05-1046 SINGAPORE 543188		
ID Type / ID No.: NRIC NO / S1437746H			Contact No.: Home/Office: Mobile: 91804750		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 25/01/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

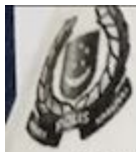
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2022 22:35	Type of Location: T-Junction
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDH9208U	Car				Seriously Damaged	0
SHC5962E	Transcab Taxi				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

T/20220624/2004

2 of 3

Report No. T/20220624/2004

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LIM YIAM KWANG	ID No.	S1437746H
Related Vehicle	SHC5962E (Transcab Taxi)	Contact No.	91804750
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

**Brief Details.**

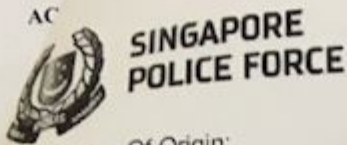
On 23/06/2022 at about 10pm, I picked up a passenger from Changi Airport to Kim Tian Road.

At about 10.35pm, while I was travelling at Lane 2 along Lower Delta Road I saw the Traffic light was Green, thus, I made a right turn into Jalan Bukit Merah. Suddenly, my Taxi collided into a car bearing registration number SDH9208U, which was travelling straight along Lower Delta Road.

I made a check and believed that my taxi's front right side bumper had collided onto the other car's, right side of the driver. I did not manage to get the detail of the driver as the driver was subsequently conveyed by Ambulance to an unknown hospital. I wish to add that a Traffic Police officer had attended to my accident and advised me to lodged a Police report.

I also wish to inform that I suffered abrasion on my right wrist and my lower right arm is swollen, due to the accident.





Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20220624/2004

3 of 3

Report No. T/20220624/2004

## 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:

D /

SR STAFF SGT SURAIDAH  
BINTE SALIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD ISMAIL BIN AMZAH

Contact No.: 65476185

Signature Of Informant:

Date/Time:

24/06/2022 01:45

Classification Of Case:

NP168  
SINGAPORE  
POLICE FORCE

SN 45

SIGNATURE