

# 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 ..... 07/07/2022 15:45 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 07/07/2022 07:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AYE TOWARDS TUAS LAMP POST 203  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB6972D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS LEASING PTE LTD  
Company Reg No ..... 2XXXXX575K  
Email Address ..... claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-65552222  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... VFX/P2440417

### DRIVER

Name of Driver ..... LIM THIAN WANG  
NRIC No ..... SXXXX108H  
Date Of Birth ..... 26/05/1968  
Occupation ..... Outdoor

Date Of Driving Pass .....	25/07/1989
Driving experience .....	33 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81834010
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Costa Ris, 527D Pasir Ris Street 51 #11-679
Address complement .....	-
Postcode .....	514527
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 .....	3
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	P1
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Post
Police Station Address .....	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220707/2046

#### 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 .....	WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJS6665Z
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Vehicle Manufacturer .....	Kia
Vehicle Model .....	Cerato
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	SIM CHYE WAH
Contact Number .....	(Phone) +65-96850244
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMS8144L
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXX203H
Contact Number .....	-
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 .....	LIM THIAN WANG
Gender .....	Male
Phone No .....	(Phone) +65-81834010
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNB6972D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT NO.T/20220707/2046

**Declaration**

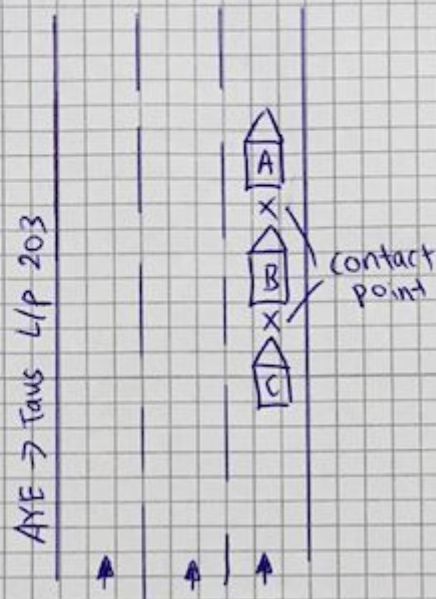
We declare the foregoing particulars are true in every respect.

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

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

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

ACCIDENT DIAGRAM



Veh A: SNB 6972D

Veh B: SJS 6665Z

Veh C: SMS 8144L

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.:



























































**SINGAPORE  
POLICE FORCE**



T/20220707/2046

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20220707/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/07/2022 13:18	Vide Report No.:	Station Diary No.: 18
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**Informant's Particulars**

Name of Informant: LIM THIAN WANG			Address: APT BLK 527D PASIR RIS STREET 51 #11-679 SINGAPORE 514527		
ID Type / ID No.: NRIC NO / S6816108H			Contact No.: Home/Office: Mobile: 81834010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 26/05/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2022 07:00	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Lamp Post Number: 203				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJS6665Z	Car	KIA	CERATO 1.6(A) SUNROOF	Grey	Slightly Damaged	0
SMA6700P	Car	TOYOTA	ESTIMA AERAS 2.4 A	Silver	No Damage	0
SMS8144L	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220707/2046

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Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20220707/2046

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB6972D	Car	TOYOTA	SIENTA HYBRID STANDARD (AUTO)	Brown	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	SIM CHYE WAH	ID No.	NIL
Related Vehicle	SJS6665Z (Car)	Contact No.	96850244
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
Driver			
Name	LIM THIAN WANG	ID No.	S6816108H
Related Vehicle	SNB6972D (Car)	Contact No.	81834010
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/07/2022	Date Discharge	07/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 07/07/2022 at around 0700hrs, I was driving my vehicle (SNB6972D) along AYE towards Jurong. I was driving in the first lane. There was a vehicle in front of me (SMA6700P). Whilst driving, the mentioned vehicle break and slowed down as the traffic in front started to slow down. The vehicle then came to a stop and so did I. Suddenly, I felt an impact from behind. I then came out from my vehicle and saw that a car had hit on to me (SJS6665Z). There was also another vehicle that hit on to the vehicle behind me (SMS8144L), causing a chain collision of 3 vehicles.

I made a check on my car and there was a dent at the rear bumper. I am unsure if the vehicle that hit on to me had any damages as a result of the collision. All 3 of us then exchanged particulars with each other.

I have one passenger with me and she was not injured.



## ACCIDENT DIAGRAM

**SINGAPORE  
POLICE FORCE**

T/20220707/2046

Police Station Of Origin:  
Hougang NPP  
57 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20220707/2046

## CONTINUATION OF REPORT

have an in vehicle camera that was recording the incident.

felt some pain on my neck, back and chest and subsequently went to INTEMEDICAL KOVAN to get it checked. I was given 3 days MC from 07/07/2022 - 09/07/2022.

am making this Police report for insurance claims.

## ACCIDENT DIAGRAM

**SINGAPORE  
POLICE FORCE**

T/20220707/2046

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Report No. T/20220707/2046

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

## 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 MUHAMMAD FIKRI BIN  
MUHAMMAD FAZLI

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
07/07/2022 13:18Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168

