

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	13/07/2022 00:15 (SGT)
Reported by	Driver
Date of Accident	12/07/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEDOK NORTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9516D
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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	5DR HATCHBACK (AUTO)
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 ONG SEONG
NRIC No	SXXXX377G
Date Of Birth	28/05/1951
Occupation	Outdoor

Date Of Driving Pass	13/04/1974
Driving experience	48 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83786936
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Ang Mo Kio 61, 645 Ang Mo Kio Avenue 6
Address complement	#12-4941
Postcode	560645
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Lynette 97613177
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20220712/2044 LODGE AT TOA PAYOH NPC

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC5878L
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	CHENG LIAH SENG
NRIC No	SXXXX622E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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

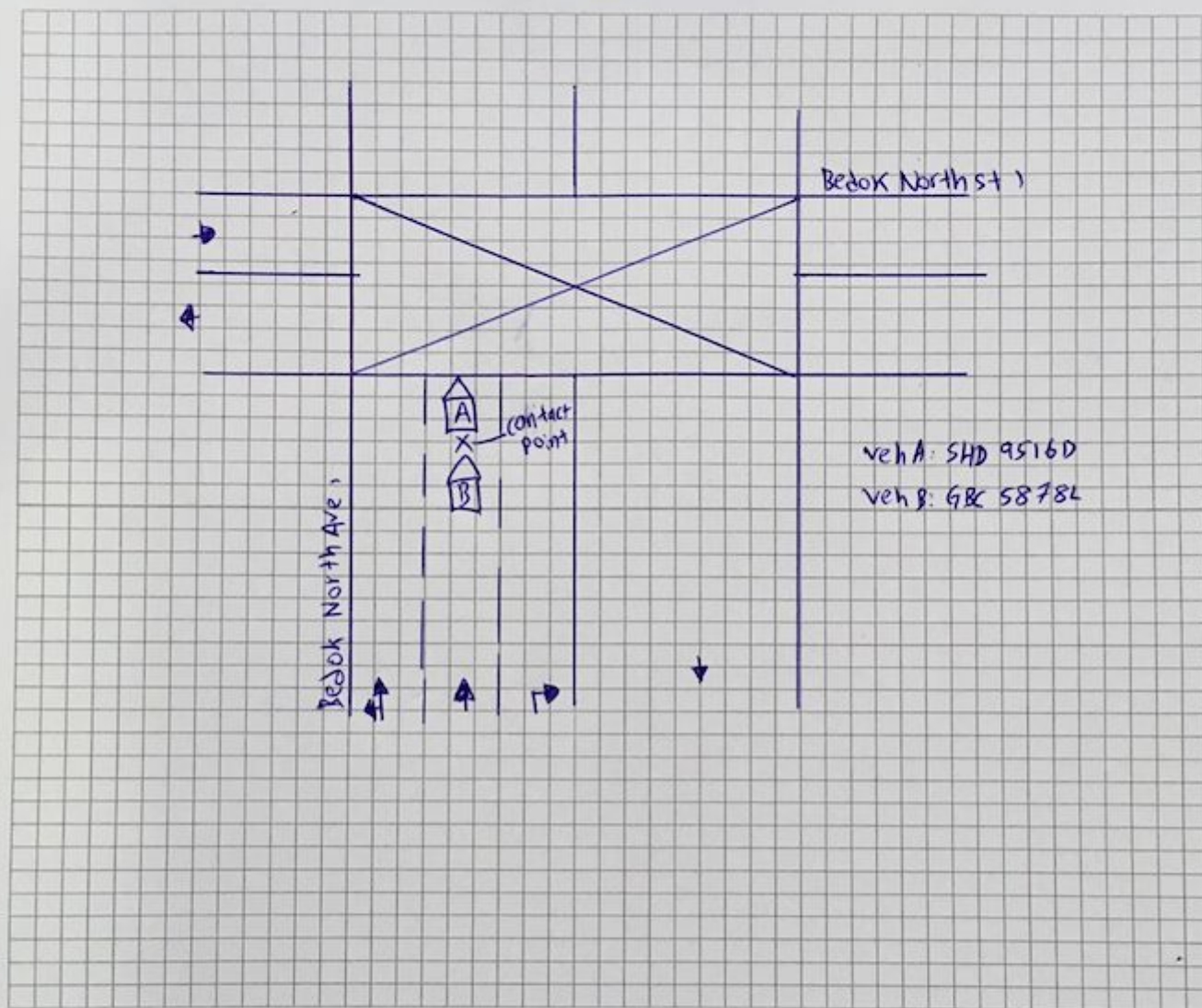
Witnessed by Reporting Centre
Personnel

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.:

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.T/20220712/2044

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



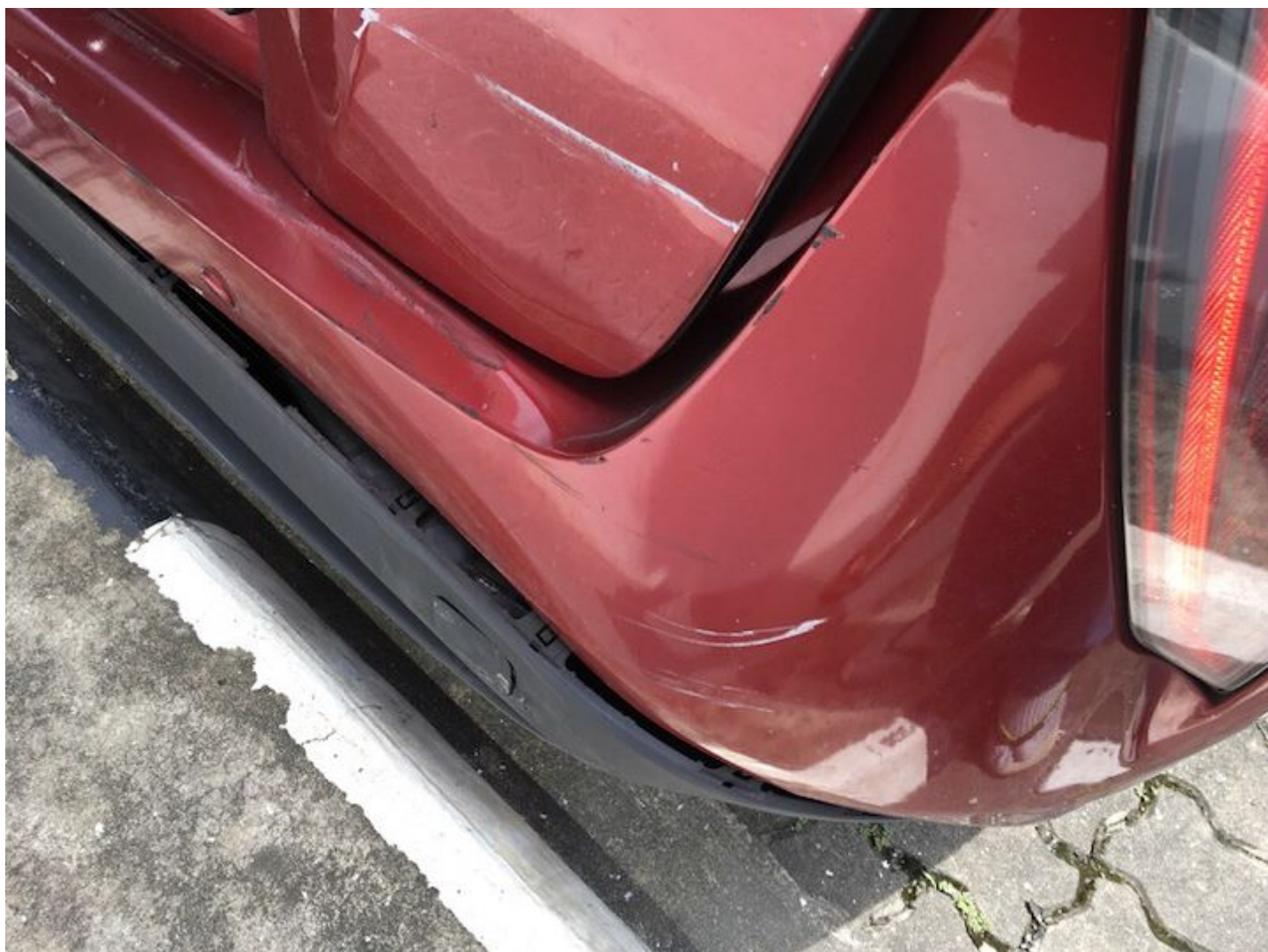


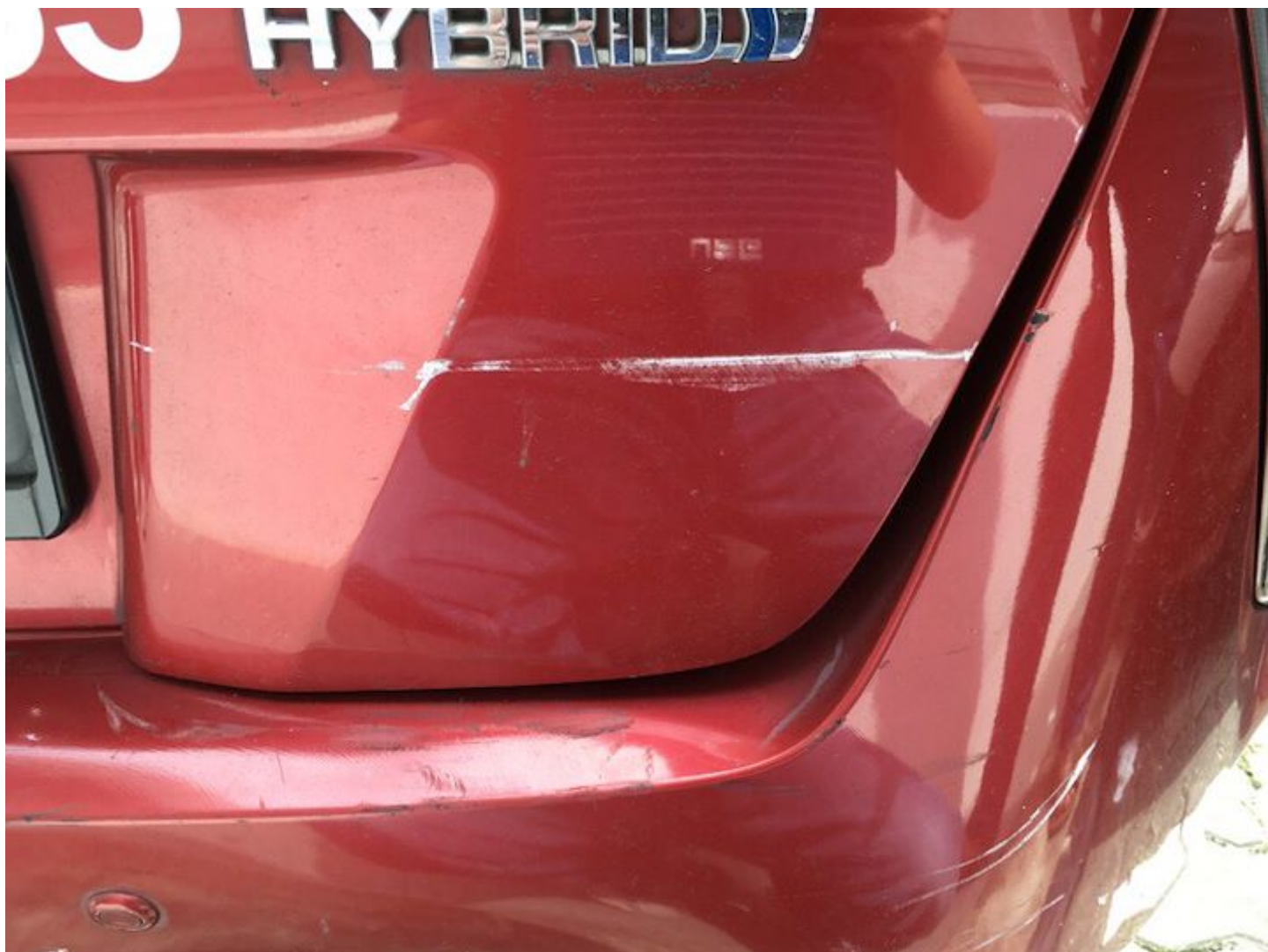


































**SINGAPORE
POLICE FORCE**



T/20220712/2044

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20220712/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2022 13:56	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: LIM ONG SEONG			Address: APT BLK 645 ANG MO KIO AVENUE 6 #12-4941 SINGAPORE 560645		
ID Type / ID No.: NRIC NO / S0156377G			Contact No.: Home/Office: Mobile: 83786936		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 28/05/1951	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:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/07/2022 08:30	Type of Location: X-Junction
Location: BEDOK NORTH AVENUE 1				
Lamp Post Number: 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
GBC5878L	Lorry			White	Slightly Damaged	1
SHD9516D	Car			Red	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/20220712/2044

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20220712/2044

CONTINUATION OF REPORT

Driver		ID No.	
Name	LIM ONG SEONG		S0156377G
Related Vehicle		Contact No.	
SHD9516D (Car)		83786936	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
DOCTORS INC MEDICAL GROUP		Class: 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
12/07/2022		NIL	
No. of Days granted Medical Leave		Degree of Injury	
04		Slight	
Driver		ID No.	
Name	CHENG LIAH SENG		S6974622E
Related Vehicle		Contact No.	
NIL		NIL	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		Class: 3 Date of Expiry: NIL	
Date Treatment		Date Discharge	
NIL		NIL	
No. of Days granted Medical Leave		Degree of Injury	
NIL		NIL	

Brief Details.

On 12/07/2022 at about 8.30am, I was driving my taxi bearing registration no. SHD9516D with a passenger onboard along Bedok North Avenue 1 when I noticed the amber light before stopping my vehicle. When I stopped my vehicle, I then felt a hard impact on the boot of my car. I then noticed a lorry bearing registration no. GBC5878L had hit the back of my car. I then alighted from my car to make a check on the damage, where I noticed damages on my rear right bumper and left rear roof got chipped off. I made a check on my passenger, who informed that she was rushing to work. She then left and informed that she will consult a doctor on her own accord. I wish to state that there were no injuries as a result of the incident and the other party was also advised to lodge a police report. After the accident, I then drove to TransCab taxi company. As a result of the accident, I consulted the doctor on the same day and was given 4 days of medical leave.

The damages to my vehicle are as follows:

- 1) Rear right bumper dented & loose
- 2) Part of rear roof chipped off.



**SINGAPORE
POLICE FORCE**



T/20220712/2044

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20220712/2044

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:

E /

Other NAUFAL HAZIQ BIN
ABDUL HAMID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/07/2022 13:56

Officer In Charge Of Case:

TP / GIA /

Other MUHAMMAD NOOR BIN ABDUL
RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D227C000Q Vehicle Registration No: SHD9516D

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 10/07/2022 Time of Accident: 08:30 (SGT)

Place of Accident: BEDOK NORTH AVENUE 1

Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. AMEND PASSENGER DETAILS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.: _____
Date: 14072022