

## 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	27/06/2022 16:17 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 21:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI BEFORE EUNOS LINK EXIT 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD104T
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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	(Office) +65-62876666

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS 5 DR HATCHBACK (AUTO)
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	1798

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2413997

#### DRIVER

Name of Driver	TAY ENG BENG
NRIC No	SXXXX298G
Date Of Birth	19/10/1966
Occupation	Outdoor

Date Of Driving Pass	18/04/1988
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97821722
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Teck Ghee Horizon, 461 Ang Mo Kio Avenue 10
Address complement	#07-1176
Postcode	560461
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	5
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220704/2083 LODGED AT ANG MO KIO SOUTH NPC

#### 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	VIDEO WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ9760K
Vehicle Manufacturer	Nissan
Vehicle Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Vehicle Variant	-
Vehicle Colour	White
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)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP7593H
Vehicle Manufacturer	Toyota
Vehicle Model	RIUS HYBRID 1.8 CVT
Vehicle Variant	-
Vehicle Colour	Gray
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)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJA3963C
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	White
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)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SHB3909D
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS HYBRID 1.8 CVT
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
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) 1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person MALE PASSENGER  
Gender Male  
Phone No -  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SHD104T  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? Yes

##### INJURED 2

Name of injured person TAY ENG BENG  
Gender Male  
Phone No (Phone) +65-97821722  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SHD104T  
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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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.

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Policyholder's Signature / Date & Time

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

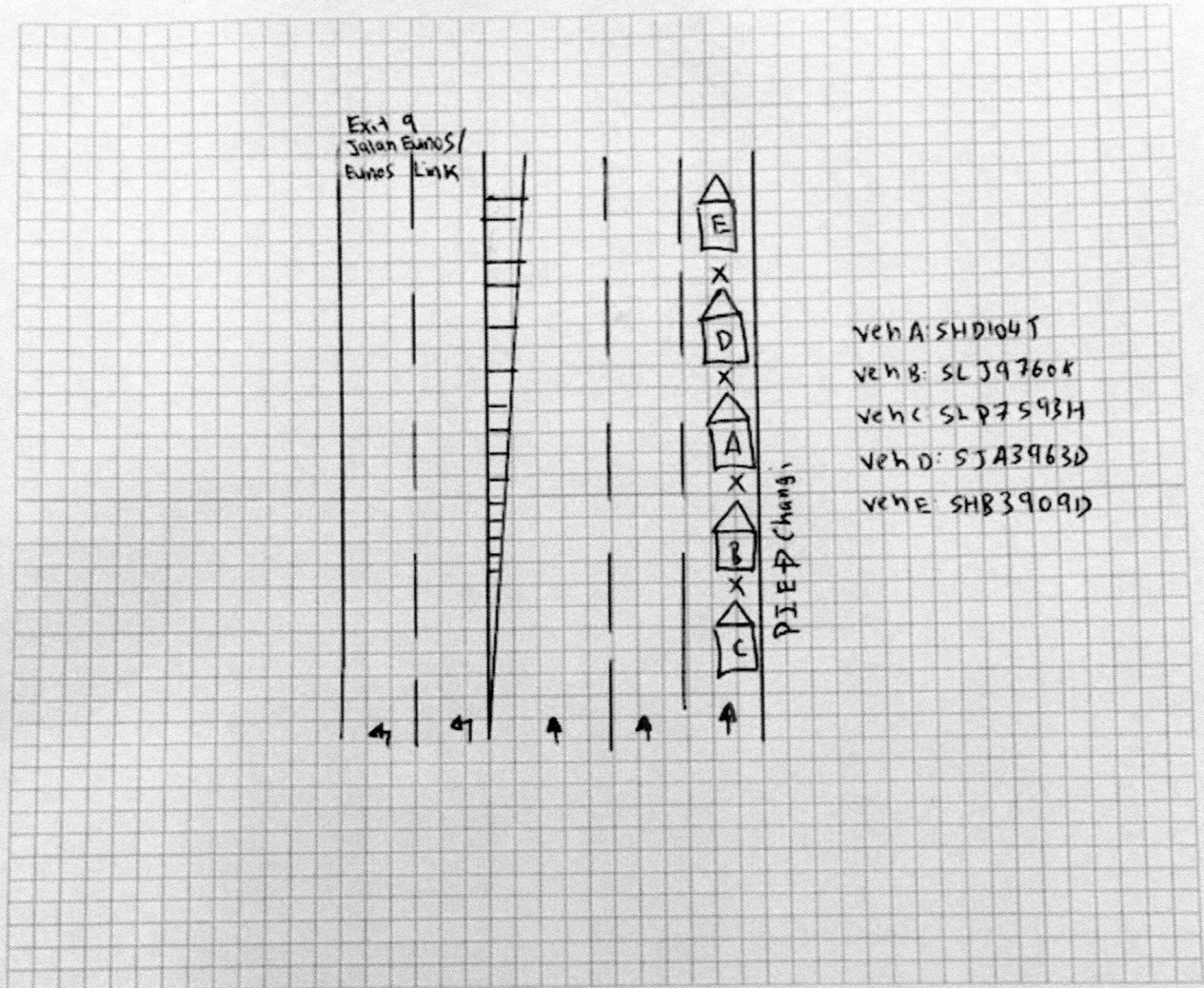
Witnessed By Reporting Officer  
Ang Qi Hao, Victor

Witnessed by Reporting Centre  
Personnel

## Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

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/20220625/2029

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

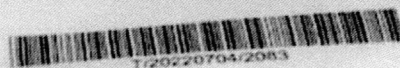
Witnessed By Reporting Officer  
Ang Qi Hao Victor

Witnessed by Reporting Centre Personnel




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
589929  
Tel No: 1800-4519999



T/20220704/2083

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Report No: T/20220704/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
04/07/2022 17:31

Vide Report No.:  
T/20220625/2029

Station Diary No.:  
87

**Informant's Particulars**

Name of Informant: TAY ENG BENG			Address: APT BLK 461 ANG MO KIO AVENUE 10 #07-1176 SINGAPORE 560461		
ID Type / ID No.: NRIC NO / S1753298G			Contact No.: Home/Office: Mobile: 97821722		
Nationality: SINGAPORE CITIZEN			Email: tayengbeng19@gmail.com		
Sex: Male	Age: 55	Date of Birth: 19/10/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2022 21:25	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB3909D	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Slightly Damaged	0
SHD104T	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Seriously Damaged	1
SJA3963C	Car	TOYOTA	WISH 1.8 CVT	White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220704/2083

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Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20220704/2083

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLJ9760K	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Seriously Damaged	0
SLP7593H	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Seriously Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	TAY ENG BENG		ID No. S1753298G
Related Vehicle	SHD104T (Car)		Contact No. 97821722
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/06/2022		Date Discharge 24/06/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 24/06/2022 at about 2125hrs, I was driving my taxi of plate number SHD104T (with one passenger) along PIE towards Changi Airport before exit 9.

Suddenly, the car in front of me (plate number SJA3963C) performed an emergency brake. I also managed to do an emergency brake and came to a complete stop. However, I suddenly felt an impact from the back, causing my taxi to move forward and collided to the rear of the front car (which resulted in the said car colliding with another car SHB3909D in front). Shortly after, I felt another impact from the back causing our collided cars to move forward.

I then alighted from my taxi, and took some photos of the accident. It is a chain collision, involving the cars as follow: 1st car is SHB3909D, 2nd car is SJA3963C, 3rd car is SHD104T, 4th car is SLJ9760K and 5th car is SLP7593H.

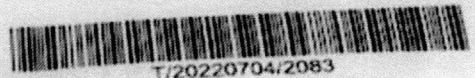
My passenger was unwell at that point of time and suspected that he got a heart attack. Ambulance came and conveyed him to Changi General Hospital, where I followed and also got my check up done there. I had attained 5 days MC from 24/06/2022 to 28/06/2022.

Traffic Police and ambulance came to scene. I have in car camera and was seized by police.





**SINGAPORE  
POLICE FORCE**



T/20220704/2083

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Report No. T/20220704/2083

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CONTINUATION OF REPORT

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20220704/2083

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Report No: T/20220704/2083

**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 MICHELLE TAN QIU YAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
04/07/2022 17:31Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT NUR AGELINA BINTE  
MOHAMMAD PUAT  
Contact No: 65474885

Classification Of Case: