

# 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 ..... 21/07/2022 19:20 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 21/07/2022 09:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BKE TOWARDS KJE EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5899E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TRANS-CAB SERVICES PTE LTD  
Company Reg No ..... 200303878K  
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 ..... ONG CHENG JOO (WANG QINGYU)  
NRIC No ..... S7129971F  
Date Of Birth ..... 25/08/1971  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/03/1998
Driving experience .....	24 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88684491
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Keat Hong Mirage, 818B Choa Chu Kang Avenue 1
Address complement .....	#10-124
Postcode .....	682818
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? .....	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 .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220722/7008 LODGED AT TRAFFIC POLICE

#### 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 .....	SKC4177B
Vehicle Manufacturer .....	Suzuki
Vehicle Model .....	APV 7-SEATER 1.6 5DR GLX AT ABS D/AIRBAG
Vehicle Variant .....	-
Vehicle Colour .....	Blue
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 .....	YN4452H
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	CANTER FEB21ER4SDEB (CBU)
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
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 .....	XE7188K
Vehicle Manufacturer .....	Man
Vehicle Model .....	TGS 18.330 4X2
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
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 .....	XE1517J
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	FUSO FP51SDR3VD
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
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 .....	ONG CHENG JOO (WANG QINGYU)
Gender .....	Male
Phone No .....	(Phone) +65-88684491
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC5899E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

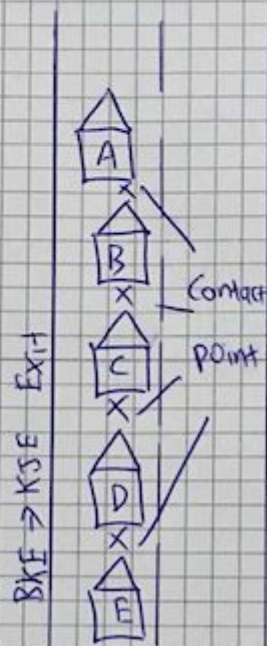
\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM



ACCIDENT DIAGRAM



veh A: SHC5899E  
 veh B: SKC4177B  
 veh C: YN4452H  
 veh D: XE7188K  
 veh E: XE1517J  
 (TRD8372P)

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.:

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT

**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/20220722/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220722/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2022 11:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG CHENG JOO			Address: 818B CHOA CHU KANG AVENUE 1 #10-124 SINGAPORE 682818		
ID Type / ID No.: NRIC NO / S7129971F			Contact No.: Home/Office: Mobile: 88684491		
Nationality: SINGAPORE CITIZEN			Email: a.22420865.a@gmail.com		
Sex: Male	Age: 50	Date of Birth: 25/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2022 09:40	Type of Location: Straight Road
Location:  KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC5899E	Car	TOYOTA	PRIUS	Red	Slightly Damaged	1
SKC4177B	Car					0
XE1517J	Truck					0





**SINGAPORE  
POLICE FORCE**



T/20220722/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220722/7008

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE7188K	Truck					0
YN4452H	Lorry					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHENG JOO	ID No.	S7129971F
Related Vehicle	SHC5899E (Car)	Contact No.	88684491
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/07/2022	Date	22/07/2022
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 21/7/2022 at about 0940 Hrs,i was driving my taxi SHC5899E along KJE towards Jurong with 1 passenger onboard.At the point of time the traffic was heavy and all the vehicle was on stationery included my taxi.Out of sudden,i felt a great impact from behind.I alighted my taxi and discover that a vehicle SKC4177B had rear ended my taxi rear portion and behind there is also 3 vehicle involved as is a chain coillion.

SHC5899E

SKC4177B

YN4452H

XE7188K

XE1517J

After the accident i take some scene photo and leave the scene.My neck and back pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20220722/7008

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220722/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
22/07/2022 11:09

Classification Of Case:



**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: SA1D227L0004 Vehicle Registration No: SHC5899E  
ONG CHENG JOO (WANG QINGYU)  
 Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: SHC5899E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 88684491  
 Email Address: \_\_\_\_\_  
 Date of Accident: 21/07/2022 Time of Accident: 09:30 (SGT)  
 Place of Accident: BKE TOWARDS KJE EXIT  
 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:

AMEND: ATTACHED POLICE REPORT

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

SUSAN  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: F S NEO  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 22/07/2022