

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 Actual 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	01/08/2022 14:43 (SGT)
Reported by	Driver
Date of Accident	29/07/2022 21:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG MOHAMED SULTAN ROAD JUNCTION OF NANSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9967X
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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	-
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	WONG SEE GUAN
NRIC No	SXXXX391D
Date Of Birth	12/11/1976

Occupation	Outdoor
Date Of Driving Pass	24/01/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90029116
Alt. Phone Number	-
Email Address	BOTAKRON@GMAIL.COM
Address	HDB Buangkok Parkvista, 998A Buangkok Crescent #14-711
Address complement	-
Postcode	531998
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 - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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 NO.T/20220731/7028

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	SJY5988S
Vehicle Manufacturer	Mazda

Vehicle Model	2
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	CHU GUANG SING
NRIC No	SXXXX179A
Contact Number	(Phone) +65-82988420
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	WONG SEE GUAN
Gender	Male
Phone No	(Phone) +65-90029116
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB9967X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.T/20220731/7028

Declaration

We declare the foregoing particulars are true in every respect.

Chua

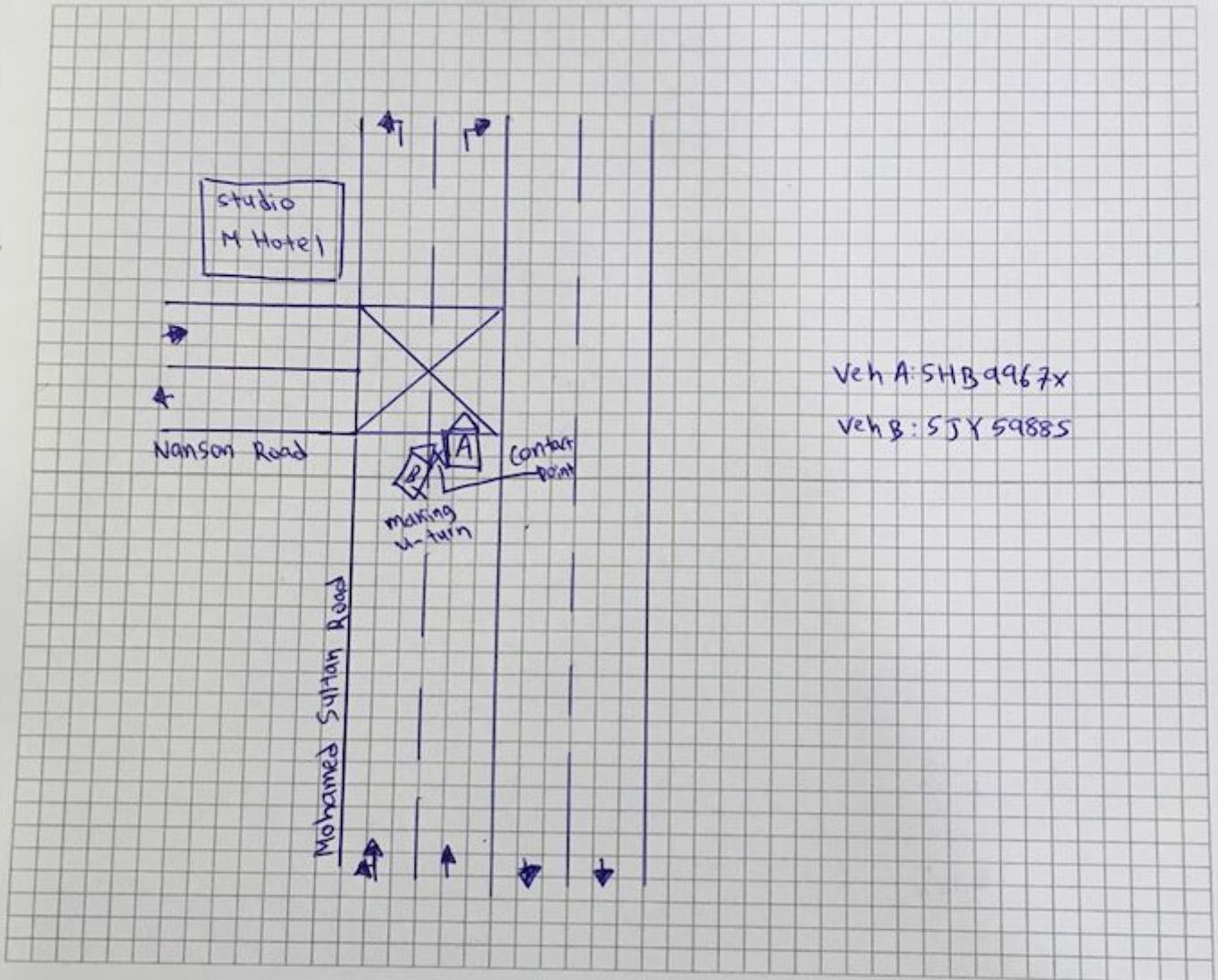
Policyholder's Signature / Date &
Time

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



Cuan

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/20220731/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

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Report No. T/20220731/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2022 19:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG SEE GUAN		Address: 998A BUANGKOK CRESCENT #14-711 SINGAPORE 531998	
ID Type / ID No.: NRIC NO / S7837391D		Contact No.: Home/Office: Mobile: 90029118	
Nationality: SINGAPORE CITIZEN		Email: botakron@gmail.com	
Sex: Male	Age: 45	Date of Birth: 12/11/1976	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi Driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2022 21:35	Type of Location:
Location: MOHAMED SULTAN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHB9967X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220731/7028

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

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Report No. T/20220731/7028

CONTINUATION OF REPORT

Driver				
Name	WONG SEE GUAN		ID No.	S7637391D
Related Vehicle	SHB9967X (Car)		Contact No.	90029116
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	

Brief Details.

On the stated date and time, I was driving SHB9967X along Mohd Sultan Road towards Havelock direction.

I was travelling along the right of 2 lanes going straight when SJY5988S, which was stationary along the left of 2 lanes and had its left signal lights on, abruptly swerved into my vehicle's path by making a sharp right/U turn.

Despite being caught completely by surprise, I attempted to swerve to my right in a bid to avoid the collision but to no avail.

SJY5988S crashed into the left portion of my vehicle causing my vehicle to jerk violently sideways, resulting in me knocking my left knee against the centre console as a result.

The following morning, I started feeling muscle aches in my neck, right shoulder, right arm and back areas as well.

The pain would not go away and I decide to seek treatment at Intemedical Kovan on 31/7/22 as my family doctor was closed on Sunday.

I was given 5 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20220731/7028

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

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Report No. T/20220731/7028

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 / TAN JEOK LENG Contact No.: 65476151

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 31/07/2022 18:02
Classification Of Case:

NP168