

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 | 10/08/2022 15:48 (SGT) |
| Reported by | Driver |
| Date of Accident | 10/08/2022 10:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CTE(AYE) before Moulmein Road exit |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMX3266A |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TRANS LEASING PTE LTD |
| Company Reg No | 201603575K |
| 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 | Commercial vehicle |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|---|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | 5128626563 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | GOH CHOH HUAT |
| NRIC No | S6928790E |
| Date Of Birth | 13/08/1969 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 13/10/1989 |
| Driving experience | 32 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96611993 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | APT BLK 466 ANG MO KIO AVENUE 10 |
| Address complement | #13-1046 |
| Postcode | S560466 |
| 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 | UNKNOWN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Changkat Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18007819999 |
| Alt. Police Station Phone No | (Fax) +65-67832722 |
| Police Station Address | Blk 109 Tampines Street 11 #01-261 Singapore 521109 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

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 | File size exceeding limit |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--------------------|
| Vehicle Registration Number | GBK4104B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | YAP BOON LAI |
| Passport No/FIN | G7569869R |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Handwritten sketch plan on a grid background:

- Top right: A: SMX3266A, B: GBC4109B
- Center: A diagram showing two vertical rectangles labeled 'A' and 'B' connected by a line. To the right of the diagram, it says "(TEKKE)", "before mountain", and "road end".

Describe Circumstance of the Accident

Refer to police report: T/20220810/2027

Declaration

I/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
10/02/2022 1520 hrs

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Kele Chong Chian













**SINGAPORE
POLICE FORCE**



T/20220810/2027

1 of 4

Report No. T/20220810/2027

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 10/08/2022 12:39 | Vide Report No.: | Station Diary No.: 8 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: GOH CHOH HUAT | | Address: APT BLK 466 ANG MO KIO AVENUE 10 #13-1046 SINGAPORE 560466 | |
| ID Type / ID No.: NRIC NO / S6928790E | | Contact No.: Home/Office: | Mobile: 96611993 |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 52 | Date of Birth: 13/08/1969 | Type of Informant: Driver |
| Race: Chinese | | Language: Chinese | Institution / School Name: |
| Occupation: PRIVATE HIRED DRIVER | | Driving Licence Information: Class: 2B,3,4,5 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 10/08/2022 10:00 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBK4104B | Van | | | | Slightly Damaged | 0 |
| SMX3266A | Car | | | | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
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T/20220810/2027

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20220810/2027

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------|------------------|--|
| Driver | | | |
| Name | YAP BOON LAI | | ID No. G7569869R |
| Related Vehicle | GBK4104B (Van) | | Contact No. NIL |
| 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 | GOH CHOH HUAT | | ID No. S6928790E |
| Related Vehicle | SMX3266A (Car) | | Contact No. 96611993 |
| Hospital/Clinic | CARE MEDICAL CLINIC | | Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL |
| Date Treatment | 10/08/2022 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 10/08/2022 at about 1000hrs, I was fetching my passenger the vicinity of Orchard and while I was travelling along CTE (towards City) on the second lane just before exit 7D, I slowly came to stop as there was a stationary vehicle in front of mine.

Shortly after I stopped my vehicle, I noticed a van (GBK4104B) behind travelling at a relatively fast speed towards me. At this juncture, I knew that he would not be able to slow down in time and thus braced for impact. There was no way for me to steer away to avoid the collision as there were vehicles around me.

The van indeed collided onto the rear of my vehicle. After the collision, I made a check on my passenger and he claimed that he was experiencing some pain on his neck however he mentioned that there was no need for medical attention. I then alighted my vehicle to make an assessment of the damages on my vehicle. The driver of the van claimed that he had applied the brakes but have no idea why the collision still happened.

The driver of the van was asking how to go about settling the damages of the vehicle, but I told him that my vehicle belongs to a rental company thus I am unable to settle the issue with him there and then. After which, we exchanged particulars and my passenger requested for me to continue the trip to his destination.

I wish to state that I did experience slight pain on both my left arm and leg. There is some soreness on my left leg as well. I had since went for doctor consultation and was given 5 days MC for my injuries. I will be notifying my company GOJEK after lodging this report. That is all.



**SINGAPORE
POLICE FORCE**



T/20220810/2027

Police Station Of Origin:
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Report No. T/20220810/2027

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20220810/2027

4 of 4

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20220810/2027

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:
G/
SGT 3 ROY WANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/08/2022 12:39

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168