

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	15/09/2022 18:41 (SGT)
Reported by	Driver
Date of Accident	15/09/2022 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD EXITING BKE TOWARDS WOODLANDS AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD613R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
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	1998

INSURANCE COMPANY

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

DRIVER

Name of Driver	CHNG TECK CHAI
NRIC No	SXXXX626C
Date Of Birth	05/11/1948
Occupation	Outdoor

of Driving Pass	19/01/1968
Driving experience	54 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91890963
Alt. Phone Number	-
Email Address	tc376b@gmail.com
Address	HDB Hougang Dewcourt, 376B Hougang Street 32 #17-26
Address complement	-
Postcode	532376
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?	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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO. T/20220915/2151 LODGED AT HOUGANG 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

Registration Number	SNA5454U
Vehicle Manufacturer	Mercedes
Vehicle Model	E200 SEDAN AVG
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAN AIK CHONG, JONATHAN
NRIC No	SXXXX336I
Contact Number	(Phone) +65-91890963
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	CHNG TECK CHAI
Gender	Male
Phone No	(Phone) +65-91890963
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD613R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law firms/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' law firms/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 law firms/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

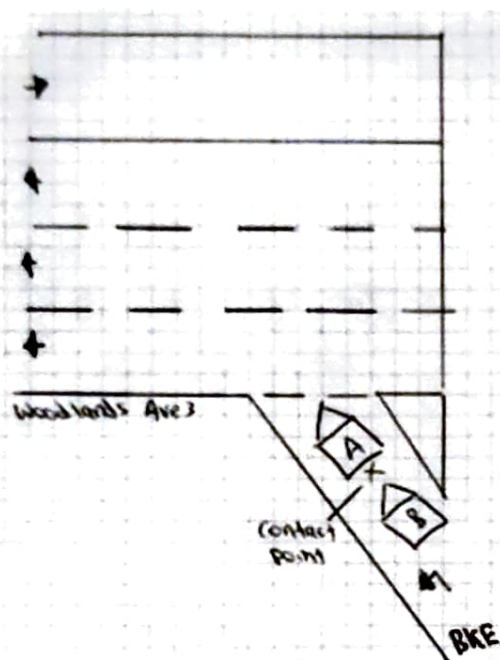
Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM



Veh A: SHD 613R
Veh B: SNA5454U

[Handwritten signature]

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

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO. T/20220915/2151

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220915/2151

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 1

Report No. T/20220915/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2022 14:05		Vide Report No.:		Station Diary No.: 75	
Informant's Particulars					
Name of Informant: CHNG TECK CHAI			Address: APT BLK 376B HOUGANG STREET 32 #17-26 SINGAPORE 532376		
ID Type / ID No.: NRIC NO / S0653626C			Contact No.: Home/Office: Mobile: 91890963		
Nationality: SINGAPORE CITIZEN			Email: tc376b@gmail.com		
Sex: Male	Age: 73	Date of Birth: 05/11/1948	Type of Informant: Driver		
Race: Chinese			Language:		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: 15/09/2022 08:25	Type of Location: Slip Road from BKE to Woodlands Avenue 3
Location: WOODLANDS AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SHD613R	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	1
SNA5454U	Car	MERCEDES BENZ	E200 SEDAN AVG	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220915/2151

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20220915/2151

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHNG TECK CHAI	ID No.	S0653626C
Related Vehicle	SHD613R (Car)	Contact No.	91890963
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/09/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15/09/2022 at about 0825hrs, I was driving my taxi (Vehicle Registration Plate Number: SHD613R), on the slip road exiting BKE towards Woodlands Avenue 3. I slowed down and stopped the vehicle for a few seconds to look out for oncoming vehicles before moving out to the main road of Woodlands Avenue 3, when a vehicle (Registration Plate Number: SNA5454U) collided into the rear of my vehicle. The sudden big impact caused me to jerk forward, causing my neck and lower back to be painful. The driver of SNA5454U and I went out of our vehicles to make a check on the vehicle damages and exchanged particulars. I then went to Mount Alvernia Hospital to seek treatment for my injury and received 5 days MC. I am unsure of the cost of the vehicle damages. I wish to state that I do not have any in-car dash camera in my vehicle, however, vehicle SNA5454U have an in-car dash camera.



SINGAPORE POLICE FORCE

Police Station Of Origin
Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20220915/2151

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Report No: T/20220915/2151

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 /
SGT 2 SITI AISYAH UMAIRAH
BINTE MOHAMAD MOKHTAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/09/2022 14.05

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

Classification Of Case:

NP168