

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	12/09/2022 13:50 (SGT)
Reported by	Driver
Date of Accident	11/09/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Yishun Street 41
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY763X
-----------------------------------	---------

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	Income Insurance Limited
Policy Number / Cover Note Number	5128626563

DRIVER

Name of Driver	TOH CHENG POH
NRIC No	S1507923A
Date Of Birth	15/11/1961
Occupation	Outdoor

Date Of Driving Pass	29/05/1979
Driving experience	43 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91008505
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	APT BLK 502D YISHUN STREET 51
Address complement	#08-456
Postcode	S764502
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)	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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
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	SJT6981E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SARAVANAN S/O JAYA PALAN
NRIC No	S7809057Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 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:

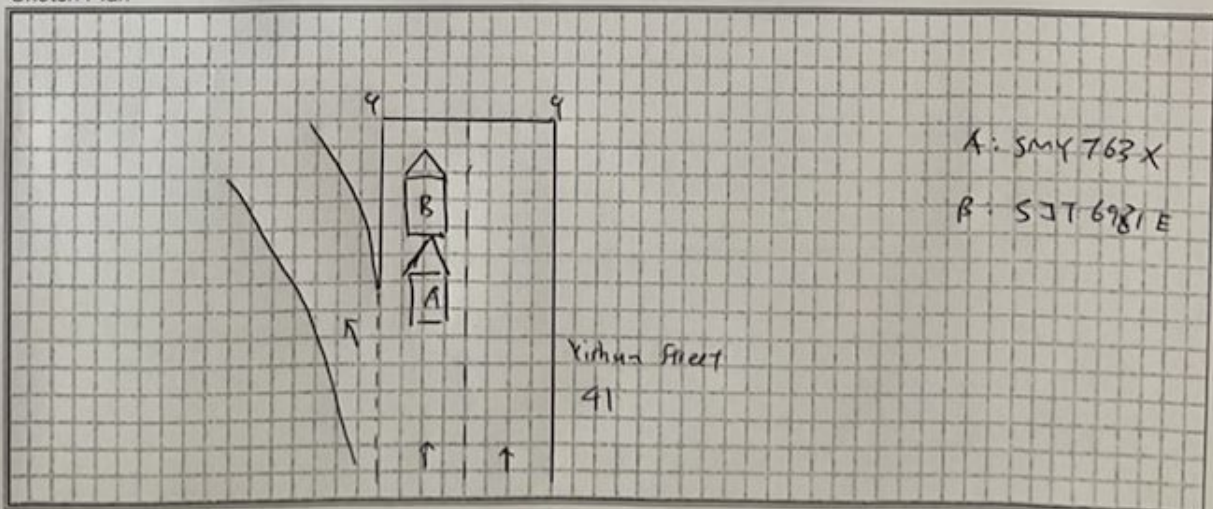
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

Refer to police report: F-120220911/2013

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 Centre Personnel
(Name as in NRIC/ID card)












**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



F/20220911/2013

1 of 2

Report No. F/20220911/2013

Date/Time Report Made 11/09/2022 11:18	Vide Report No.	Station Diary No. 29
Name Of Informant TOH CHENG POH	Address APT BLK 502D YISHUN STREET 51 #08-456 SINGAPORE 764502	
ID Type / ID No. NRIC NO / S1507923A	Contact No. Home/Office Mobile 91008505	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation PRIVATE HIRE DRIVER	Sex Male	Age 60
Institution/School Name	Date of Birth 15/11/1961	Race Chinese
Date/Time Of Incident 11/09/2022 08:05 - 11/09/2022 08:05	Location Of Incident YISHUN STREET 41 SINGAPORE JUNCTION YISHUN RING ROAD	

Brief details.

On 11/09/2022 at about 08.05am, I was driving my silver Toyota Prius car, SMY763X, and had stopped at a red light traffic junction of Yishun Street 41 and Yishun Ring Road when suddenly a grey Mercedes car, SJT6981E, which was half-a-car-length in-front of me, switched to its reverse gear and was reversing into my car. I honked once continuously, but the said car did not stop and it collided into the front part of my car. Due to the collision, my car's front bumper was a bit out of alignment and my front car number plate was very dented.

Signature Of Officer Recording The Report: F / SR STAFF SGT MUHAMMAD SHAH RUL AMEEN BIN ABDULLAH SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2022 11:18
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / INSP (2) KANG YONG RUI, JONATHAN Contact No.: 62181343	Classification Of Case:

**SINGAPORE
POLICE FORCE**

F/20220911/2013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220911/2013

I then spoke to the driver of the said car, Mr. Saravanan s/o Jaya Palan S7809057Z, and I asked him why he had reversed into my car. He did not answer. He then claimed that I collided into the rear of his car. He also requested me to show him the in-car camera footage. I told him that he was the one who reversed into my car and why should I show it to him. He suddenly used his right forearm to shove me in my front chest. His front male Indian passenger intervened and stopped him. I did not retaliate. We then managed to exchange our drivers' license particulars.

This the first time such incident happened to me. I am not sure whether my in-car camera was recording during the incident and I am not sure how to extract the video footage from the SD card. I am also lodging this report for insurance claim. I have no injury on me and I do not feel any pain. I do not wish to seek any medical treatment.

Subjects Involved			
Defendant			
Person Name	SARAVANAN S/O JAYA PALAN		
ID Type	NRIC NO	ID No	S7809057Z
Gender	Male	Age	44
Race	Indian		

Signature Of Officer Recording The Report:

F / SR STAFF SGT MUHAMMAD
SHAHRUL AMEEN BIN ABDULLAH
SANISignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
INSP (2) KANG YONG RUI, JONATHAN
Contact No.: 62181343

Signature Of Informant:

Date/Time:
11/09/2022 11:18

Classification Of Case: