

## 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 ..... 20/09/2022 12:08 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/09/2022 23:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Elias rd  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5062C

#### 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 ..... -

#### 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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
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 ..... LIM GUAN HOCK  
NRIC No ..... S1182069G  
Date Of Birth ..... 23/01/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/07/1980
Driving experience .....	42 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83836606
Alt. Phone Number .....	-
Email Address .....	Desmond.limgh@gmail.com
Address .....	HDB Pasir Ris, 417 Pasir Ris Drive 6 510417
Address complement .....	12-235
Postcode .....	510417
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 - Cross Junction
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) .....	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 .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

As police report

#### 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 .....	SMU9407L
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Niro

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DHANARAJ THOMAS JEYARAJ
NRIC No .....	S1404852I
Contact Number .....	(Phone) +65-97614472
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

PASSENGER 1

Name .....	P1
Gender .....	Female

PASSENGER 2

Name .....	P2
Gender .....	Male

PASSENGER 3

Name .....	P3
Gender .....	Male

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LIM GUAN HOCK
Gender .....	Male
Phone No .....	(Phone) +65-83836606
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC5062C
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

\_\_\_\_\_  
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.:

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As police report

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

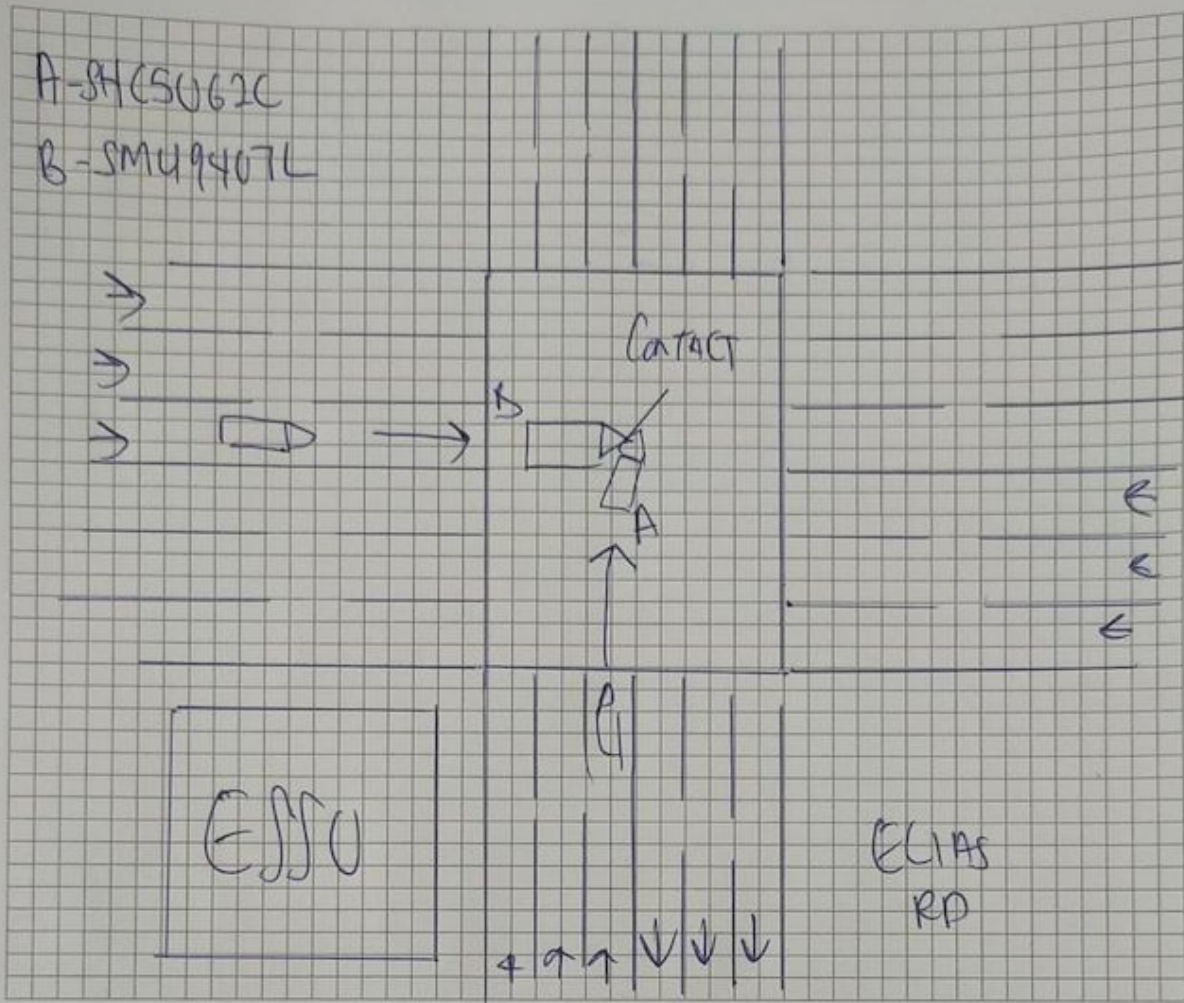
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMED SHARIL BIN SATAR**

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Ver. Jun2022

ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed By Reporting Officer  
Mohamed Sharil Bin Satar

Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD







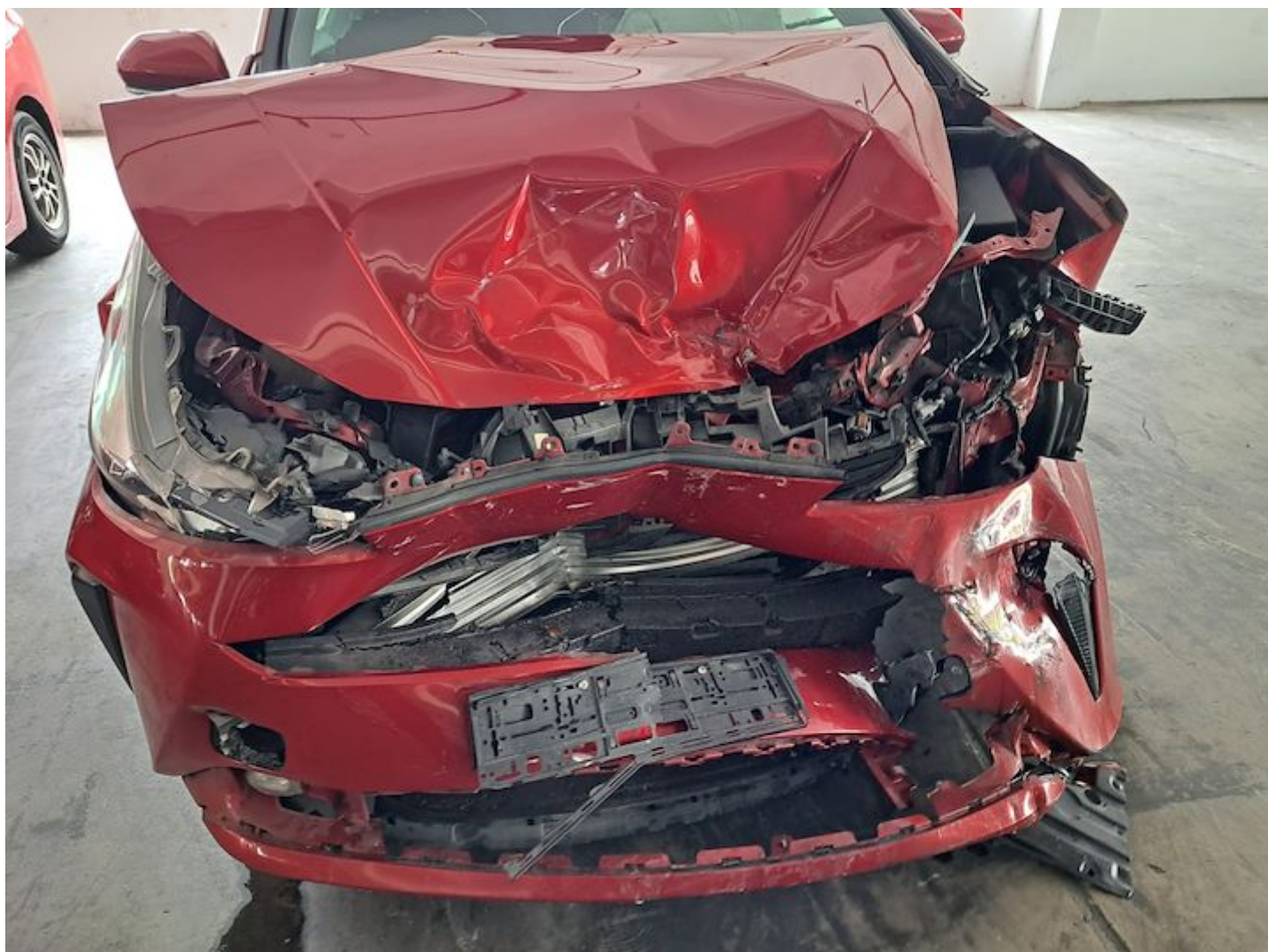










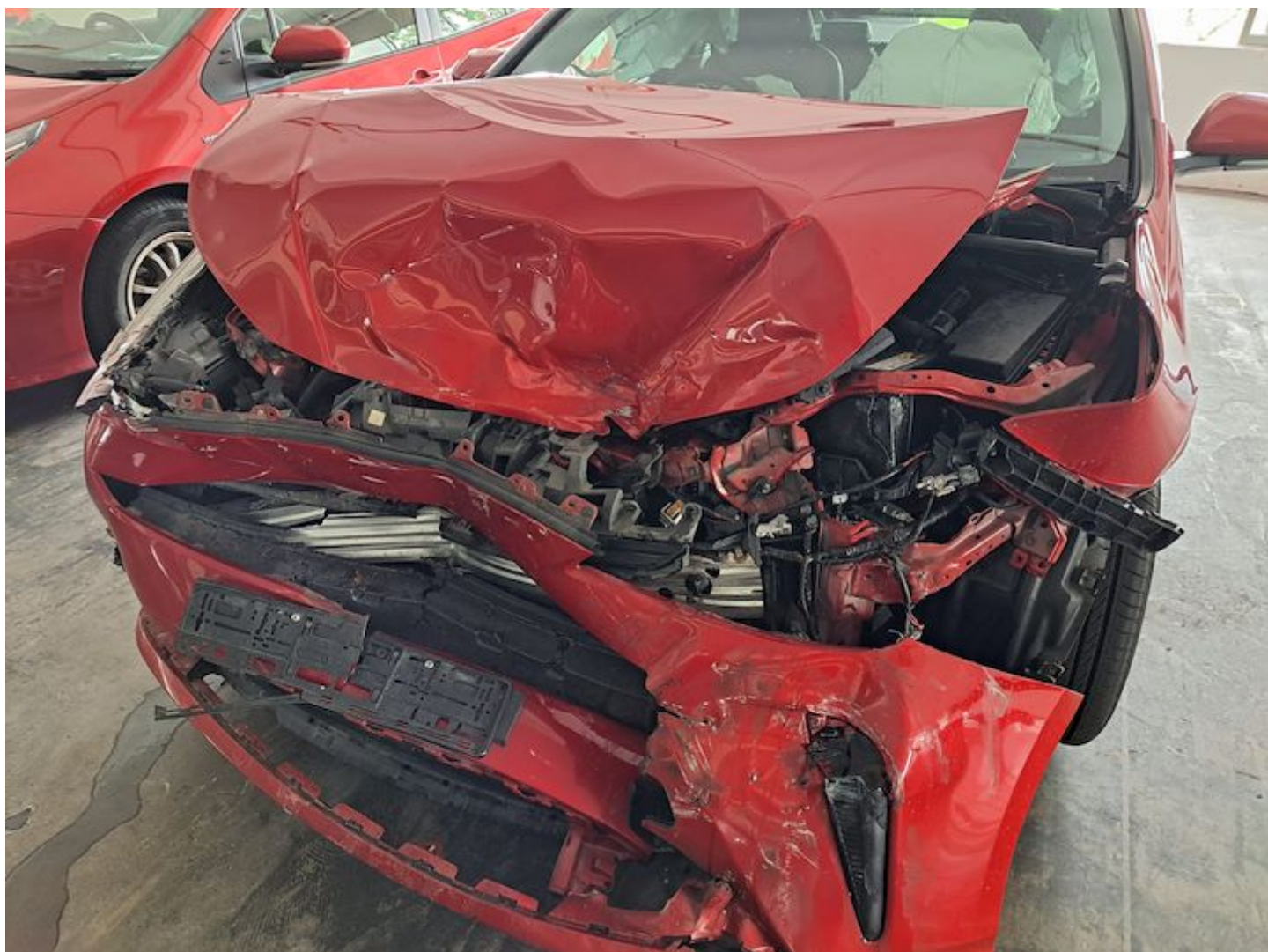














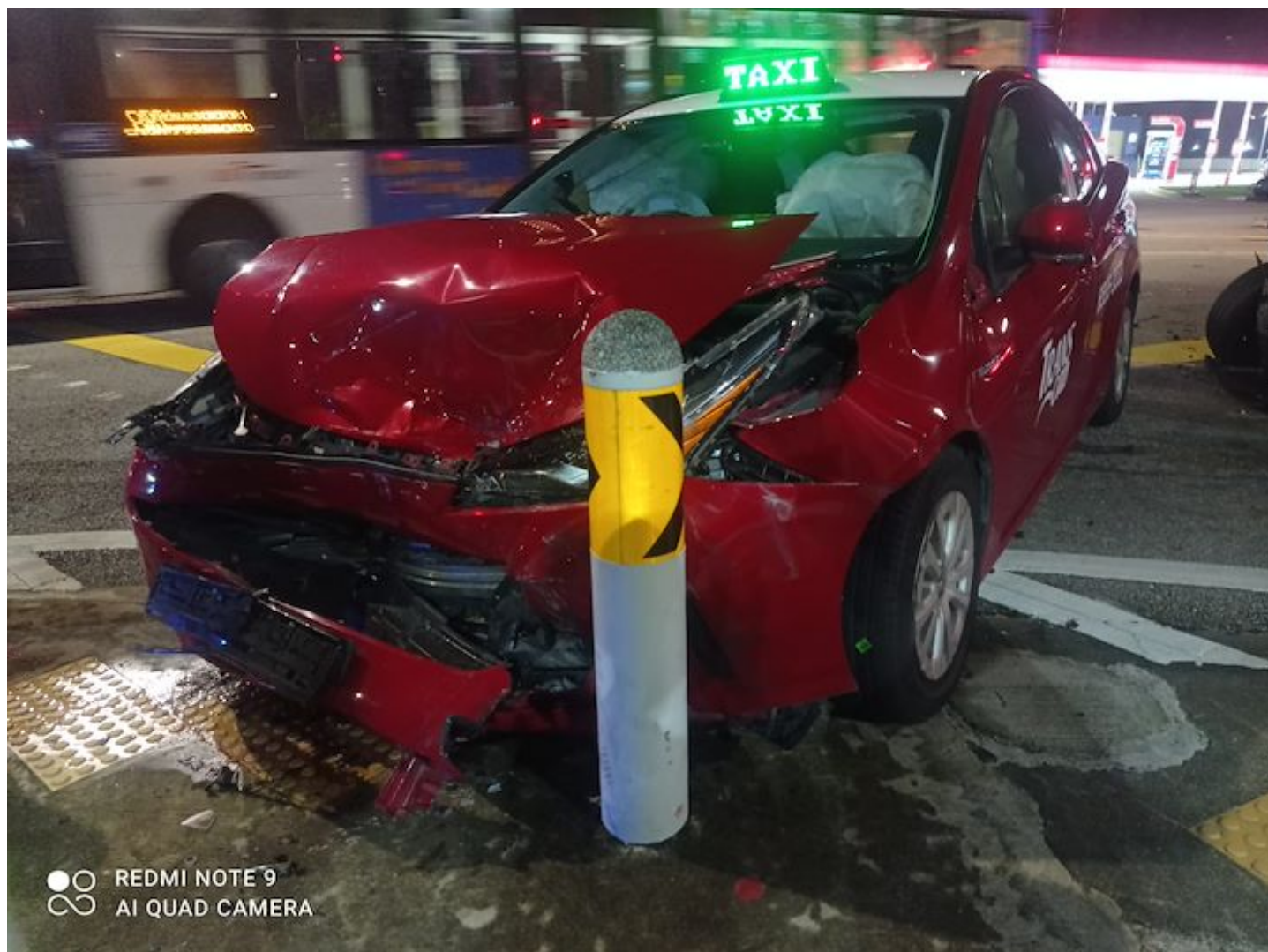




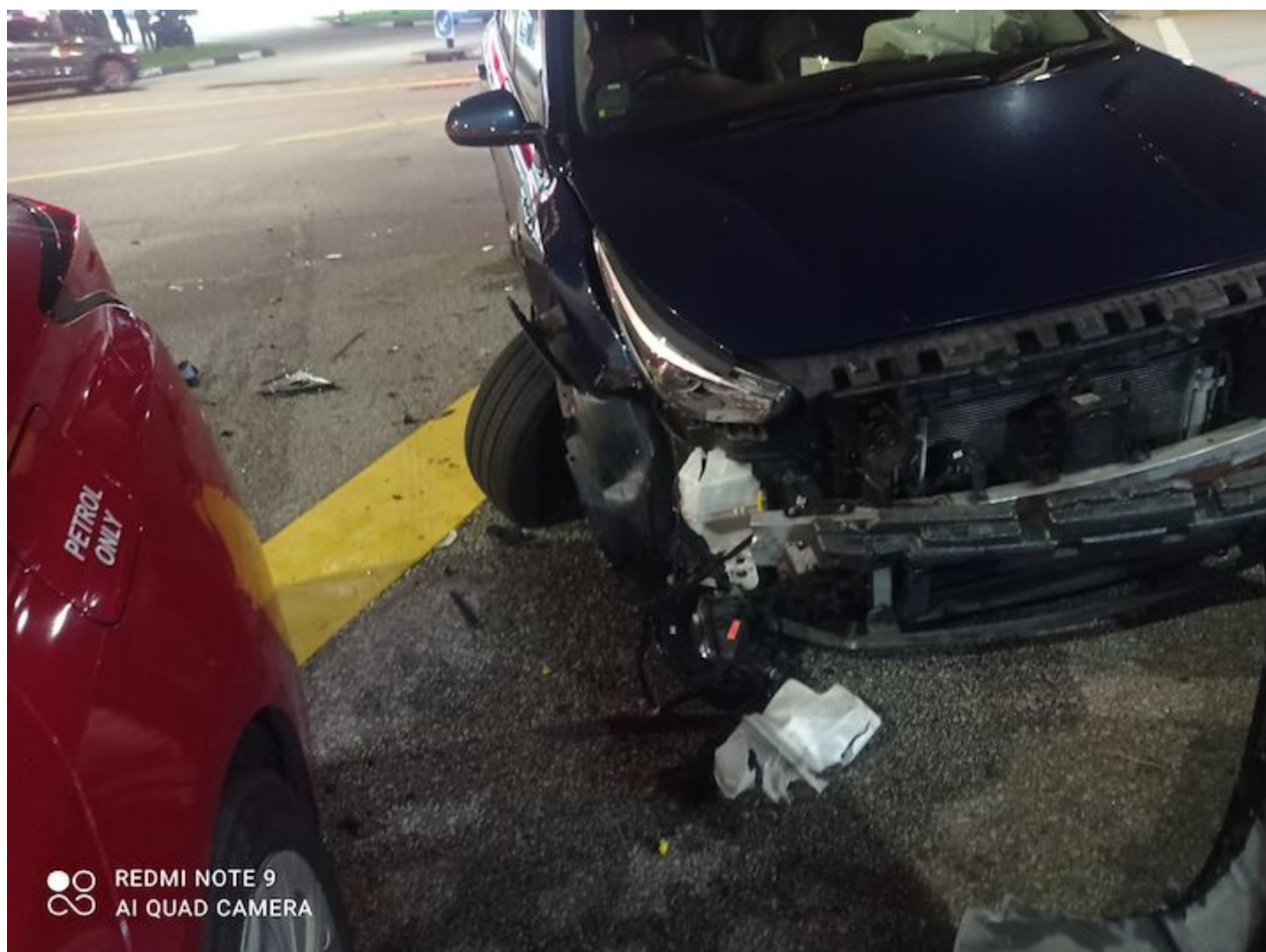




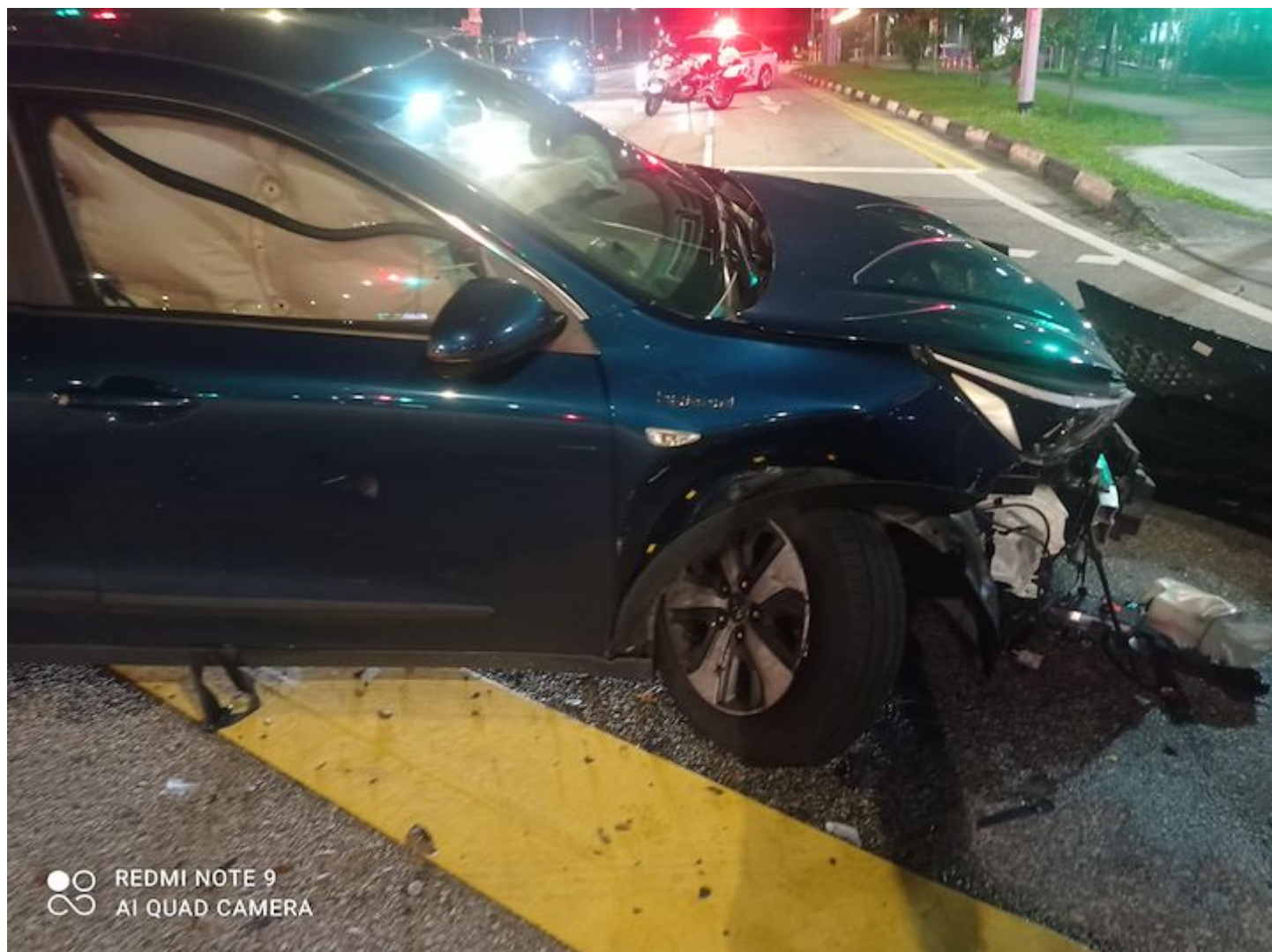










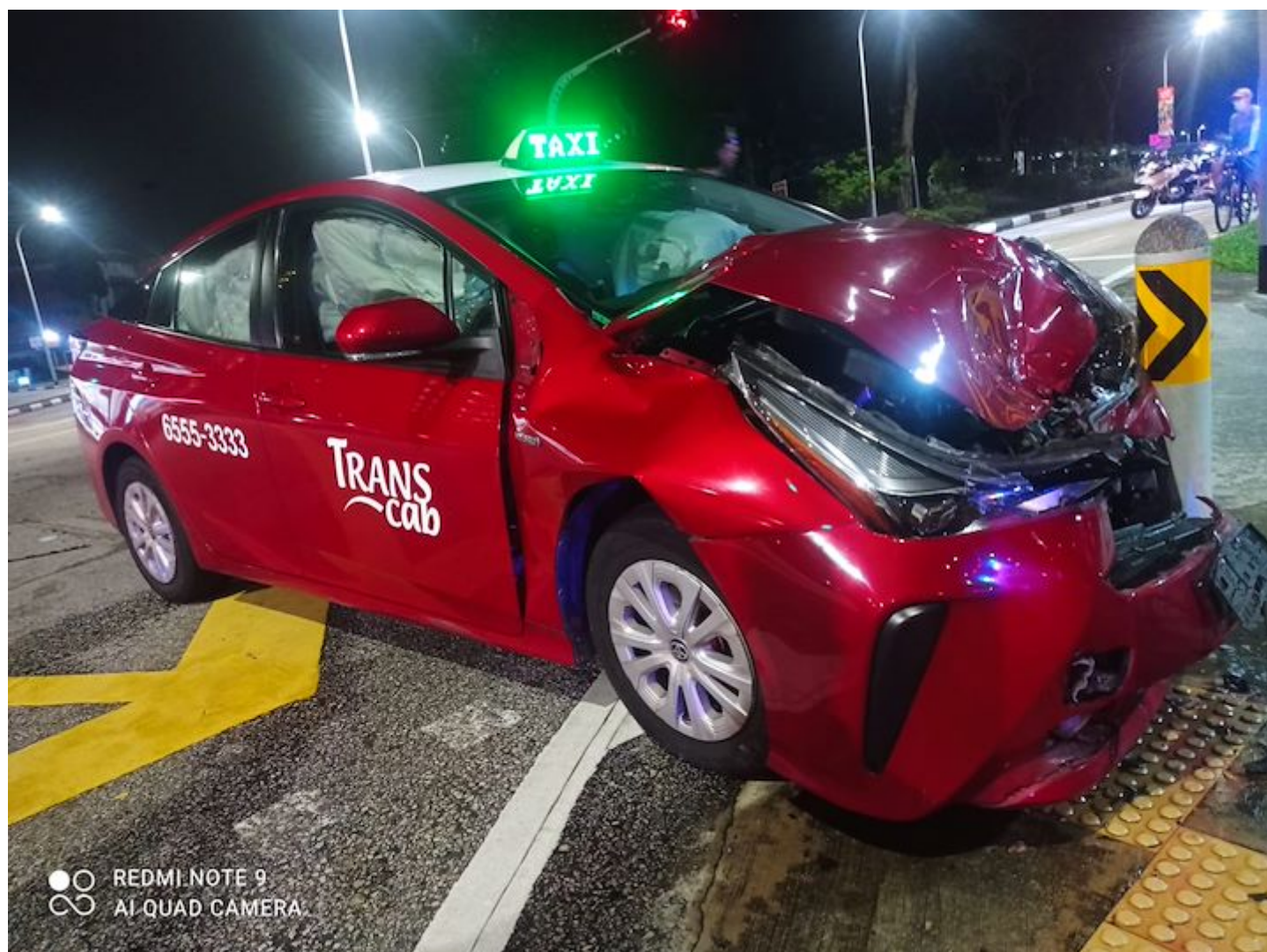















**SINGAPORE  
POLICE FORCE**


T/20220919/2076

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 4

Report No. T/20220919/2076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/09/2022 19:41	Vide Report No.:	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: LIM GUAN HOCK		Address: APT BLK 416 PASIR RIS DRIVE 6 #12-235 SINGAPORE 510416	
ID Type / ID No.: NRIC NO / S1182069G		Contact No.: Home/Office: Mobile: 83836606	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 23/01/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2022 23:45	Type of Location: JUNCTION OF ELIAS RD TOWARDS PASIR RIS DR 1
Location: ELIAS 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	Condition	No of Passenger
SHC5062C	Car				Seriously Damaged	0
SMU9407L	Car				Seriously Damaged	3





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Tel No: 1800-5852999



T/20220919/2076

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Report No. T/20220919/2076

**CONTINUATION OF REPORT**

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM GUAN HOCK	ID No.	S1182069G
Related Vehicle	SHC5062C (Car)	Contact No.	83836606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	DHANARAJ THOMAS JEYARAJ	ID No.	S1404852I
Related Vehicle	SMU9407L (Car)	Contact No.	97614472
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

**Brief Details.**

On 18/09/2022 at about 1145, I was driving my vehicle (SHC5062C) at the junction along Elias Rd towards Pasir Ris Dr 1. As I was turning right to Pasir Ris Dr 1, there is an oncoming vehicle (SMU9407L) approached from my left from Pasir Ris Dr 1 collided onto my left side vehicle.

However, the collision impact causes both of our car to travel about 30m where it finally came to a stop after hitting the bollard nearby. Upon stopping, I was in a great amount of pain, and as I was seated in the car, I noticed that my airbag was not in working condition as it was completely deflated and there were smoke coming out from my car hood.

Subsequently, there was some passerby came over to open the door and assist me out of my taxi. Shortly after, there was ambulance and traffic police came to attend the accident. I was then checked by the paramedics, and I informed them that I will go to the hospital on my own after I have settled the accident issue. I have also informed the traffic police on my decision as well.

Afterwards, I approached the other driver and asked about his wellbeing and confirmed that him and three other passengers in his vehicle is not injured. As such, we exchanged particulars, took photo of the damages, and contacted our respective tow truck to tow the vehicle away and decided to claim insurance.

I then took a taxi and headed straight to Changi General Hospital to have my injuries checked. I was kept under observation as I have chest pain due to the accident and was released by the doctor at about

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19/09



**SINGAPORE  
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T/20220919/2076

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Police Station Of Origin:  
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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20220919/2076

**CONTINUATION OF REPORT**

19/09/2022 at about 6pm and was given a 3-days MC (SSU2022164105) from 19/09/2022 to 21/09/2022.

My vehicle suffered damages on the left side vehicle and the front bumper was seriously damaged. The other vehicle suffered serious damage on the front bumper.  
I wish to state that the in-car dash camera footage is with my taxi company.

I also wish to state that I do not have the traffic accident report number.

**SINGAPORE  
POLICE FORCE**

T/20220919/2076

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20220919/2076

**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 2 MCLEO HO JIANFEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/09/2022 19:41

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

NP168