

# 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 ..... 19/09/2022 12:55 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 17/09/2022 17:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE TOWARDS SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB7678T

### 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 ..... 5DR HATCHBACK (AUTO)  
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 ..... 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 ..... PEH BOON CHYE  
NRIC No ..... SXXXX698C  
Date Of Birth ..... 02/08/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	18/02/1982
Driving experience .....	40 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91008196
Alt. Phone Number .....	-
Email Address .....	Vincentpeh123@gmail.com
Address .....	430B YISHUN AVE 11
Address complement .....	#08-408
Postcode .....	762430
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 .....	3
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? .....	Yes
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	NANDA BAYESKEN MASLAN
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

PLEASE REFER TO POLICE REPORT LODGED AT CHANGKAT NPP. VIDE REPORT NO T/20220917/2075.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNC3169X
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Cerato
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	JERRETT
Contact Number .....	(Phone) +65-96482400
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLU3052C
Vehicle Manufacturer .....	BMW
Vehicle Model .....	X1
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	NA
Contact Number .....	-
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 .....	PEH BOON CHYE
Gender .....	Male
Phone No .....	(Phone) +65-91008196
Address .....	430B YISHUN AVE 11
Address Complement .....	#08-408
Post Code .....	762430
Approximate Age Years Old .....	-
Injuries Sustained .....	SORE BACK AND NECK
Injured person in which vehicle? .....	SHB7678T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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' 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 Officer  
Hashim Bin Kamari

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

AS PER ATTACHED POLICE REPORT LODGED AT CHANGKAT NPP, VIDE REPORT NO T/20220917/2075.

**Declaration**

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

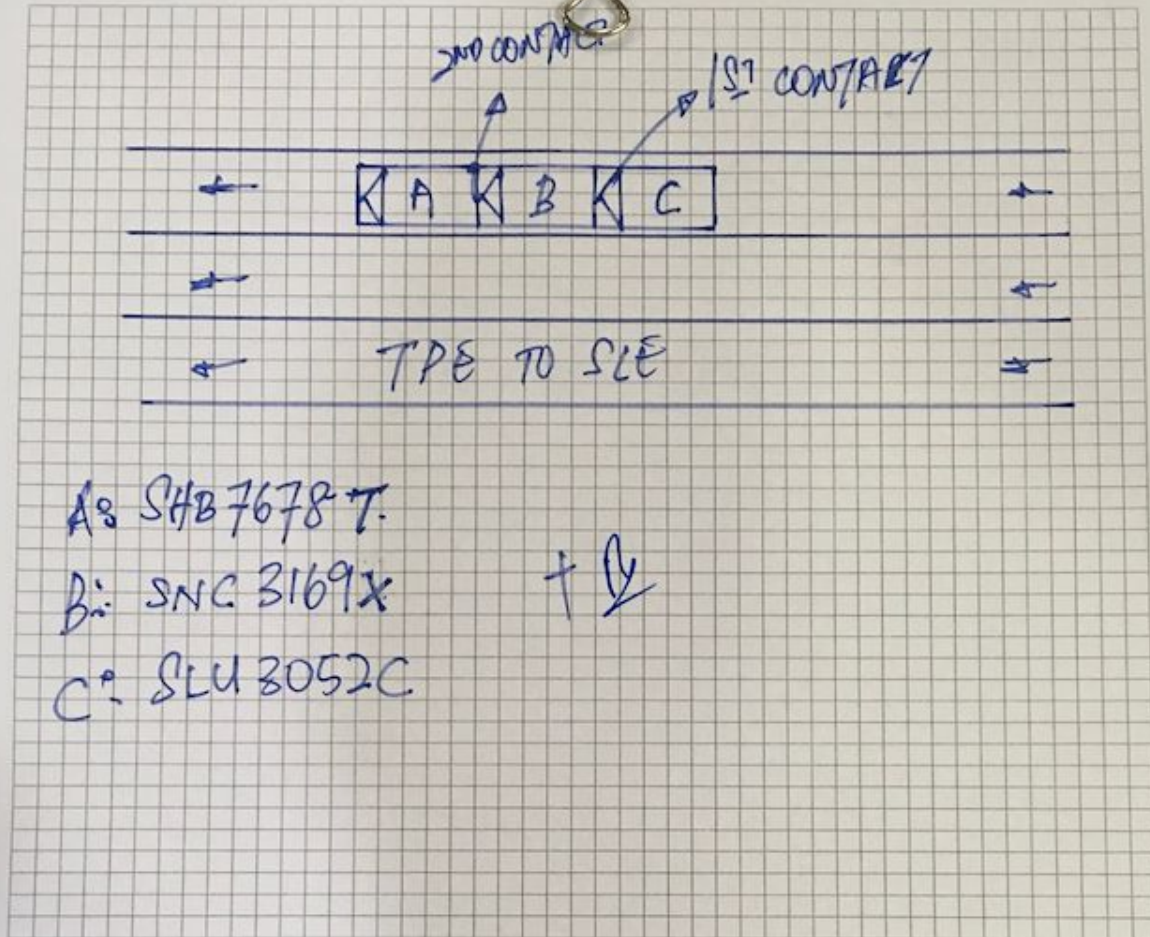
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed By Reporting Officer  
Hashim Bin Kamari  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Hashim Bin Kamari

Witnessed by Reporting Centre  
Personnel























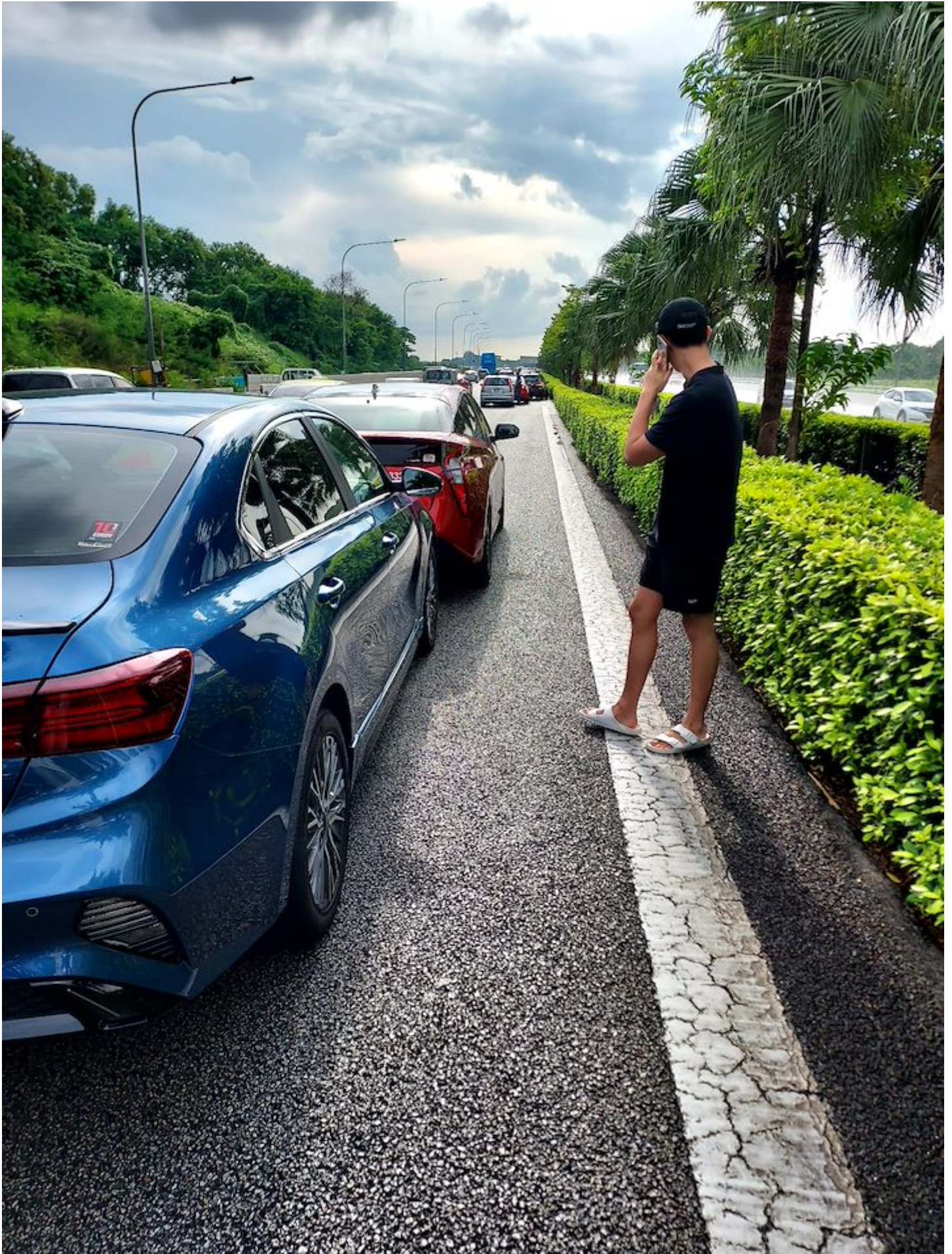






























**SINGAPORE  
POLICE FORCE**

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



T/20220917/2075

1 of 3

Report No: T/20220917/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2022 21:34	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: PEH BOON CHYE		Address: APT BLK 430B YISHUN AVENUE 11 #08-408 SINGAPORE 762430	
ID Type / ID No.: NRIC NO / S1652698C		Contact No.: Home/Office: Mobile: 91008196	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 02/08/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2022 17:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHB7678T	Car				Slightly Damaged	1
SLU3052C	Car				Slightly Damaged	0
SNC3169X	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220917/2075

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

2 of 3

Report No. T/20220917/2075

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	PEH BOON CHYE	ID No.	S1652698C
Related Vehicle	SHB7678T (Car)	Contact No.	91008196
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	17/09/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Jarrett	ID No.	NIL
Related Vehicle	SNC3169X (Car)	Contact No.	96482400
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 the above mentioned date, time and location, I was driving along the 1st lane of TPE towards SLE. I then noticed that there was a jam ahead due to an accident in front. As such, I had to come to a stop. However, just as I came to a stop, another vehicle (SNC3169X) collided into the rear of my vehicle.

It was only on further inspection did I understand that it was a chain collision, where SLU3052C collided into the rear of SNC3169X which collided into my vehicle. I then exchanged contact details with the driver of SNC3169X before we left. My vehicle suffered minor scratches to the rear of the car, although I am not sure of the extent of the interior damages.

I then went to seek medical assistance for my sore back and neck and got a 3 day MC vide OD-TP0000403441 from 17/9/22 to 19/9/22. I do have an in-car camera installed in my vehicle.




**SINGAPORE  
POLICE FORCE**

Police Station: 221-2211  
 221-2211 (24 hours)  
 221-2211 (24 hours)  
 221-2211 (24 hours)

17/09/2022 17:20:16  
 Report No. T/20220917/2075

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 SHOW XIN DA, DYLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2022 21:34
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168