

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 02/11/2022 18:56 (SGT)
Reported by Driver
Date of Accident 01/11/2022 23:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG ANG MO KIO AVE 3 JUNCTION OF ANG MO KIO
CENTRAL 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5524G

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 - Claiming third party
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 TOH KAI KOK
NRIC No S1370114H
Date Of Birth 22/04/1959

Occupation	Outdoor
Date Of Driving Pass	21/10/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97395466
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Bukit Panjang Estate, 243 Bukit Panjang Ring Road.#15-179
Address complement	-
Postcode	(S)670243
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20221102/7001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG5632R
Vehicle Manufacturer	Mercedes
Vehicle Model	A180

Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOH KAI KOK
Gender	Male
Phone No	(Phone) +65-97395466
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5524G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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 body/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 law vers/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

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.T/20221102/7001

Declaration

We declare the foregoing particulars are true in every respect.



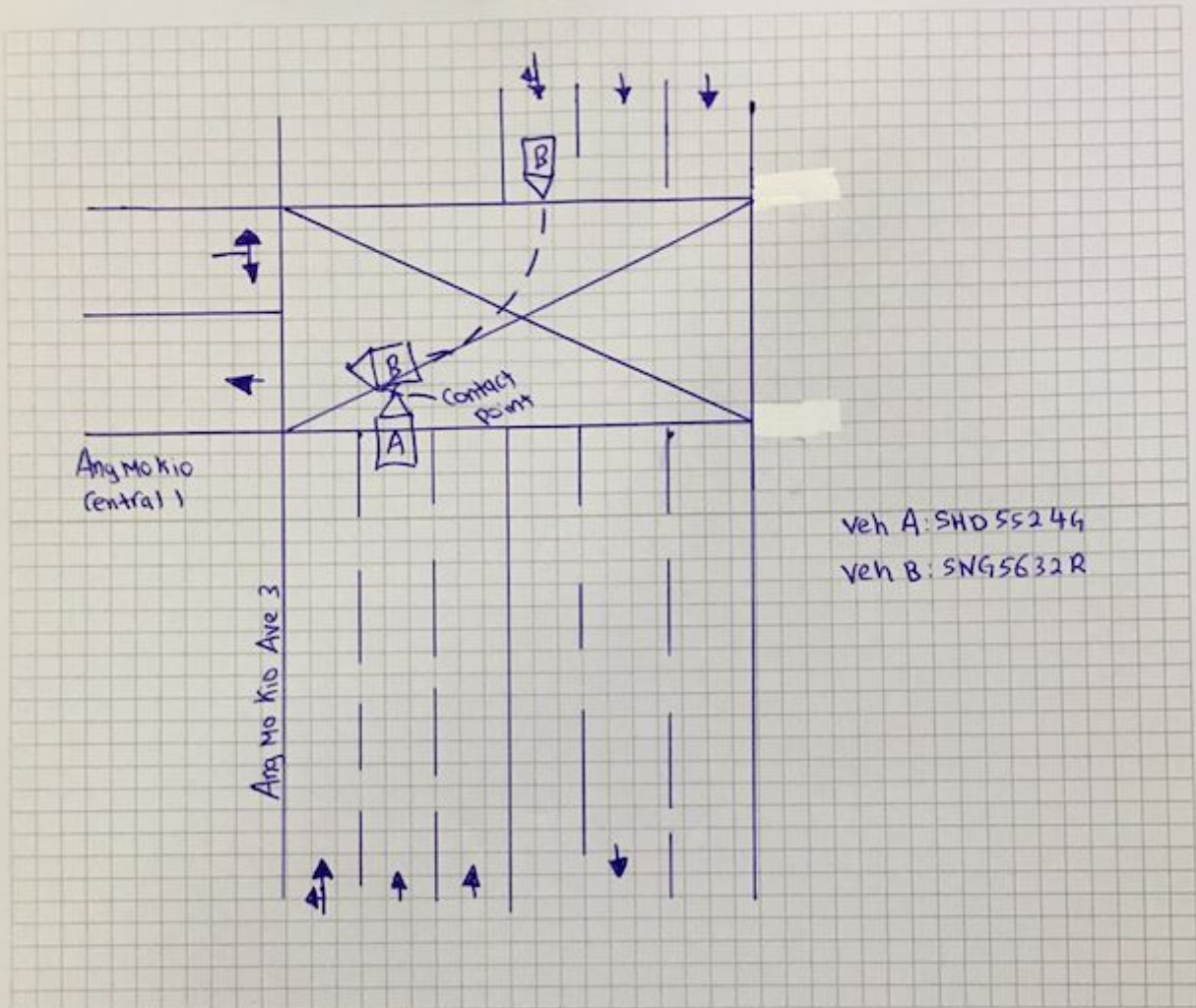
Policyholder's Signature / Date &
Time

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

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













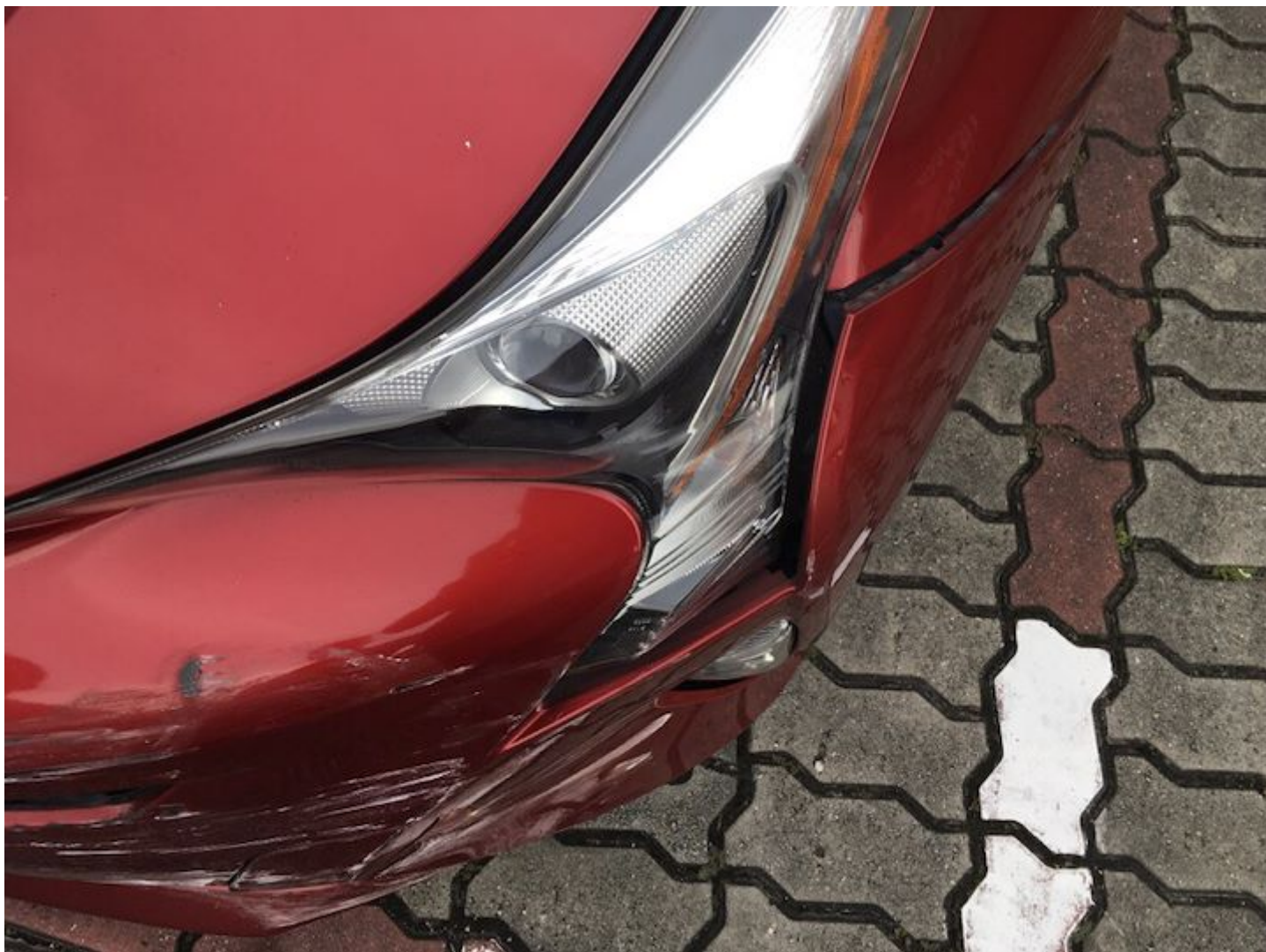


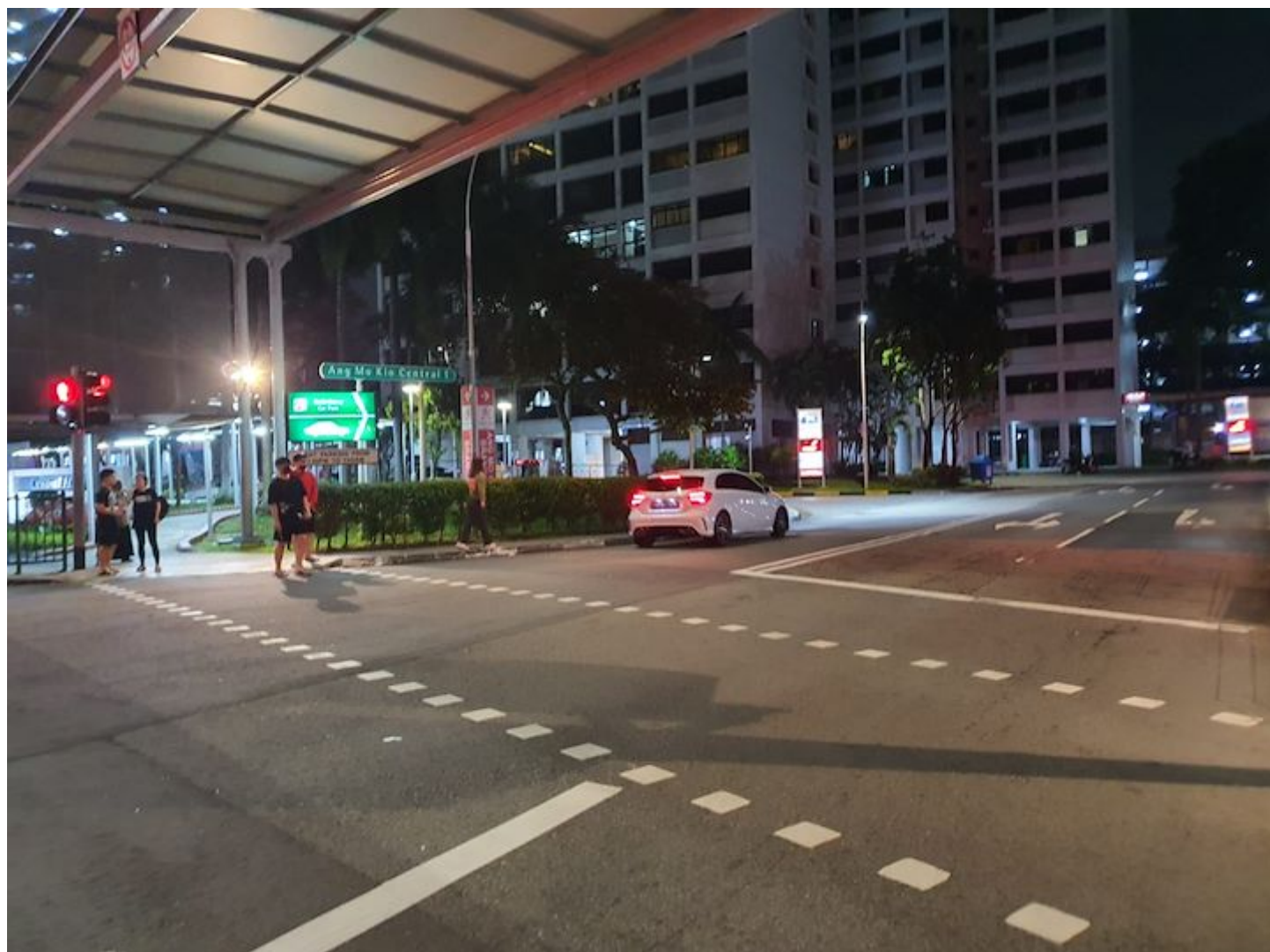


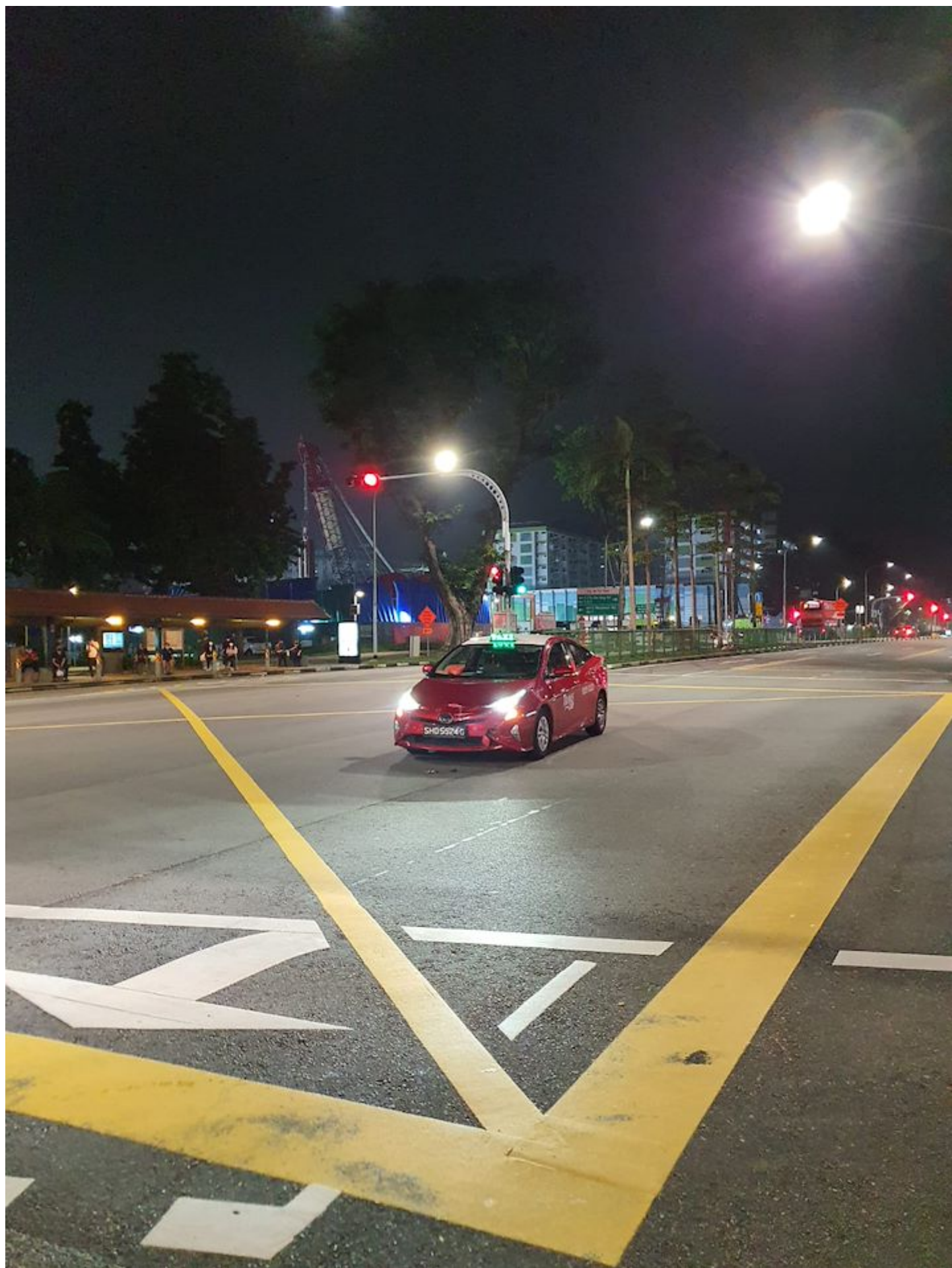




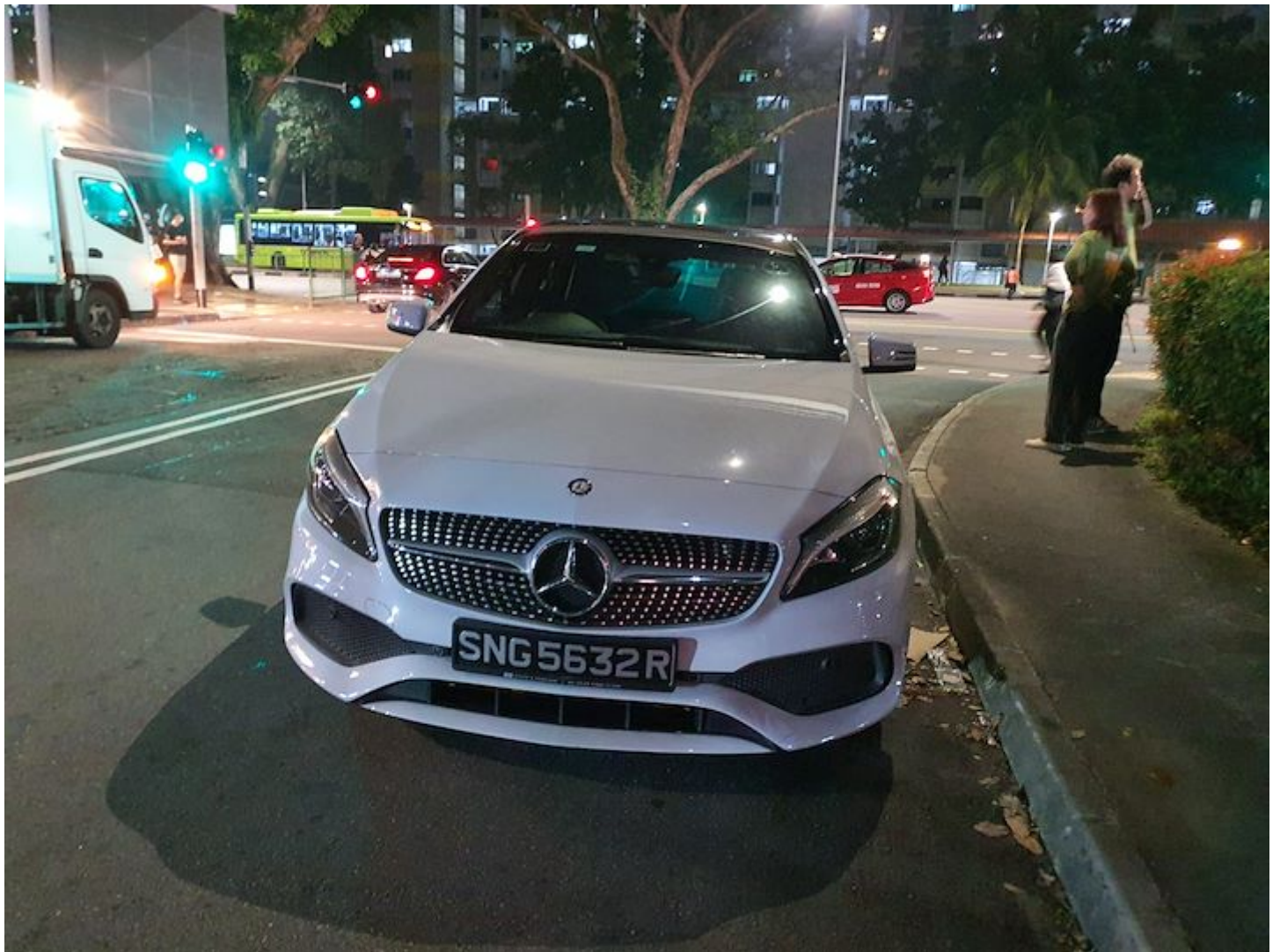














**SINGAPORE
POLICE FORCE**



T/20221102/7001

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221102/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 00:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH KAI KOK			Address: 243 BUKIT PANJANG RING ROAD #15-179 SINGAPORE 670243	
ID Type / ID No.: NRIC NO / S1370114H			Contact No.: Home/Office: Mobile: 97395466	
Nationality: SINGAPORE CITIZEN			Email: KAIKOKTOH@GMAIL.COM	
Sex: Male	Age: 63	Date of Birth: 22/04/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 23:00	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD5524G	Car				Seriously Damaged	0
SNG5632R	Car					1



**SINGAPORE
POLICE FORCE**



T/20221102/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221102/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH KAI KOK	ID No.	S1370114H
Related Vehicle	SHD5524G (Car)	Contact No.	97395466
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	02/11/2022	Date	02/11/2022
No. of Days granted Medical Leave	02	Degree of	Serious

Brief Details.

I TOH KAI KOK S1370114H WAS THE DRIVER VEHICLE OF SHD 5524 G. I WAS TRAVELING ON ANG MO KIO AVE 3 TOWARDS AMK HUB. AT THE JUNCTION OF ANG MO KIO CENTRAL 1 AND ANG MO KIO AVE 3. I WAS GOING STRAIGHT ON THE MIDDLE LANE IN THE SPEED LIMIT OF THE ROAD. THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR AND I PROCEED TO CROSS THE JUNCTION. OUT OF A SUDDEN THERE WAS A VEHICLE BEAR CARPLATE SNG 5632 R MAKE A DISCRETIONARY RIGHT TURN FROM THE OPPOSITE DIRECTION. I TRIED TO AVOID BY JAM BRAKING MY BRAKES BUT STILL COLLIDED ONTO VEHICLE SNG 5632 R LEFT PANEL PORTION. THE IMPACT WAS SO HUGE THAT I WAS IN SHOCK AND PAIN. AFTER AWHILE I CAME DOWN AND TOOK PHOTOS OF THE ACCIDENT SCENE. THE OTHER PARTY OF SNG 5632 R DRIVER ALIGHT FROM HIS VEHICLE TO APOLOGIZE, HE THOUGHT THAT IT WAS CLEAR TO MAKE A DISCRETIONARY RIGHT TURN AND DID NOT REALIZE MY VEHICLE WAS COMING. AFTER EXCHANGE OF CONVERSATION. I WENT TO CONSULT A DOCTOR AT TOA PAYOH UNIHEALTH AND WAS GIVEN 2 DAYS OF MC DUE TO MY INJURIES OF LOWER BACK PAIN, SPINE DISCOMFORT AND CHEST AREA.

THIS TRAFFIC ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSE.



**SINGAPORE
POLICE FORCE**



T/20221102/7001

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221102/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/11/2022 00:49

Classification Of Case: