

# 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 .....              | 04/11/2022 18:13 (SGT)                     |
| Reported by .....                     | Driver                                     |
| Date of Accident .....                | 04/11/2022 11:05 (SGT)                     |
| Exact Location of Accident .....      | Singapore                                  |
| Additional Location Information ..... | CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT |
| Country/State of Loss .....           | Singapore                                  |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SHD215G |
|-----------------------------------|---------|

### 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 .....   | Renault                   |
| Model .....  | Latitude                  |
| Variant .....  | 2.0L DCI AUTO D/AB 4DR    |
| 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 ..... | KOE NGUAN SENG |
| NRIC No .....        | S1593028D      |
| Date Of Birth .....  | 26/08/1963     |
| Occupation .....     | Outdoor        |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 25/07/1992                     |
| Driving experience .....   | 30 YEARS AND 4 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-96729363           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | Claims@transcab.com.sg         |
| Address .....  | HDB Pine Green, 39 Jalan Tiga. |
| Address complement .....   | #12-10                         |
| Postcode .....   | (S)390039                      |
| 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) .....   | 3   |
| 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 .....   | YIP CHOW HENG - 64589608 |
| Gender ..... | Female                   |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | JULAEHA |
| Gender ..... | Female  |

#### DETAILS OF POLICE ACTION

|   |                                     |
|---|-------------------------------------|
| Was the accident reported to the police? .....  | Yes                                 |
| Police Station Name .....                       | Geylang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008486999             |
| Alt. Police Station Phone No .....              | (Fax) +65-68486799                  |
| Police Station Address .....                    | 1 Cassia Link Singapore 397618      |
| Was notice of intended Prosecution given? ..... | No                                  |
| If yes, against whom? .....                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, THE VEHICLE INFRONT OF ME CAME TO A STOP AS ITS A HEAVY TRAFFIC. I FOLLOW SUIT AND STOPPED BEHIND THE FRONT VEHICLE. AFTER FEW SECOND I FELT AN HUGH IMPACT FROM THE REAR. THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND I HAVE CONSULT DOCTOR WITH 5 DAYS MC.

#### 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 .....             | GBC9673J                      |
| Vehicle Manufacturer .....                    | Fiat                          |
| Vehicle Model .....                           | Doblo                         |
| Vehicle Variant .....                         | -                             |
| Vehicle Colour .....                          | White                         |
| Vehicle Category .....                        | Commercial vehicle            |
| Name of Driver .....                          | MOHAMED ZAINAL BIN HAJI HARON |
| NRIC No .....                                 | S1310842J                     |
| 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 .....                              | KOE NGUAN SENG                 |
| Gender .....  | Male                           |
| Phone No .....  | (Phone) +65-96729363           |
| Address .....   | HDB Pine Green, 39 Jalan Tiga. |
| Address Complement .....                                  | #12-10                         |
| Post Code .....   | (S)390039                      |
| Approximate Age Years Old .....                           | -                              |
| Injuries Sustained .....                                  | -                              |
| Injured person in which vehicle? .....                    | SHD215G                        |
| Were seat belts worn? .....                               | Yes                            |
| Was this injured conveyed to hospital by ambulance? ..... | No                             |

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

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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.



Witnessed By Reporting Officer  
Ang Qi Hao, Victor

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, THE VEHICLE INFRONT OF ME CAME TO A STOP AS ITS A HEAVY TRAFFIC. I FOLLOW SUIT AND STOPPED BEHIND THE FRONT VEHICLE. AFTER FEW SECOND I FELT AN HUGH IMPACT FROM THE REAR. THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND I HAVE CONSULT DOCTOR WITH 5 DAYS MC.

**Declaration**

We declare the foregoing particulars are true in every respect.



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

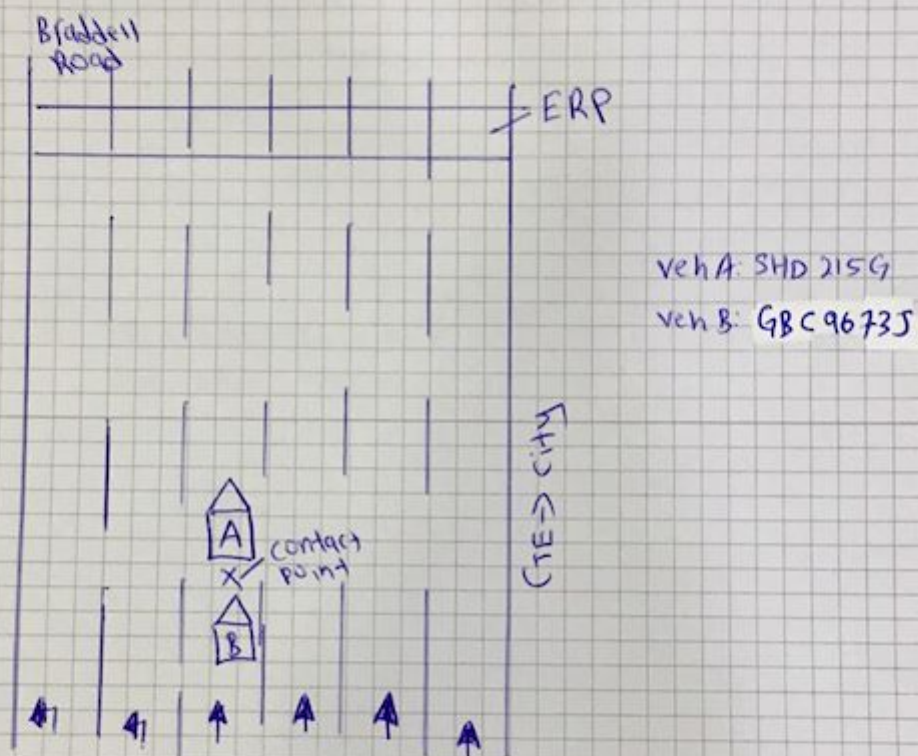
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



Ver. 30042021

ACCIDENT DIAGRAM



*[Signature]*

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

Policyholder's Signature  
& Time:

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

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



# SINGAPORE POLICE FORCE



T/20221104/2104

1 of 4

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20221104/2104

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>04/11/2022 20:42 | Vide Report No.: | Station Diary No.:<br>82 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>KOE NGUAN SENG     |            |                              | Address:<br>APT BLK 39 JALAN TIGA #12-10 SINGAPORE 390039 |                            |
| ID Type / ID No.:<br>NRIC NO / S1593028D |            |                              | Contact No.:  | Mobile: 96729363           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Home/Office:  |                            |
|  |            |                              | Email:  |                            |
| Sex:<br>Male                             | Age:<br>59 | Date of Birth:<br>26/08/1963 | Type of Informant:<br>Driver                              |                            |
| Race:<br>Chinese                         |            |                              | Language:   | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: 3,4                |                            |
|  |            |                              | Date of Expiry:   |                            |

### General Information of the Accident

| General Information of the Accident                          |                  |                      |  |                                     |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>04/11/2022 11:10 | Type of Location:<br>Straight Road  |
| Location:<br><br>CENTRAL EXPRESSWAY                          |                  |                      |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:     |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                      |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type | Make    | Model                           | Color | Condition        | No of Passenger |
|-------------|------|---------|---------------------------------|-------|------------------|-----------------|
| GBC9673J    | Van  | FIAT    | DOBLO CARGO SX JTD 1.6MJ PANEL  | White | Slightly Damaged | 0               |
| SHD215G     | Car  | RENAULT | LATITUDE 2.0L DCI AUTO D/AB 4DR | Red   | Slightly Damaged | 2               |





**SINGAPORE  
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Tel No: 1800-8486999



T/20221104/2104

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Report No. T/20221104/2104

**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                              | MOHAMED ZAINAL BIN HAJI HARON         | ID No.                                 | S1310842J                         |
| Related Vehicle                   | GBC9673J (Van)                        | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                                       |  |                                   |
| Name                              | KOE NGUAN SENG                        | ID No.                                 | S1593028D                         |
| Related Vehicle                   | SHD215G (Car)                         | Contact No.                            | 96729363                          |
| Hospital/Clinic                   | OUR FAMILY PHYSICIAN CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | 04/11/2022                            | Date Discharge                         | 04/11/2022                        |
| No. of Days granted Medical Leave | 05                                    | Degree of Injury                       | Slight                            |

**Brief Details.**

On the 04/11/2022 at about 1108hrs, I was working as a Trans-Cab Taxi Driver driving (SHD215G) with two passengers on board driving on CTE towards PIE East Coast Road.

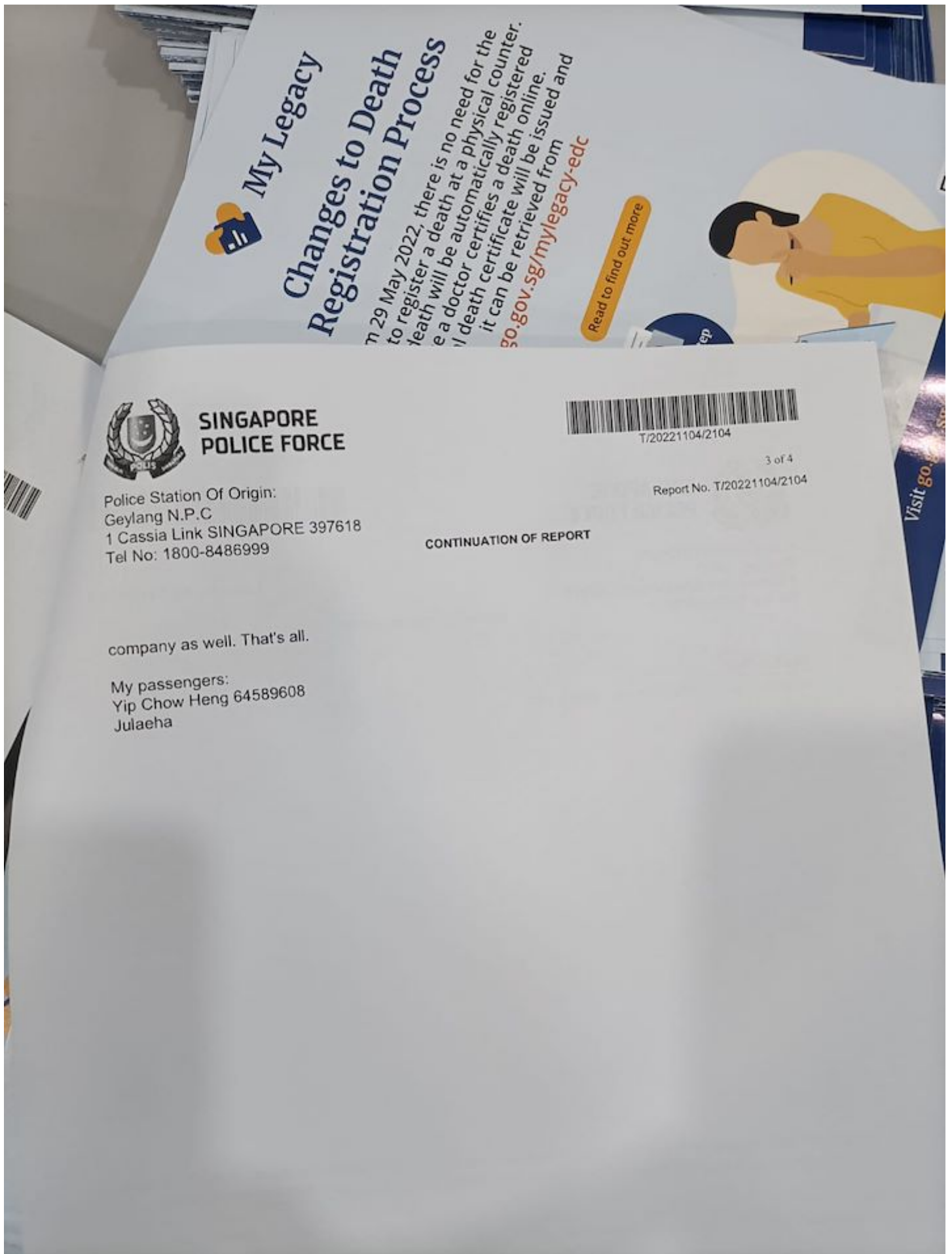
While I was travelling along CTE fourth lane, the traffic was heavy as there are quite a number of vehicles travelling on CTE at that point of time causing a traffic jam. My vehicle was slowly inching forward while there is a white color van (GBC9673J) behind my vehicle also travelling on the same lane.

I then came to a stop as the car in front of me stop moving due to the traffic jam and out of a sudden, I felt a collision that came from the rear of my vehicle as such I went out of my vehicle to make a check and noticed that the white color van (GBC9673J) front collided with the rear of my vehicle (SHD215G). My passengers informed that they do not need medical attention as such I checked with the driver of (GBC9673J). He looks fine.

We then took some photos of the incident and exchanged particulars. Shortly after, I dropped off the passengers at East Coast Road before heading to find my company insurance agent. I then went to Our Family Physician Clinic & Surgery located at 829 Tampines St 81 #01-292 and was given 5 days MC from 04/11/2022 to 08/11/2022 with medications.

My vehicle sustained damages to the rear bumper came off slightly with scratches and cracks, the collision also caused the boot unable to be closed. I am here to lodge a police report on behalf of my taxi







**SINGAPORE  
POLICE FORCE**

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1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999



T/20221104/2104

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Report No. T/20221104/2104

**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 NEO HAO CHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/11/2022 20:42

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

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE