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 witholding 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 INVOVLED 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

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 Authorised 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. The 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.
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 Ang Qi Hao, Victor Witnessed by Reporting Centre Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

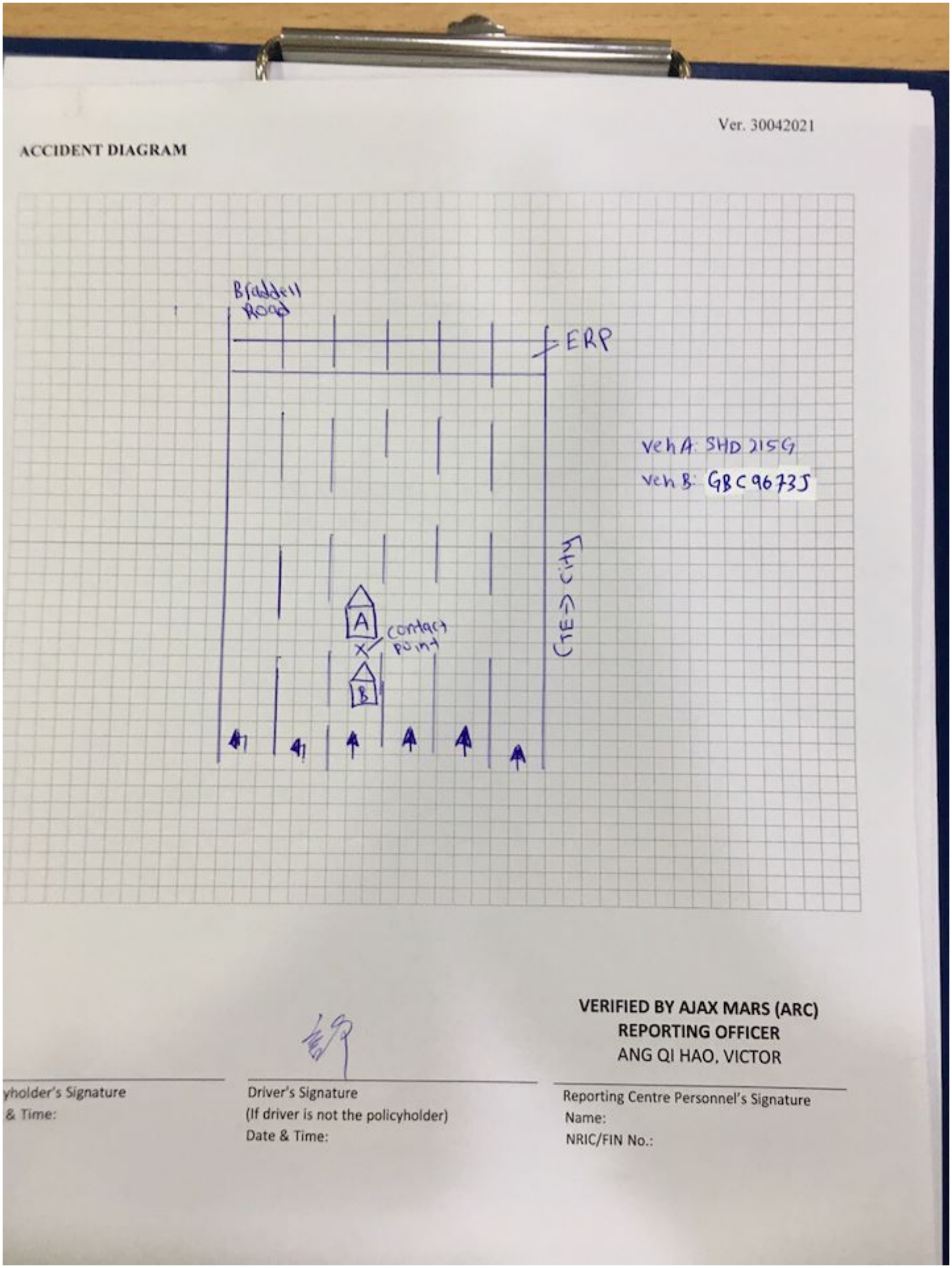
I WAS TRAVELLING ALONG THE MENTIONED LOCATION, THE VEHICLE INFRONT OF ME CAME TO A STOP AS ITS A HEAVY TRAFFIC. I FOLLOW SUIT AND STOPPED BEHIND THE FRONT VEHICLE. AFTER FEW SECOND I FELT AN HUGH IMPACT FROM THE REAR. THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND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

Declaration

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

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


Ver. 30042021
ACCIDENT DIAGRAM
Braddell Road
ERP
CTE => CITY
A
B
contact point
veh A: SHD 215G
veh B: GBC 96735
VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR
yholder's Signature
& Time:
Driver's Signature
(If driver is not the policyholder)
Date & Time:
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

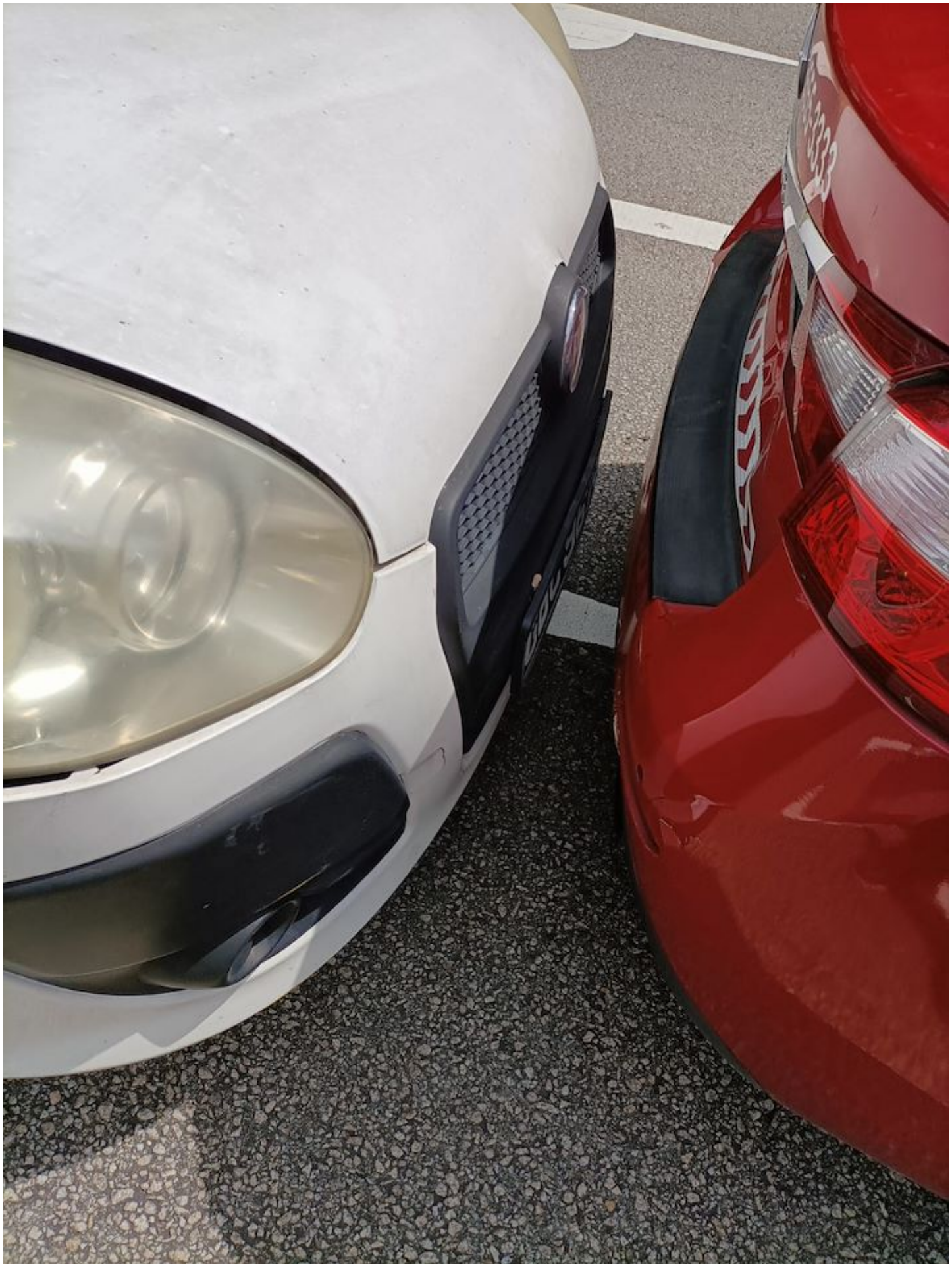
IMAGES #12

IMAGES #13

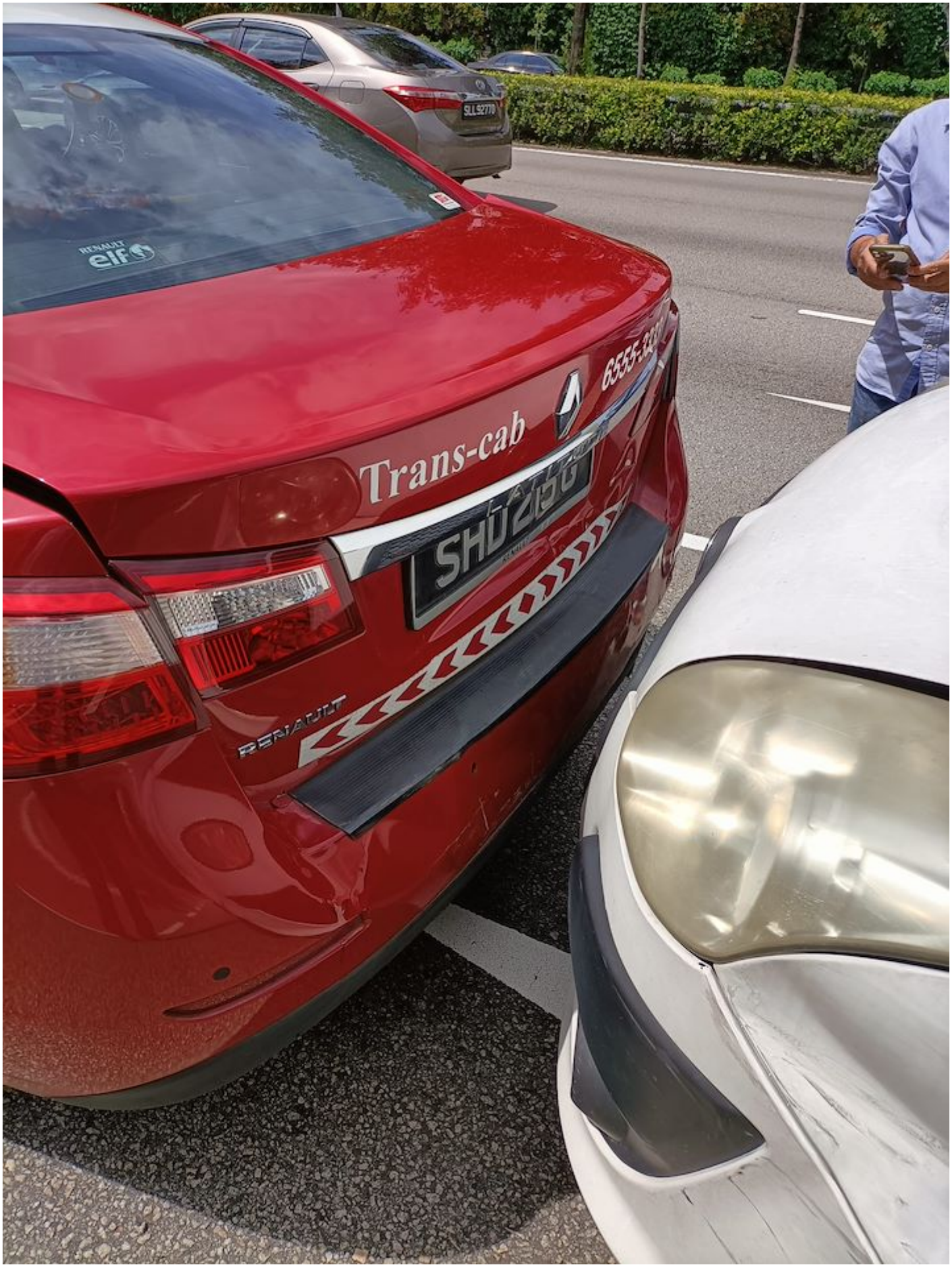
IMAGES #14

IMAGES #15

IMAGES #16



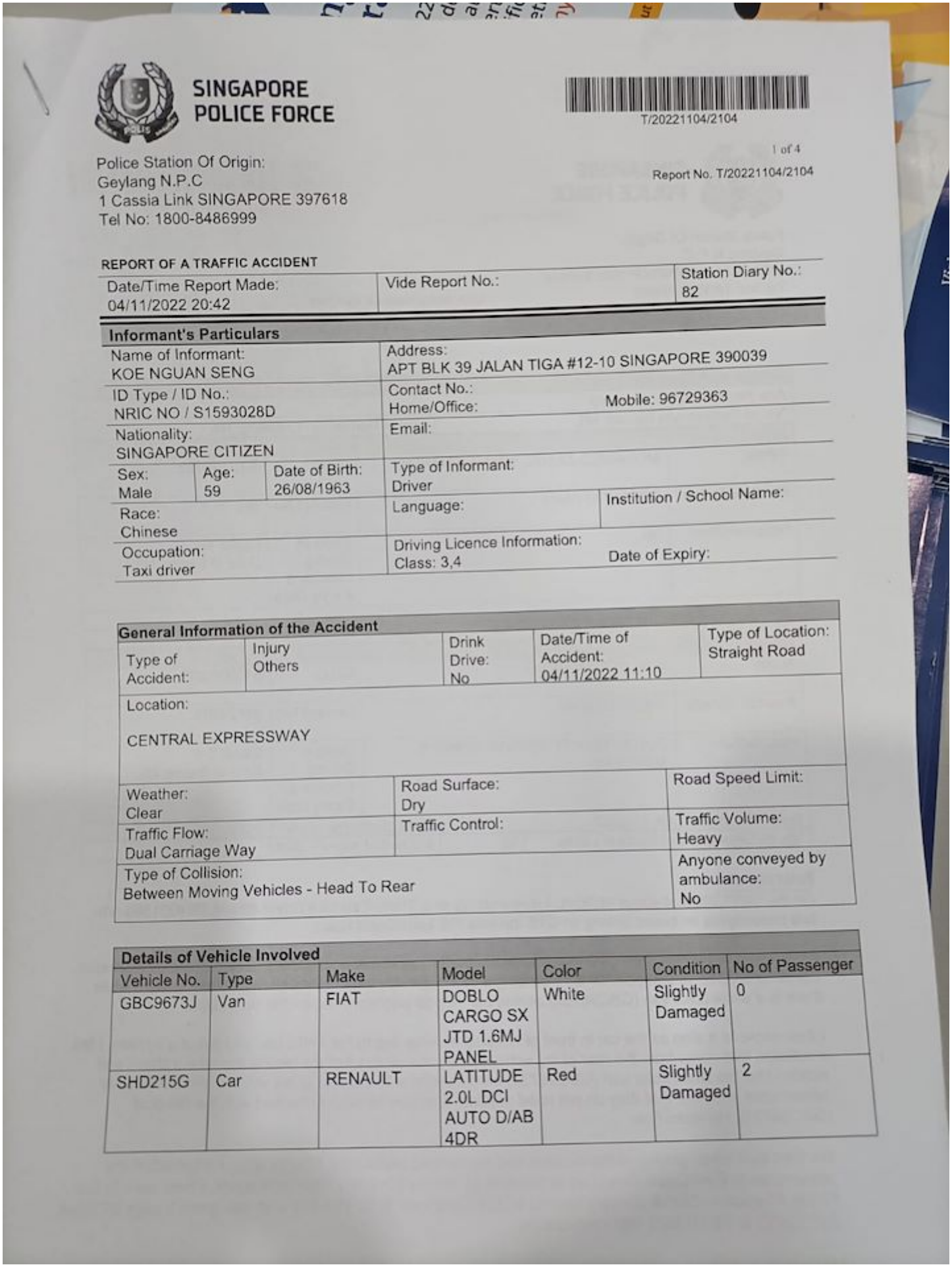
IMAGES #17


Trans-cab
RENAULT

IMAGES #19

IMAGES #20

IMAGES #21



SINGAPORE POLICE FORCE

T/20221104/2104

1 of 4

Report No. T/20221104/2104

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/11/2022 20:42		82

Informant's Particulars

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

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/11/2022 11:10	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		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
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 POLICE FORCE

T/20221104/2104

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

Report No. T/20221104/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
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 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.

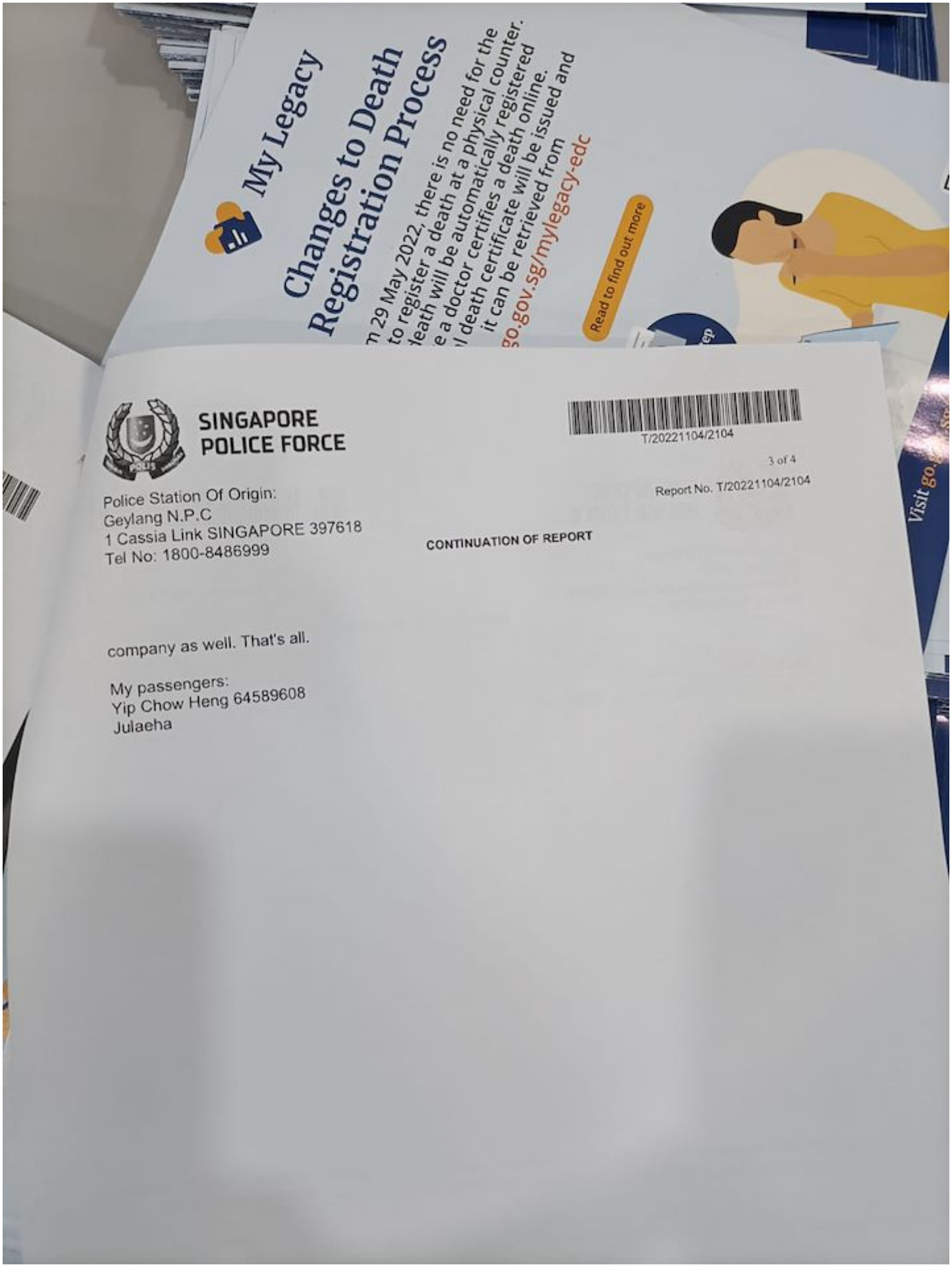
On the 04/11/2022 at about 1108hrs, I was working as a Trans-Cab Taxi Driver driving (SHD215G) with two passengers on board driving on CTE towards PIE East Coast Road.

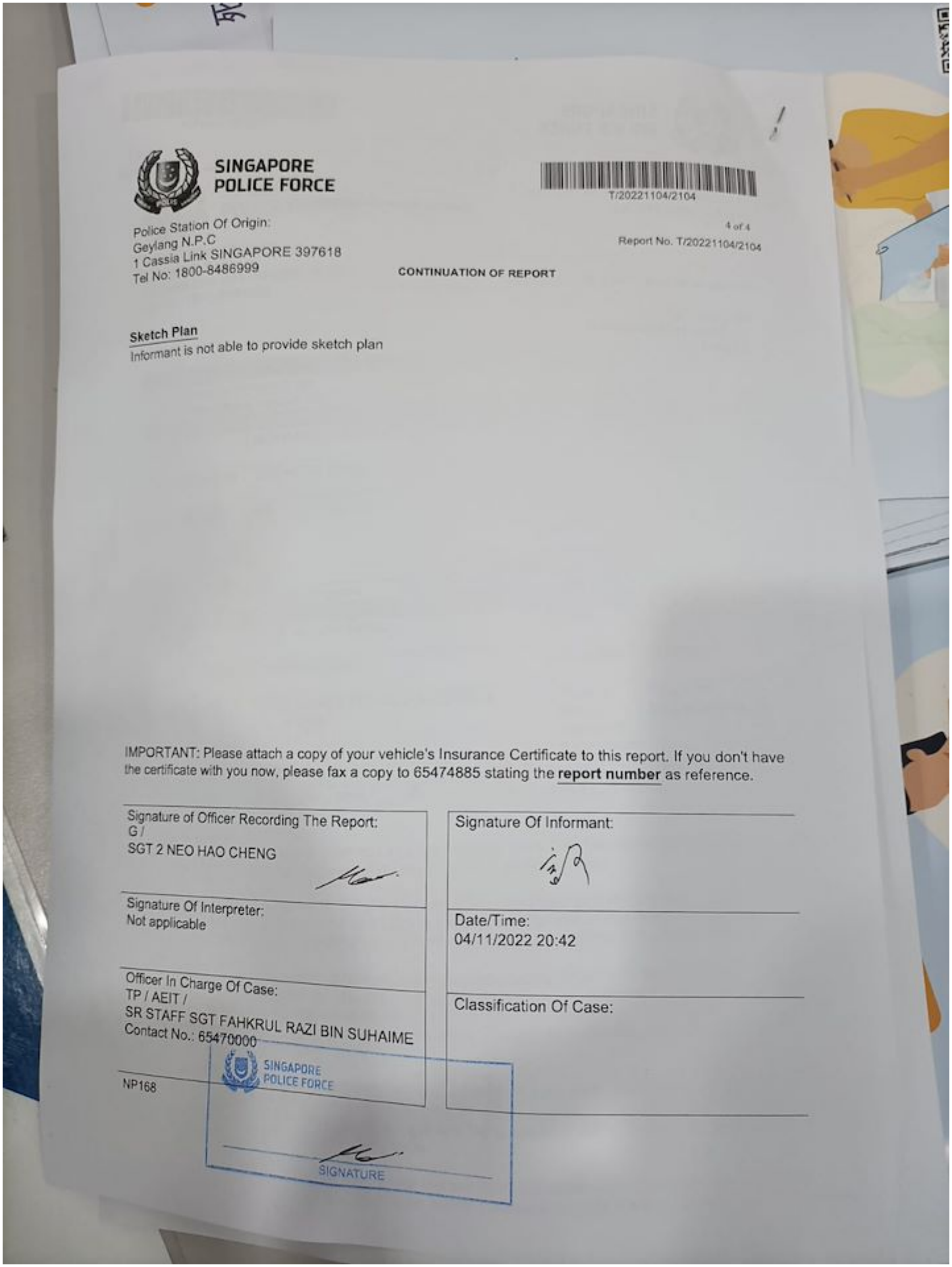
While I was travelling along CTE fourth lane, the traffic was heavy as there are quite a number of vehicles travelling on CTE at that point of time causing a traffic jam. My vehicle was slowly inching forward while there is a white color van (GBC9673J) behind my vehicle also travelling on the same lane.

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


My Legacy
Changes to Death Registration Process
Read to find out more
SINGAPORE POLICE FORCE
T/20221104/2104
3 of 4
Report No. T/20221104/2104
Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999
CONTINUATION OF REPORT
company as well. That's all.
My passengers:
Yip Chow Heng 64589608
Julaeha



SINGAPORE POLICE FORCE

T/20221104/2104

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

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

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: **Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.**

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1D22B4000A **Vehicle Registration No:** SHD215G

Name (as shown in NRIC): KOE NGUAN SENG **NRIC/FIN/Passport No:** S1593028D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ **Singapore ( )**

Contact (Tel): _____ **Mobile No.:** 96729363

Email Address: _____

Date of Accident: 04/11/2022 **Time of Accident:** 11:05

Place of Accident: CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT

Insurance Company: AXA INSURANCE SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACH POLICE REPORT

Policyholder / Driver's Signature
Date:

SABITRA

Reporting Centre Personnel's Signature
Name: SABITRA
NRIC/FIN No.:
Date: 04/11/2022

GIARMC Addendum Form