

# 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 .....	14/11/2022 20:15 (SGT)
Reported by .....	Driver
Date of Accident .....	11/11/2022 23:55 (SGT)
Exact Location of Accident .....	Near Hougang Ave 6, Singapore
Additional Location Information .....	JUNCTION OF BUANGKOK DR AND SENGKANG CENTRAL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHF523G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRANS-CAB SERVICES PTE LTD
Company Reg No .....	2XXXXXX78K
Email Address .....	claims@transcab.com.sg
Mobile Phone No .....	(Phone) +65-62876666
Alternative Phone No .....	(Office) +65-62876666

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	PRIUS 5DR HATCHBACK (AUTO)
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
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 .....	LEE CHEE TONG
NRIC No .....	SXXXX370A
Date Of Birth .....	18/06/1959
Occupation .....	Outdoor

Date Of Driving Pass .....	18/04/1979
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91059351
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	635 HOUGANG AVE 8
Address complement .....	#07-61
Postcode .....	530635
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 .....	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 : T/20221113/7003 LODGED AT TRAFFIC POLICE

#### 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 .....	SMZ9719K
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	CLA180 (R18 BI)
Vehicle Variant .....	-

Vehicle Colour .....	-
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE CHEE TONG
Gender .....	Male
Phone No .....	(Phone) +65-91059351
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	WIPLASH
Injured person in which vehicle? .....	SHF523G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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 **14/11/2022**

\_\_\_\_\_  
Witnessed By Reporting Officer  
Wong Jun Keat

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT REPORT FORM

Ver Jun 2022

0 TENTH

↑ ↑ ↓ Bangkit A

→ → →

← ← ←

A: 8MF5236

B: 8M2974K

↓ ↓ ↓

Longlong Central

Witnessed By Reporting Office  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel

A 145 MAR 2022

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT

**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 14/11/2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Wong Jun Keat  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel









































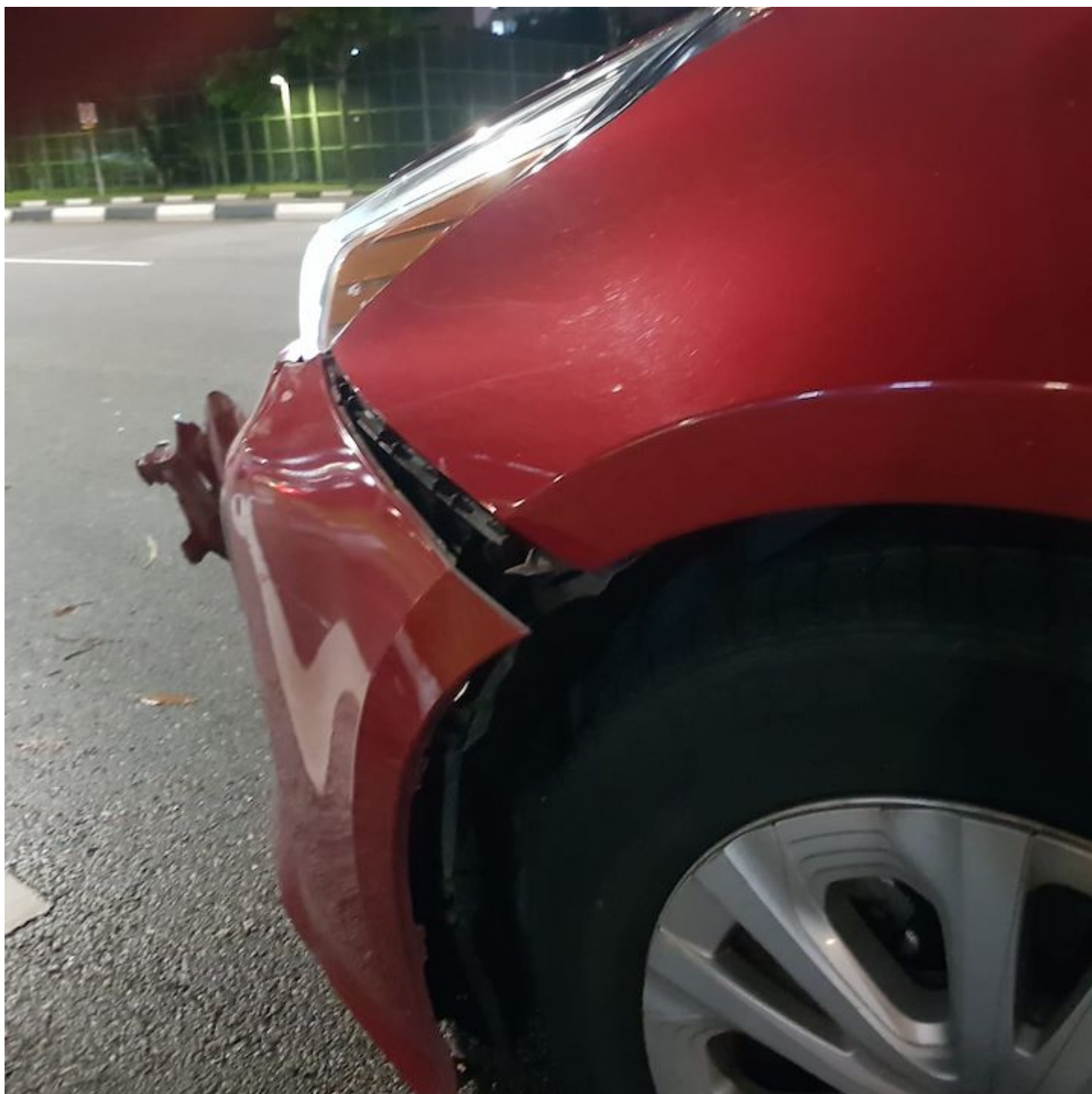












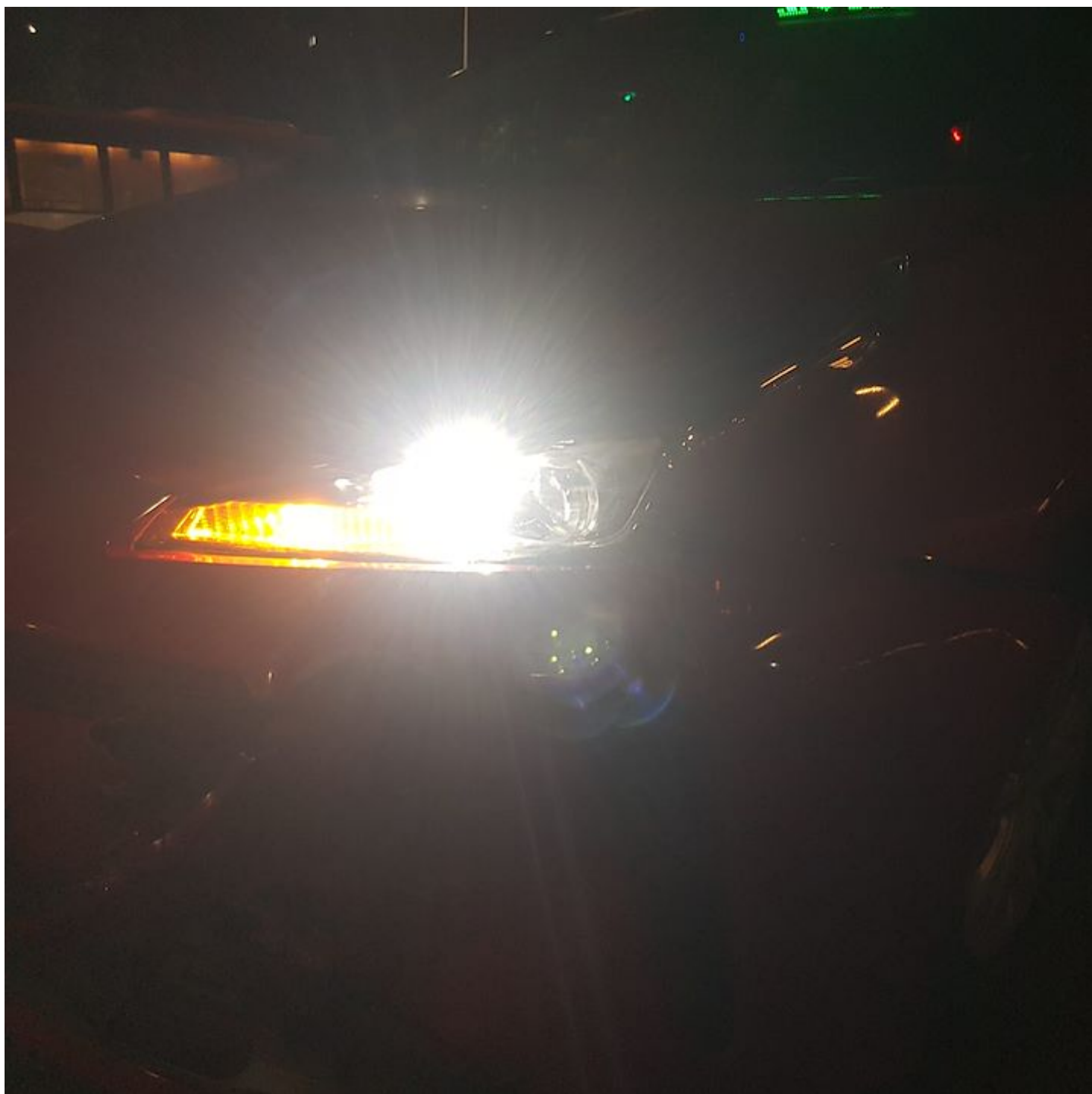














**SINGAPORE  
POLICE FORCE**



T/20221113/7003

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

1 of 3  
Report No. T/20221113/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2022 01:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LEE CHEE TONG			Address: 635 HOUGANG AVENUE 8 #07-61 SINGAPORE 530635		
ID Type / ID No.: NRIC NO / S1359370A			Contact No.: Home/Office: Mobile: 91059351		
Nationality: SINGAPORE CITIZEN			Email: leect1806@gmail.com		
Sex: Male	Age: 63	Date of Birth: 18/06/1959	Type of Informant: Driver		
Race: Chinese			Language: English		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: 12/11/2022 23:55	Type of Location: X-Junction
Location:  HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHF523G	Car				Seriously Damaged	0
SMZ9719K	Car				Seriously Damaged	0

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**SINGAPORE  
POLICE FORCE**



T/20221113/7003

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

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Report No. T/20221113/7003

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE CHEE TONG	ID No.	S1359370A
Related Vehicle	SHF523G (Car)	Contact No.	91059351
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	13/11/2022	Date	13/11/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

I LEE CHEE TONG SXXXX370A WAS THE DRIVER OF SHF 523 G. I WAS TRAVELING AT BUANGKOK CENTRAL TOWARDS HOUGANG AVE 6. AT THE JUNCTION OF BUANGKOK DRIVE. TRAFFIC LIGHT WAS GREEN IN MY FAVOURITE AND I PROCEED TO CROSS THE JUNCTION. OUT OF A SUDDEN VEHICLE CAR PLATE SMZ 9719 K DID A DISCRETIONARY RIGHT AND DASH TOWARDS MY DIRECTION AND COLLIDED ONTO MY VEHICLE FRONT PORTION. I WAS IN SHOCK AND PAIN AT THE POINT OF TIME, AFTER AWHILE WE EXCHANGED DETAILS AND MOVED ON. I WENT TO DA CLINIC AT ANG MO KIO AVE TO CONSULT A DOCTOR AND I WAS DIAGNOSE WITH WHIPLASH PAIN ON MY NECK, LOWER BACK PAIN AND CHEST PAIN. I WAS GIVEN 3 DAYS OF MC FOR MY INJURIES.

VEHICLE :  
SHF 523 G  
SMZ 9717 K

I AM FILING THIS TRAFFIC ACCIDENT REPORT IS FOR MY INSURANCE CLAIM PURPOSES.

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**SINGAPORE  
POLICE FORCE**

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



T/20221113/7003

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Report No. T/20221113/7003

**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 /  
TAY CHUN KEEN  
Contact No.: 65476436

NP168

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

Date/Time:  
13/11/2022 01:23

Classification Of Case:

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