

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	12/11/2022 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	2XXXXX878K
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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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

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























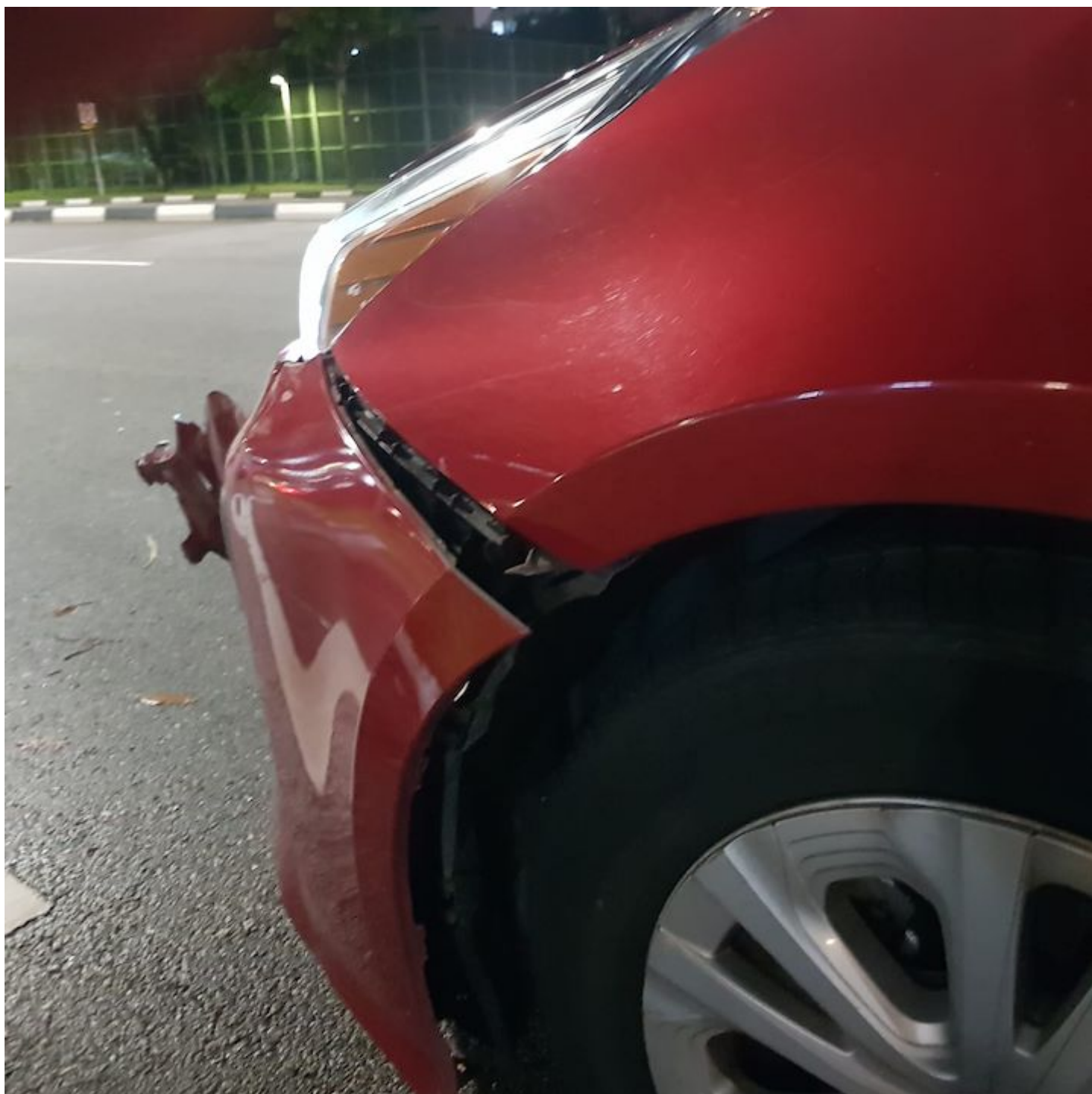








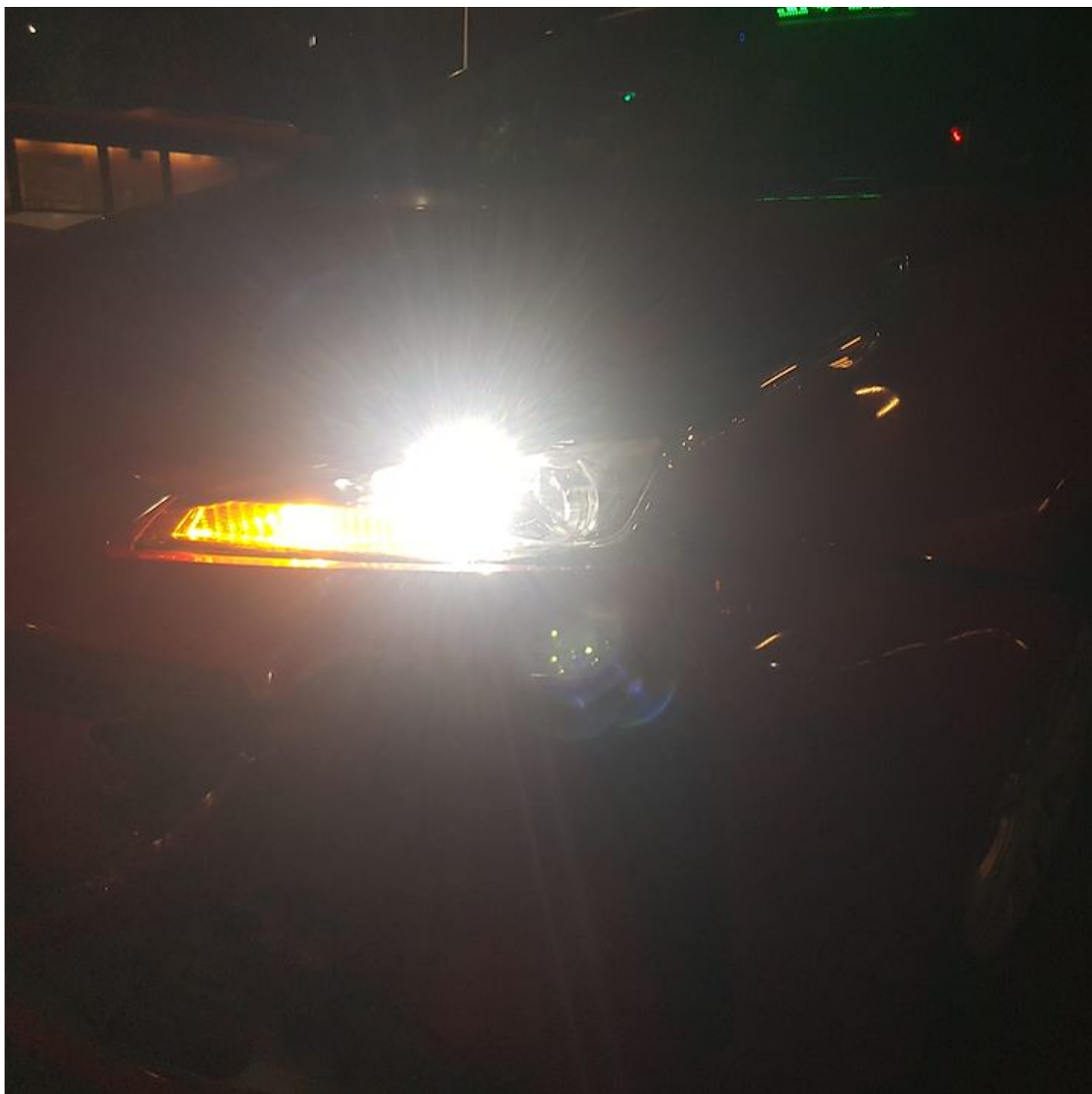














**SINGAPORE
POLICE FORCE**



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.:	
Informant's Particulars					
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 REPORTSketch 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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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: SA1D22BE0007 Vehicle Registration No: SHF523G

Name (as shown in NRIC): LEE CHEE TONG NRIC/FIN/Passport No: SXXXX370A

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 91059351

Email Address: _____

Date of Accident: 12.11.2022 Time of Accident: 23:55

Place of Accident: JUNCTION OF BUANGKOK DR AND SENGKANG CENTRAL

Insurance Company: AXA Insurance 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:

1.AMEND ACCIDENT DATE.

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: MEERA
NRIC/FIN No.:
Date: 21/11/2022