

## 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 ..... 24/11/2022 13:41 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 24/11/2022 06:50 (SGT)  
Exact Location of Accident ..... Near Bef, Singapore  
Additional Location Information ..... JUNCTION OF CHOA CHU KANG NORTH 6 AND NORTH 5  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5268B

#### 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 ..... -

#### 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 ..... LIM CHIEW HIONG  
NRIC No ..... SXXXX516J  
Date Of Birth ..... 16/04/1974  
Occupation ..... Outdoor

Date Of Driving Pass .....	15/03/1994
Driving experience .....	28 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98190838
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	292B BUKIT BATOK EAST AVE 6
Address complement .....	#18-220
Postcode .....	652292
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 - Major/Minor Rd
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 THE POLICE REPORT ATTACHED

#### 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 .....	WILL UPLOAD INTO AXA

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKV2756T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Accord

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LATIB BIN CHIK
NRIC No .....	SXXXX329J
Contact Number .....	(Phone) +65-91524664
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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 24/11/2022

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

ON 24/11/2022 AT ABOUT 0650HOURS , I WAS TRAVELLING ALONG  
CHOA CHU KANG NORTH 6 TOWARDS NORTH 5 . WHEN THE TRAFFIC  
LIGHT TURNED TO GREEN , I STARTED TO MOVE OFF MY VEHICLE .  
SUDDENLY I SAW VEHICLE B MAKING A RIGHT TURN INTO CHOA CHU  
KANG LINK WITHOUT WAITING AND COLLIDED ONTO LEFT FRONT SIDE  
OF MY VEHICLE .

**Declaration**

I/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 24/11/2022

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

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

0 TENTH 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Jun 2022

ACCIDENT REPORT

North S

CHIA CHIA KIM  
LAW

4: 3P5538B

5: 3P2756T

CHIA CHIA  
KIM NORTH G

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel

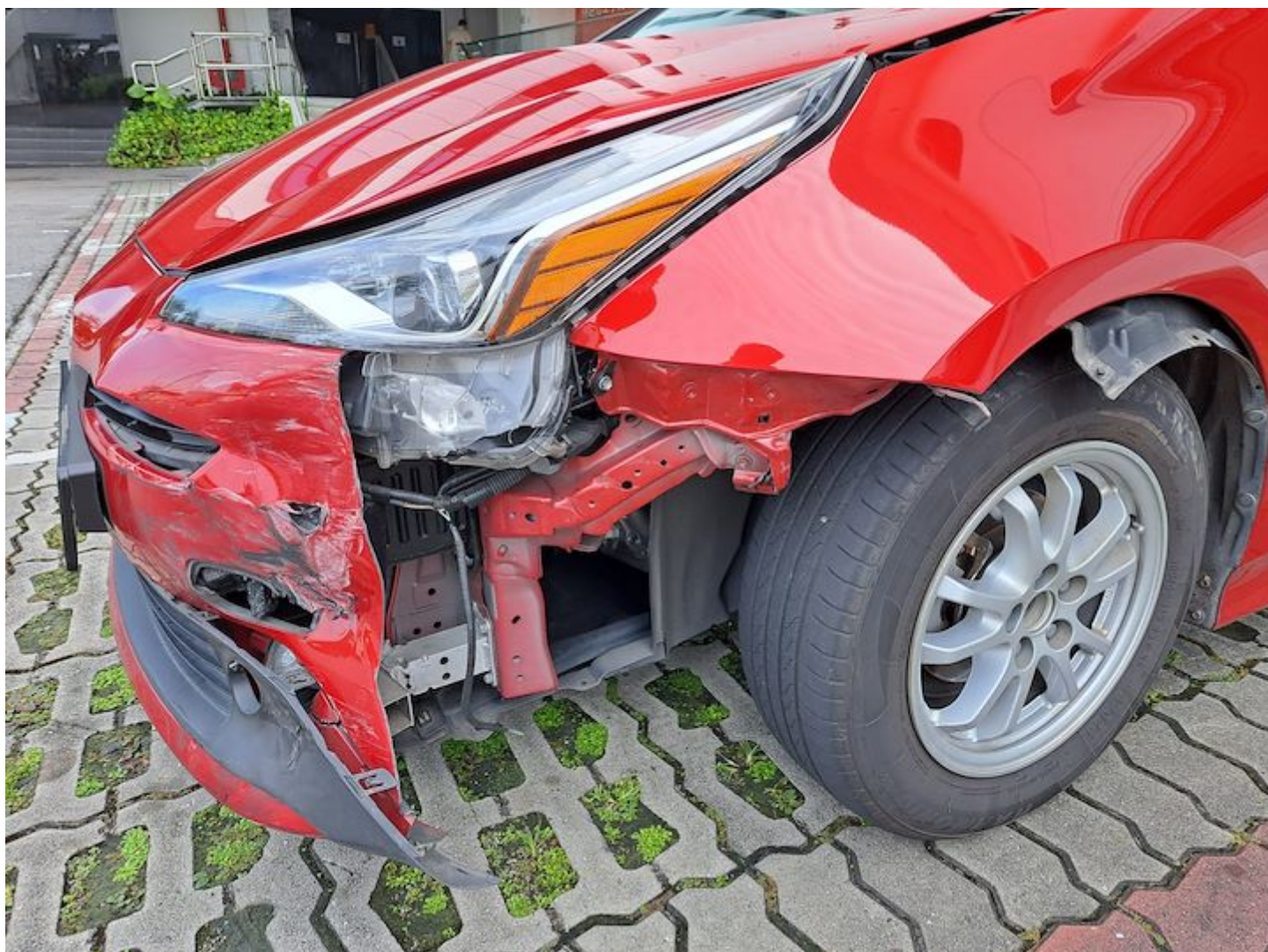
A 14 V MAB R DTC I TD















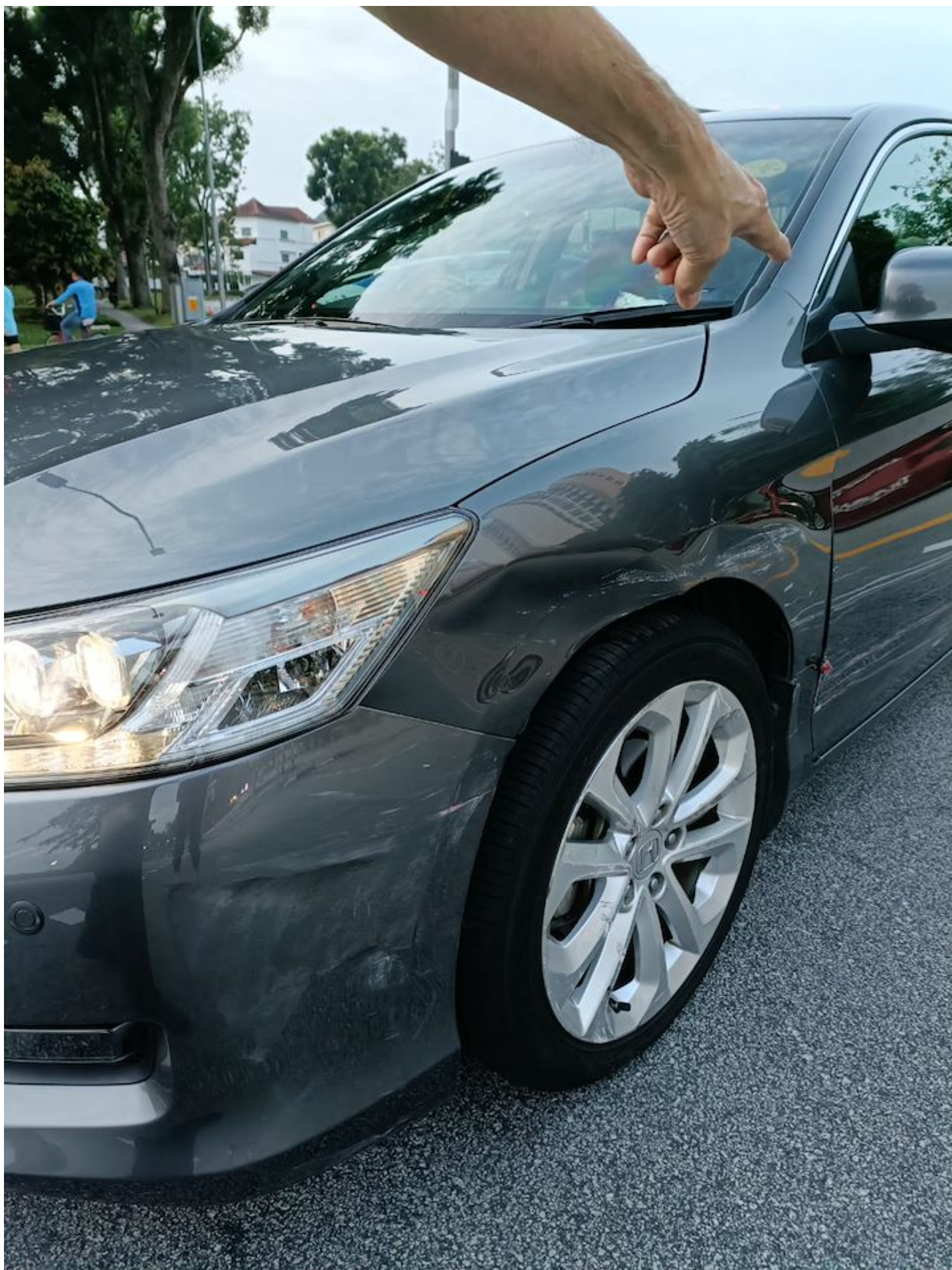




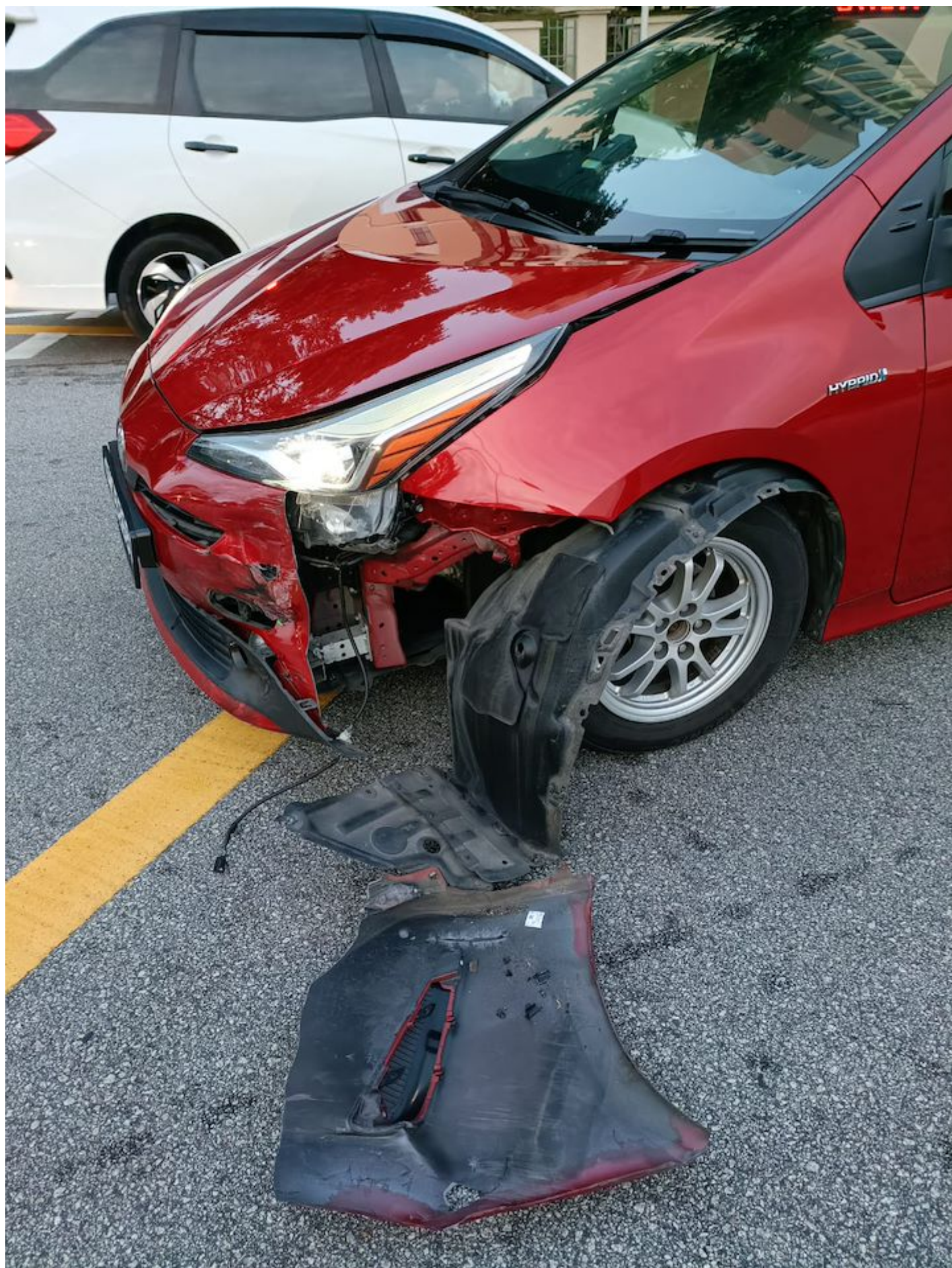




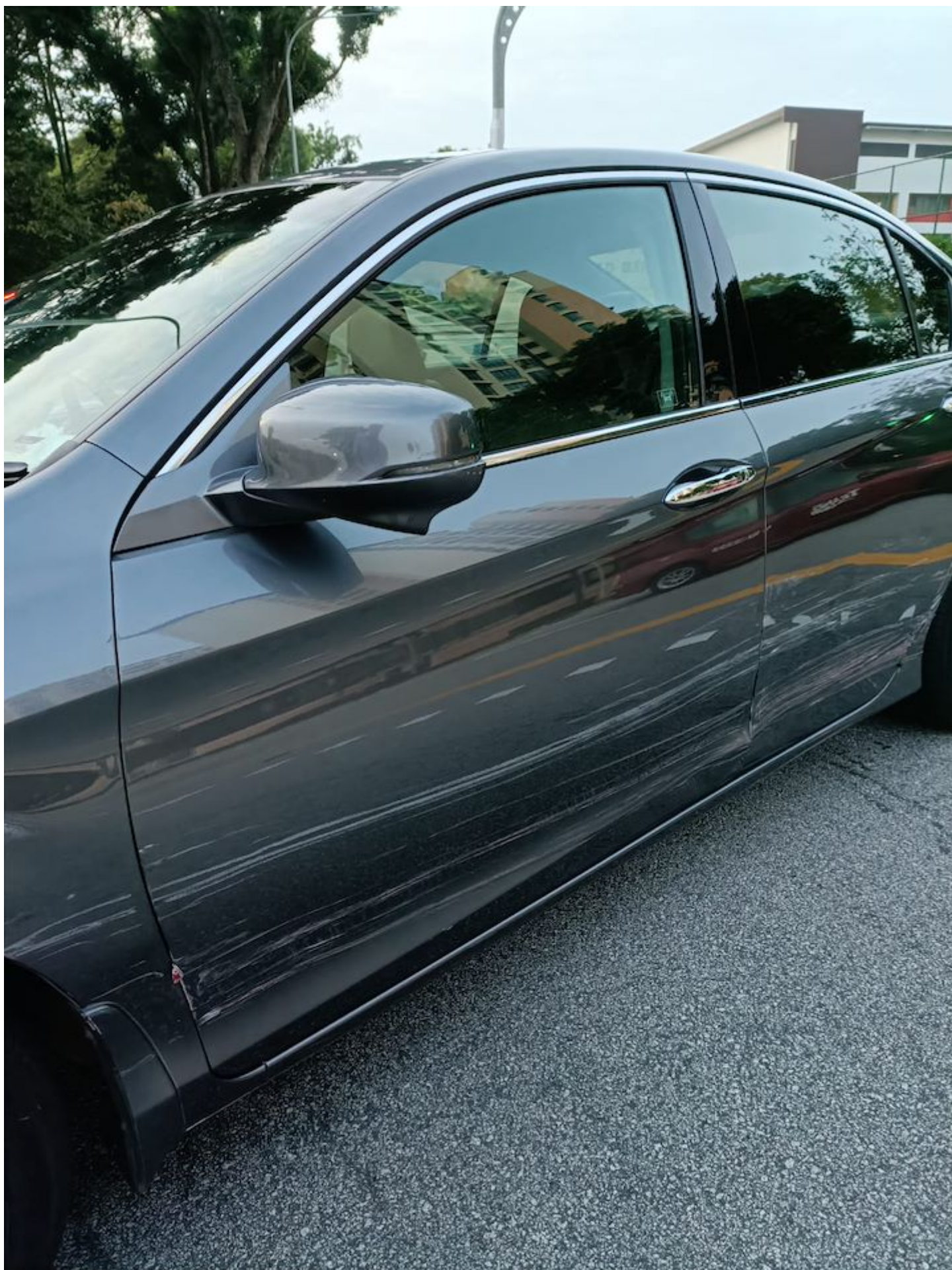




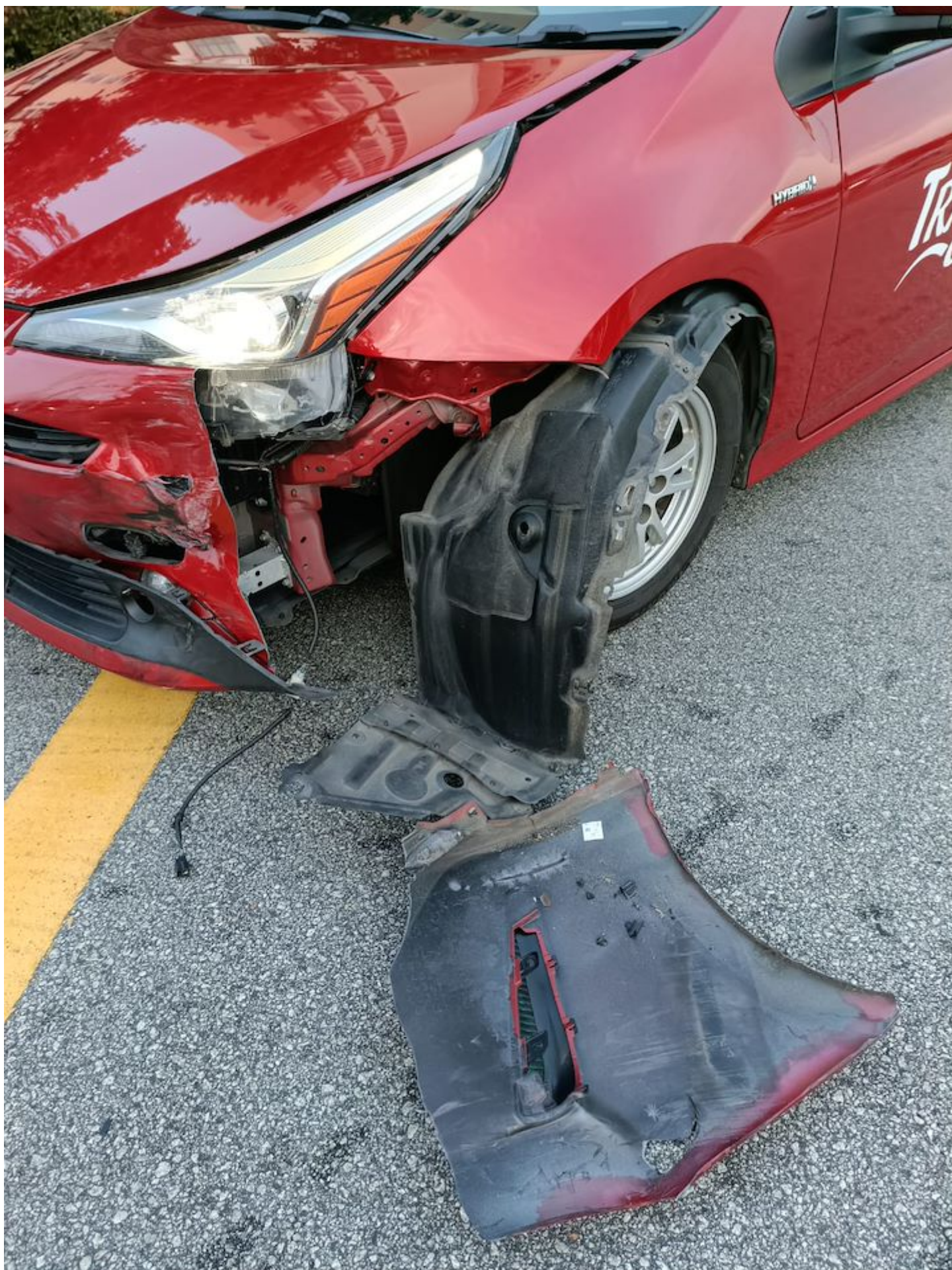
















**SINGAPORE  
POLICE FORCE**



T/20221124/7093

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

1 of 3  
Report No. T/20221124/7093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2022 12:06	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: LIM CHIEW HIONG			Address: 292B BUKIT BATOK EAST AVENUE 6 #18-220 SINGAPORE 652292		
ID Type / ID No.: NRIC NO / S7411516J			Contact No.: Home/Office: Mobile: 98190838		
Nationality: SINGAPORE CITIZEN			Email: jacquelineh@gmail.com		
Sex: Female	Age: 48	Date of Birth: 16/04/1974	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/11/2022 06:50	Type of Location: T-Junction
Location:  CHOA CHU KANG NORTH 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SHC5268B	Car	TOYOTA	PRIUS	Red	Seriously Damaged	0
SKV2756T	Car	HONDA	ACCORD	Grey	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20221124/7093

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

2 of 3  
Report No. T/20221124/7093

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHIEW HIONG	ID No.	S7411516J
Related Vehicle	SHC5268B (Car)	Contact No.	98190838
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	24/11/2022	Date	24/11/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	LATIB BIN CHIK	ID No.	S2150329J
Related Vehicle	SKV2756T (Car)	Contact No.	91524664
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 24/11/2022 at 0650 Hrs,i was driving my taxi SHC5268B along Choa Chu Kang North 6 towards Choa Chu Kang North 5.While i was traveling straight near to the Junction of Choa Chu Kang North 6 and Choa Chu Kang Link.The lights from Red change to Green,so i continue drive straight.Out of sudden,a Vehicle SKV2756T from the opposite direction abruptly turn right without stopping and giving ways to the main traffic and recklessly turn.As the result,we collided together.My taxi front Left portion was damage and dented and the said Vehicle Left side portion(both doors)was damage and dented.After the accident we exchange particular and take some scene photo and leave the scene.My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20221124/7093

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

3 of 3  
Report No. T/20221124/7093

**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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
24/11/2022 12:08

Classification Of Case: