

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 28/11/2022 19:27 (SGT)
Reported by Driver
Date of Accident 27/11/2022 00:30 (SGT)
Exact Location of Accident Near 95 Whampoa Dr, Block 95, Singapore 320095
Additional Location Information CTE TOWARDS SLE AFTER MOULMEIN EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5659G

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
Variant 5DR HATCHBACK (AUTO)
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 LEE BAK SOON
NRIC No SXXXX151C
Date Of Birth 05/08/1962
Occupation Outdoor

Date Of Driving Pass	13/11/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-97900149
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	321A ANCHORVALE DR
Address complement	#14-08
Postcode	541321
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	P1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	VIDEO AT TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP8785P
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	FOO SAY KHING
NRIC No	SXXXX710B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMV6264X
Vehicle Manufacturer	Kia
Vehicle Model	Niro
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LOH LENG NGAH
NRIC No	SXXXX518C
Contact Number	(Phone) +65-93897756
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SDG4502H
Vehicle Manufacturer	BMW
Vehicle Model	318IA
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV6264X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV6264X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	NA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDG4502H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 28/11/2022

 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 28/11/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT

A: JHC5659G
B: SMV6264X
C: JLP8785P
D: JDG4502H

C/E

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

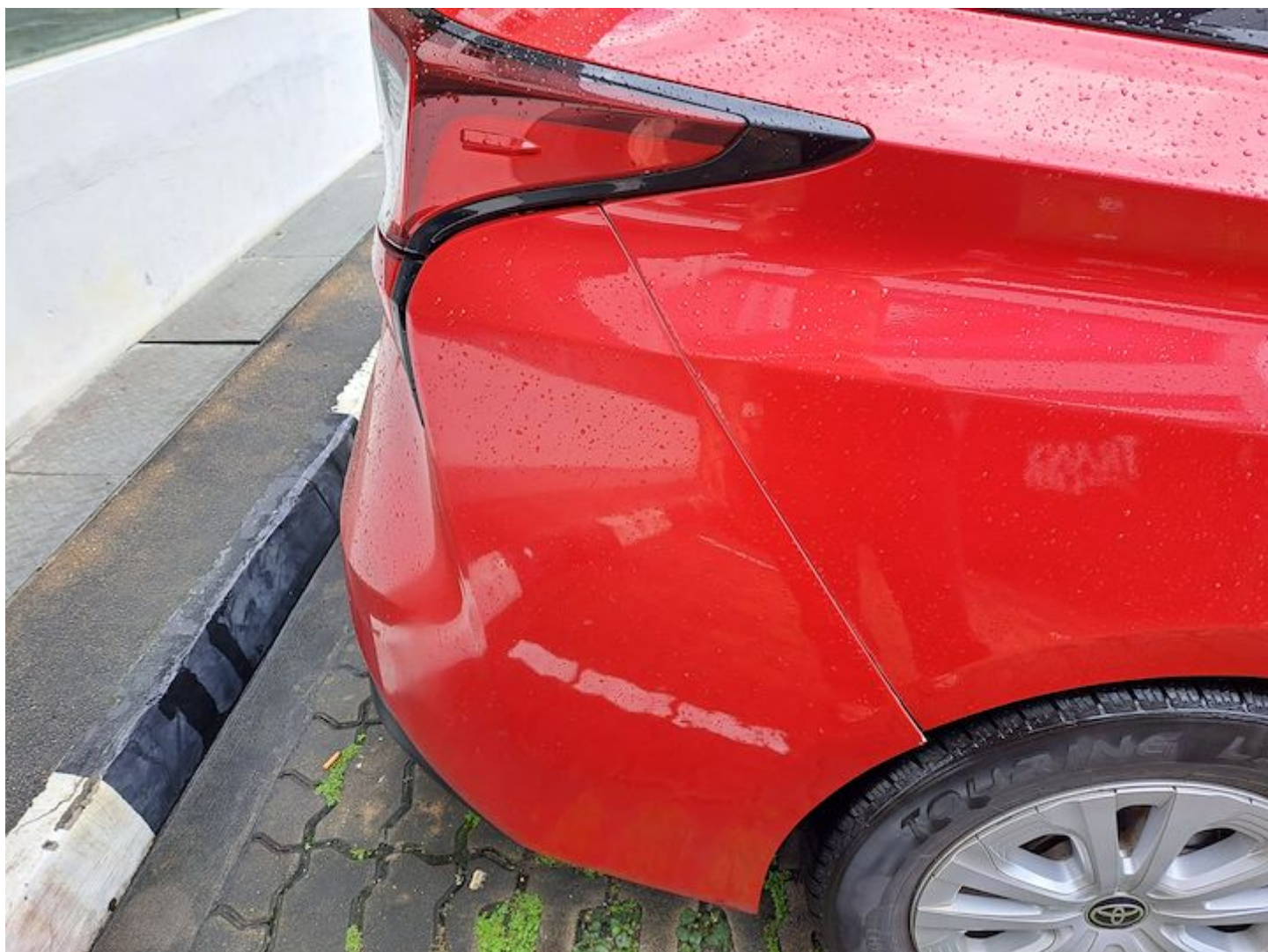































**SINGAPORE
POLICE FORCE**


T/20221127/2009

1 of 4

Report No. T/20221127/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2022 06:24	Vide Report No.: E/20221127/0018	Station Diary No.: 16
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Informant's Particulars

Name of Informant: LEE BAK SOON		Address: APT BLK 321A ANCHORVALE DRIVE #14-08 SINGAPORE 541321	
ID Type / ID No.: NRIC NO / S1556151C		Contact No.: Home/Office: Mobile: 97900149	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 05/08/1962	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 00:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDG4502H	Car	BMW	318IA/4DR	Blue		0
SHC5659G	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1
SLP8785P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue		0



**SINGAPORE
POLICE FORCE**



T/20221127/2009

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999


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Report No. T/20221127/2009


CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV6264X	Car	KIA	NIRO HYBRID 1.6 GDI.DCT	Blue		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE BAK SOON	ID No.	S1556151C
Related Vehicle	SHC5659G (Car)	Contact No.	97900149
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FOO SAY KHING	ID No.	S1828710B
Related Vehicle	SLP8785P (Car)	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	LOH LENG NGAH	ID No.	S1629518C
Related Vehicle	SMV6264X (Car)	Contact No.	93897756
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

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999


T/20221127/2009

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Report No. T/20221127/2009

21128/7

CONTINUATION OF REPORT

Brief Details.
On 27/11/2022 at about 12.30am, I was performing cabby duties on board my taxi (V2: SHC5659G). During which, I was driving along CTE (towards SLE) on the extreme right lane of the 4 lane road and in the midst of sending my passenger, who was seated on the rear left passenger seat, to her destination. At that point in time, the traffic was moderate and the weather was clear.

I had just passed the Moulment Rd Exit (Near 6.5KM) when the car (V1: SLP8785P) in front of me slowed down and came to a stop due to sudden slow-moving traffic. Seeing this, I applied my brakes and also came to a stop. At this juncture, I felt an impact on the rear of my vehicle. When I alighted from my taxi, I realized that the car (V3: SMV6264X) behind me had collided onto the rear of my taxi after another car (SDG4502H) had collided onto its rear resulting in a chain collision.

The ambulance and the traffic police were later called in by someone and we were attended by them. The passengers of V3 and V4 was then conveyed to the hospital.

I wish to state that my passenger did not complain of any injury. As for me, I do feel pain at the back of my neck but have yet to sought medical treatment. I also state that the damages to my taxi were dents and crack to my front and rear bumper. I further state that my taxi has an in-car camera, and the SD card has been taken by the traffic police.

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**SINGAPORE
POLICE FORCE**


T/20221128/7050

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

1 of 3

Report No. T/20221128/7050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2022 15:26	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE BAK SOON			Address: 321A ANCHORVALE DRIVE #14-08 SINGAPORE 541321		
ID Type / ID No.: NRIC NO / S1556151C			Contact No.: Home/Office: Mobile: 97900149		
Nationality: SINGAPORE CITIZEN			Email: marklee1962.ml.ml@gmail.com		
Sex: Male	Age: 60	Date of Birth: 05/08/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/11/2022 00:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC5659G	Car					1
SLP8785P	Car					0
SMV6264X	Car					0

SINGAPORE POLICE FORCE

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

T/20221128/7050

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Report No. T/20221128/7050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE BAK SOON	ID No.	S1556151C
Related Vehicle	SHC5659G (Car)	Contact No.	97900149
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/11/2022	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.
REFER TO TP REPORT NO. T/20221127/2009

WE REFER TO THE TP REPORT ABOVE, I WOULD LIKE TO INCLUDE MY INJURY DETAILS
W Y TEH FAMILY CLINIC AND SURGERY
5 DAYS MC, 28/11/2022 - 02/12/2022

**SINGAPORE
POLICE FORCE**

Station Of Origin:
Police
Ubi Avenue 3 SINGAPORE 40865
Tel No: 65470000

T/20221128/7050

3 of 3
Report No. T/20221128/7050

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2022 15:26
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168