

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 05/12/2022 17:58 (SGT)
Reported by Driver
Date of Accident 03/12/2022 00:10 (SGT)
Exact Location of Accident Near Bef Tampines Ind Dr, Singapore
Additional Location Information TPE TOWARDS SLE AFTER EXIT 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9474R

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 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 TAN WEE CHEE
NRIC No S0146632A
Date Of Birth 26/04/1952
Occupation Outdoor

Date Of Driving Pass	07/06/1972
Driving experience	50 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92372003
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	66 TELOK BLANGAH DR
Address complement	#10-208
Postcode	100066
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	Side Swipe
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?	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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR7125J
Vehicle Manufacturer	Yamaha
Vehicle Model	Aerox
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9474R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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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 5/12/2022

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 5/12/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT

Ver. 20022

HINDI

1 0

A: BID 947R

B: PER 7127

TPE

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

ALAX MARK PTE LTD
























**SINGAPORE
POLICE FORCE**


T/20221203/2036

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Report No. T/20221203/2036

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2022 14:06		Vide Report No.: G/20221203/0003		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: TAN WEE CHEE			Address: APT BLK 66 TELOK BLANGAH DRIVE #10-208 SINGAPORE 100086		
ID Type / ID No.: NRIC NO / S0146632A			Contact No.: Home/Office: Mobile: 92372003		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 26/04/1952	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: Taxi Driver		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2022 00:10	Type of Location: Expressway
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR7125J	Motorcycle	YAMAHA	AEROX GDR155 CVT	Red		0
SHD9474R	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Slightly Damaged	1



**SINGAPORE
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Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



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

Report No. T/20221203/2036

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WEE CHEE	ID No.	S0146632A
Related Vehicle	SHD9474R (Car)	Contact No.	92372003
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/12/2022, at about 0010hrs, I was travelling along TPE towards Punggol, in my taxi bearing registration plate number SHD9474R. I was on Lane 1 and there was no traffic. I was focusing on the front and was not focusing on my rear. Suddenly, I heard a loud sound and I realized my left mirror was damaged and I saw a guy getting up and walking towards a motorcycle. I immediately stop and went over. Due to the oncoming cars, we shifted to the road shoulder. I tried to exchange particulars, but the rider refused to let me. Subsequently, ambulance and traffic police arrived at scene shortly as another passer-by stopped and help to call. I have handed over my SD card to Traffic Police and my case IO is IO Ghazali (96192037). My passenger and I were not injured. I only know that the rider's hands suffered some skin tear. My taxi, only the side mirror was damaged. I am not sure about the motorcycle.

 SINGAPORE POLICE FORCE	 T/20221203/2036
Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999	3 of 3 Report No. T/20221203/2036
CONTINUATION OF REPORT	
Sketch Plan Informant is not able to provide sketch plan	
<p>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 <u>report number</u> as reference.</p>	
Signature of Officer Recording The Report: D / SGT 3 DANIEL HO WEI CONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2022 14:06
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:
NP168	