

# 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 ..... 17/12/2022 15:50 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/12/2022 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG AIRPORT BOULEVARD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5327P

### 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 5 DR HATCHBACK (AUTO)  
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 ..... THAM SHUEH FU  
NRIC No ..... S7033301E  
Date Of Birth ..... 22/09/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/09/1992
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96908699
Alt. Phone Number .....	-
Email Address .....	jasontham22@gmail.com
Address .....	128 BEDOK NORTH STREET 2
Address complement .....	#02-04
Postcode .....	460128
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	FBK5510Z
Insurance Company of Other Vehicle Owned by Driver .....	Income Insurance Limited

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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) .....	4
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 .....	Passenger 1
Gender .....	Male

#### PASSENGER 2

Name .....	Passenger 2
Gender .....	Male

#### PASSENGER 3

Name .....	Passenger 3
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanah Merah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004499999
Alt. Police Station Phone No .....	(Fax) +65-62447251
Police Station Address .....	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20221217/2092 LODGED AT TANAH MERAH NPP

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 FOOTAGE WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SDM8188Z  
 Vehicle Manufacturer ..... Mercedes  
 Vehicle Model ..... E300E AVANTGARDE FL  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Gray  
 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) ..... 2

##### PASSENGER 1

Name ..... Passenger 1  
 Gender ..... Female

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SNA3908R  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Vellfire  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Black  
 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

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SJG5777D  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... City  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Black  
 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

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	PC1077S
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

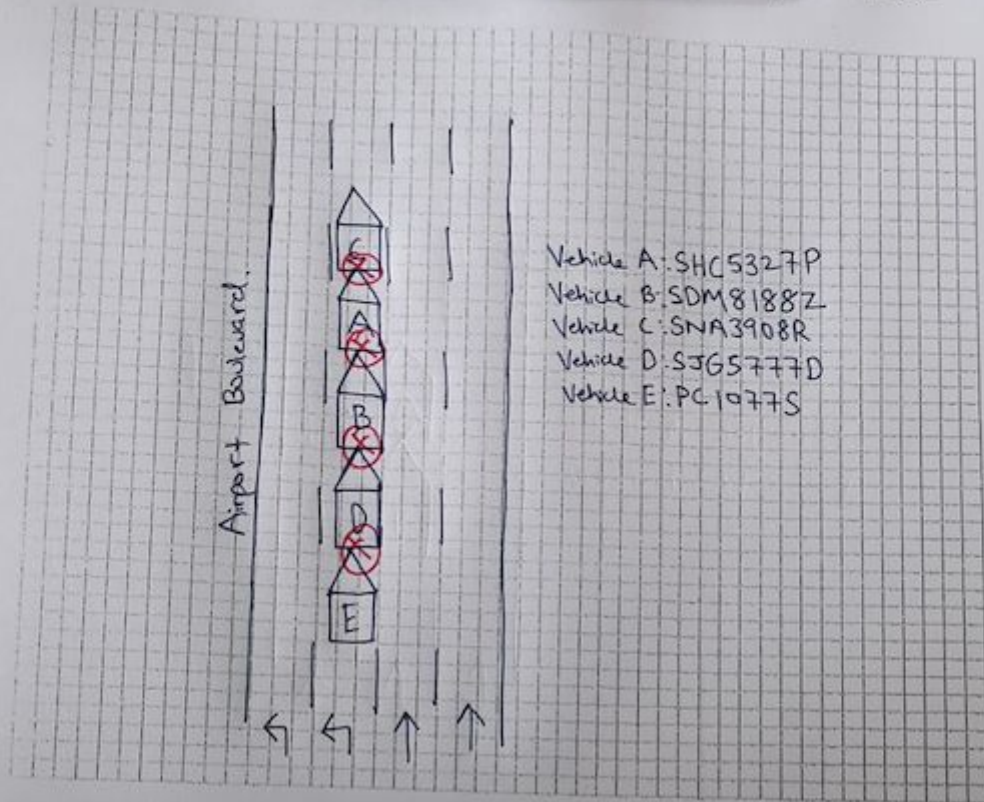
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood

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Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



Vehicle A: SHC5327P  
 Vehicle B: SDM8188Z  
 Vehicle C: SNA3908R  
 Vehicle D: SJG5777D  
 Vehicle E: PC1077S

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
 Mohamed Saifullah S/O Syed Masood  
 Witnessed by Reporting Centre  
 Personnel

AJAX MARS PTE LTD



**Describe Circumstances of the Accident**

I was stationary along airport Boulevard Road suddenly there was a big impact from the rear and my vehicle moved forward and hit the vehicle in front of me then when I get down my vehicle I realised it's an chain collision total of 5 vehicles involved. I went to see doctor and was given 3 days MC. Will be going to make police report later part of the day.

**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 17 Dec 2022

\_\_\_\_\_  
Witnessed By Reporting Officer  
Mohamed Saifullah S/O Syed Masood  
Witnessed by Reporting Centre  
Personnel

















































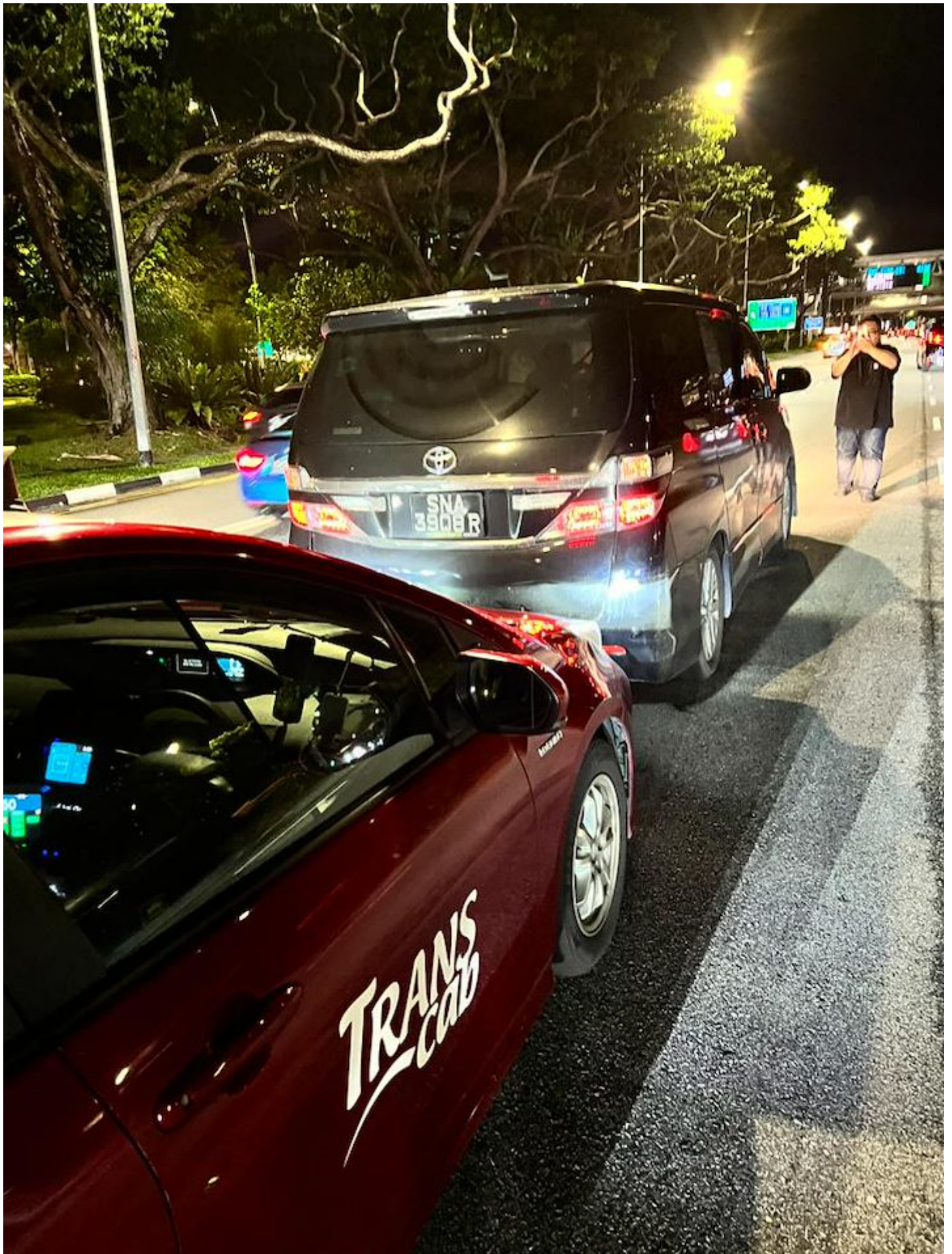








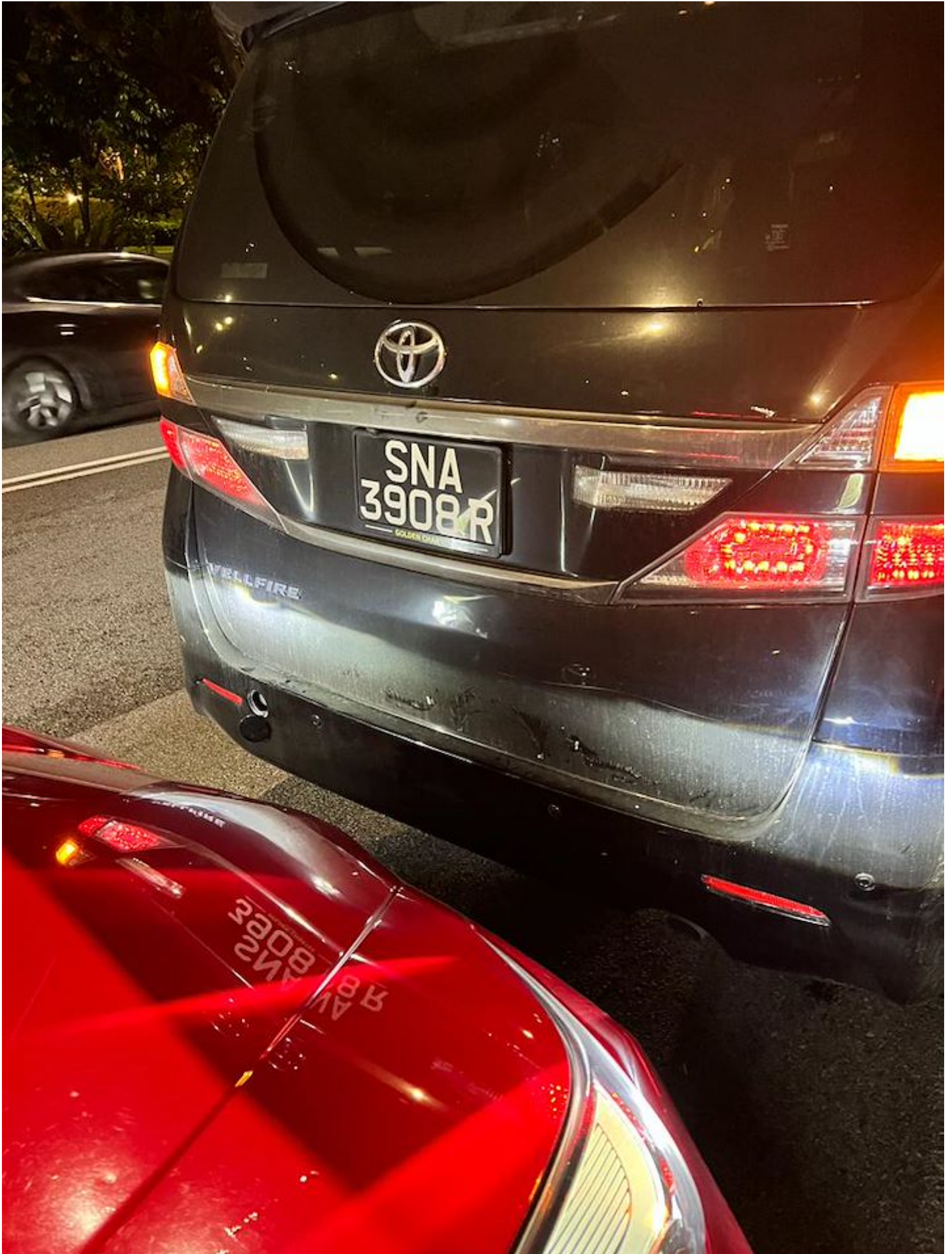




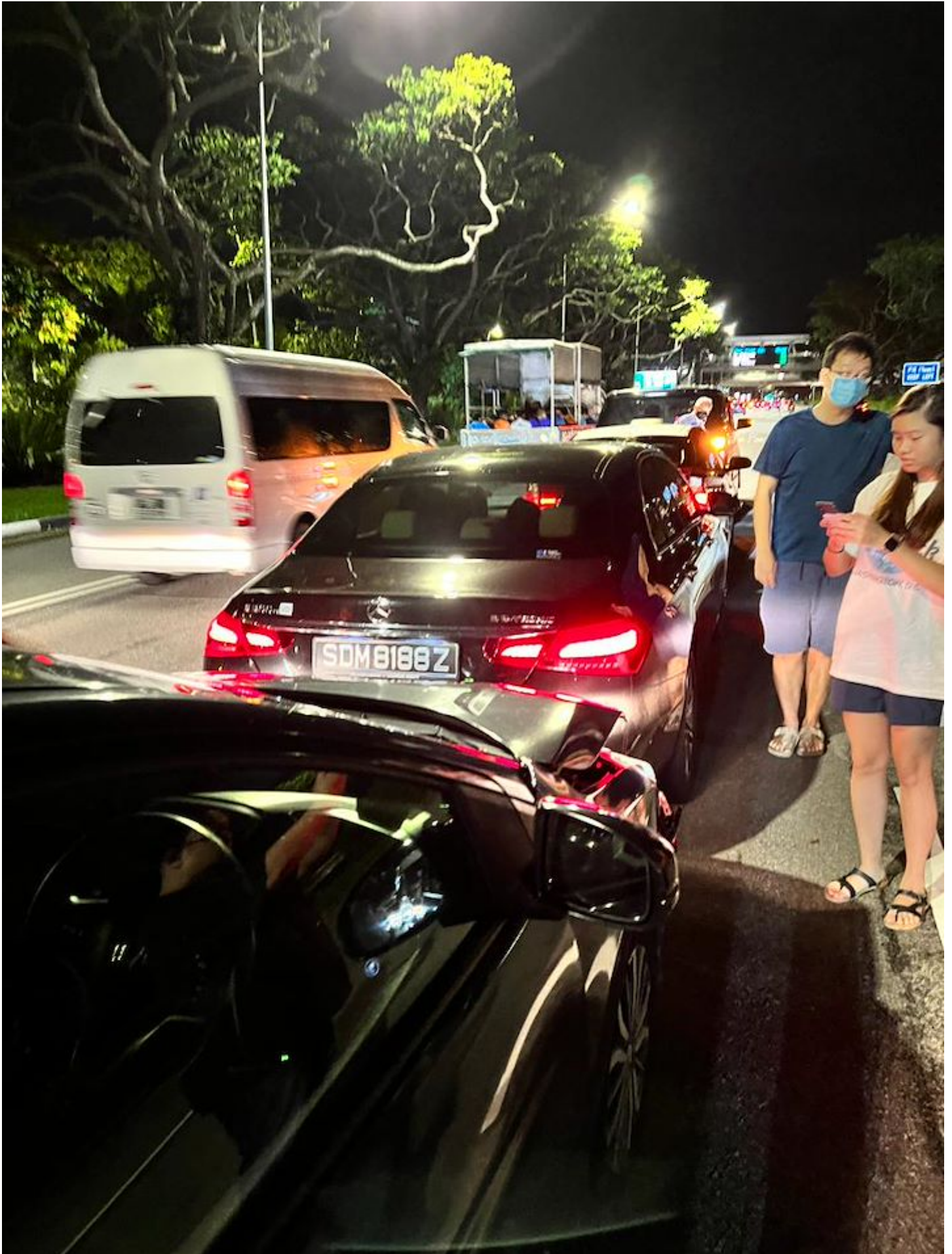




















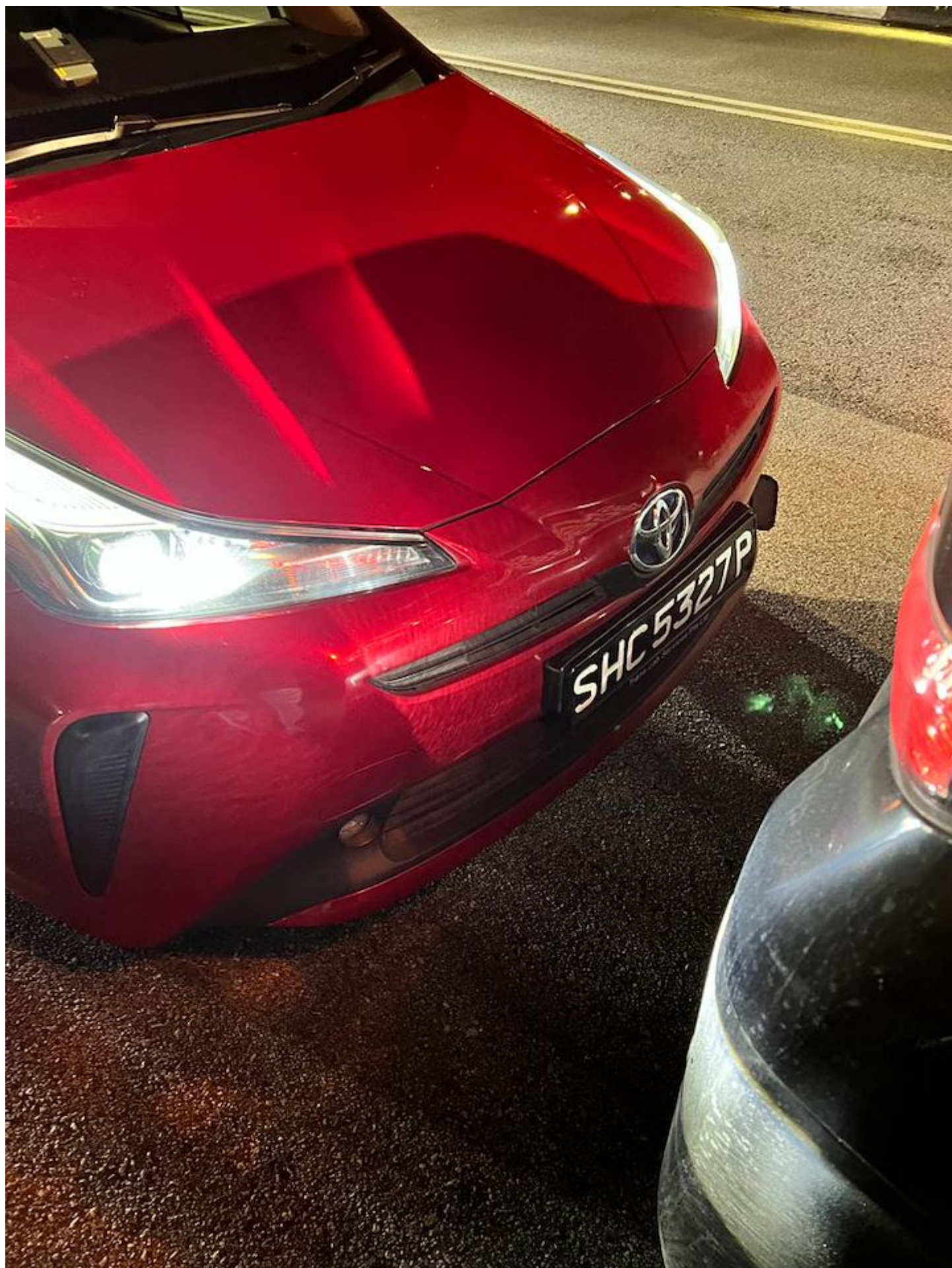








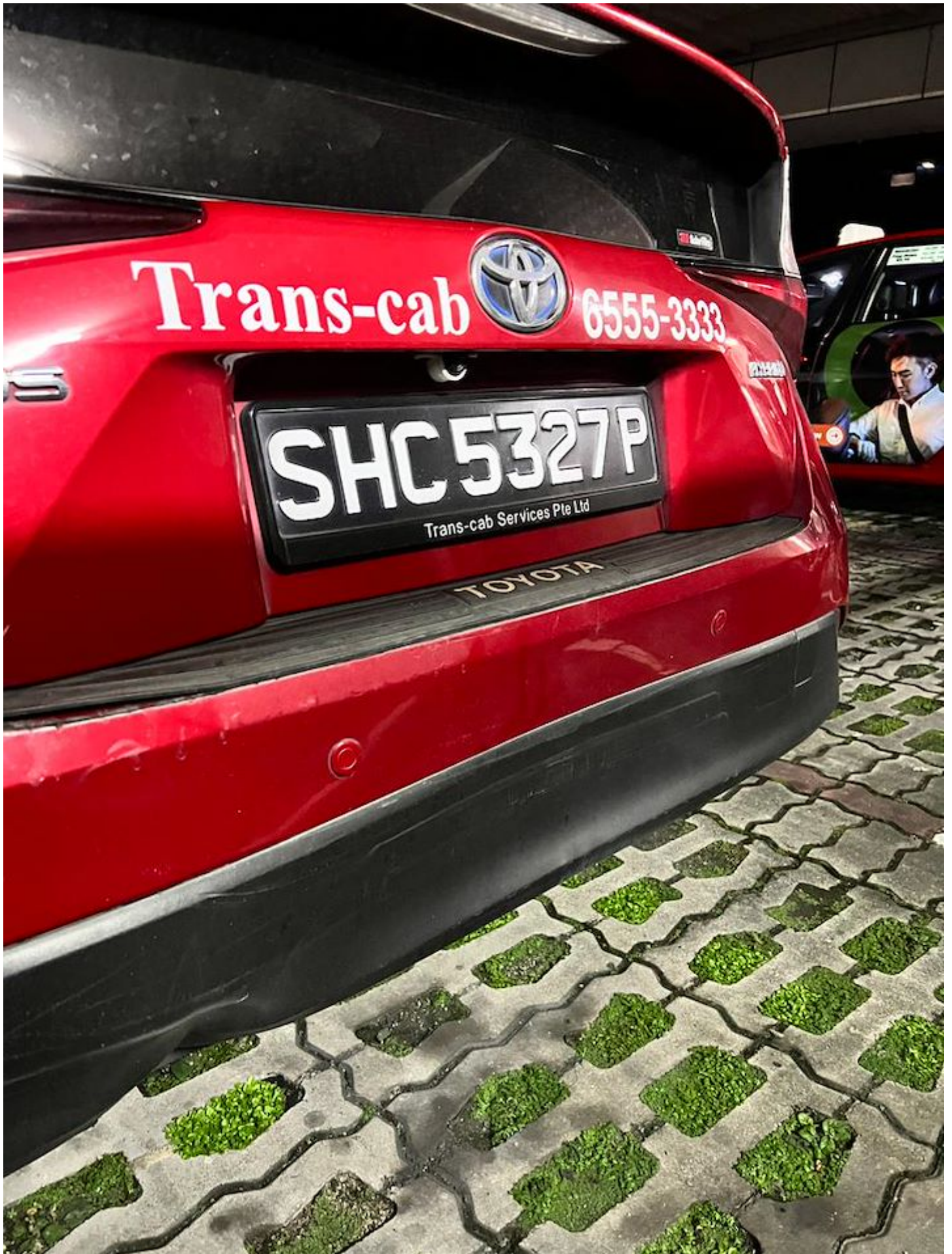




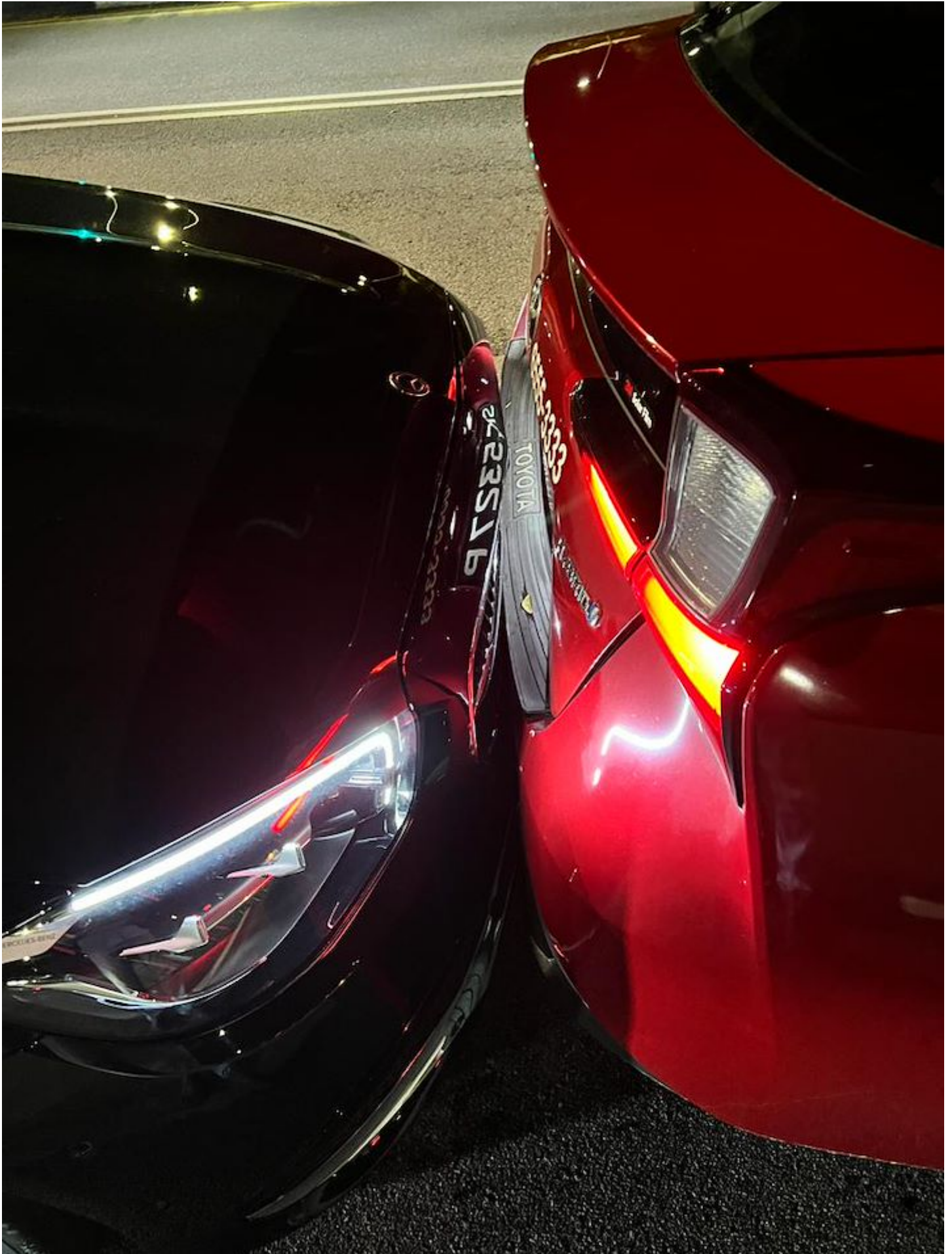












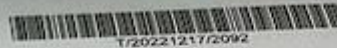







**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999



T/20221217/2092

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Report No. T/20221217/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
17/12/2022 17:24

Vide Report No.:

Station Diary No.:  
20

**Informant's Particulars**

Name of Informant: THAM SHUEH FU			Address: APT BLK 128 BEDOK NORTH STREET 2 #02-04 SINGAPORE 460128		
ID Type / ID No.: NRIC NO / S7033301E			Contact No.: Home/Office: Mobile: 96908699		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 22/09/1970	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/12/2022 21:00	Type of Location: Straight Road
Location: AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC1077S	Bus/Coach/Minibus					0
SDM8188Z	Car	MERCEDES BENZ		Black		0
SHC5327P	Car	TOYOTA	Pris	Red	Slightly Damaged	3
SJG5777D	Car					0
SNA3908R	Car	TOYOTA				0



**SINGAPORE  
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Report No. T/20221217/2092

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>		ID No.	S7033301E
Name	THAM SHUEH FU	Contact No.	96908699
Related Vehicle	SHC5327P (Car)		
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	17/12/2022	Date Discharge	17/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 16/12/2022 at about 2100hrs, I was travelling in my taxi (SHC5327P) along Airport Boulevard towards PIE when I met up with a chain collision with 4 other vehicles. I was on the 2nd lane of the road when the traffic in front of me had piled up and I started to slow down and came to a complete stop. A few seconds later, I felt an impact from the rear and pushed my car forward to hit the rear of the vehicle (SNA3908R) which was in front of me. I continued to step hard on my brake, but the rear vehicle continued to move forward and causing another impact to my rear. This time round, I managed to stop on time to avoid another collision with the vehicle in front of me.

It was after the accident when everyone came down from their vehicles and I realised that there were actually 5 vehicles involved including myself. The vehicle which hit onto my rear was SDM8188Z and the other 2 vehicles involved were SJG5777D (4th vehicle) and PC1077S (last vehicle). I wished to state that I had in-car camera (front) in my taxi. I had went to see a doctor today as I felt pain on my back and shoulders and was given 3 days of medical leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999



T/20221217/2092

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Report No. T/20221217/2092

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

**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 **report number** as reference.

Signature of Officer Recording The Report:

G /  
SI SAW KIAN HOCK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/12/2022 17:24

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168



**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: SA1D22CG000F Vehicle Registration No: SHC5327P  
 Name (as shown in NRIC): THAM SHUEH FU NRIC/FIN/Passport No: SXXXX301E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 16/12/2022 Time of Accident: 21:00 (SGT)  
 Place of Accident: ALONG AIRPORT BOULEVARD  
 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:

AMEND : ATTACHED POLICE REPORT AND ACCIDENT PHOTOS

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*SUSAN*  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: F S NEO  
 NRIC/FIN No.:  
 Date: 19/12/2022