

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 21/12/2022 17:44 (SGT)
Reported by Driver
Date of Accident 21/12/2022 12:30 (SGT)
Exact Location of Accident Near 21 Penhas Rd, Singapore 208185
Additional Location Information JUNCTION OF HORNE ROAD AND PENHAS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD495P

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 Renault
Model Latitude
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2413997

DRIVER

Name of Driver TAY JOO SOON
NRIC No SXXXX579D
Date Of Birth 11/11/1958
Occupation Outdoor

Date Of Driving Pass	11/01/1979
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96900122
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	964 HOUGANG AVE 9
Address complement	#16-666
Postcode	530964
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
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	WITH TRANSCAB.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV407R
Vehicle Manufacturer	Toyota

Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAM LEON NEO
NRIC No	SXXXX276H
Contact Number	(Phone) +65-94510985
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	TAY JOO SOON
Gender	Male
Phone No	(Phone) +65-96900122
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD495P
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 **21/12/2022**

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

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 21/12/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

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

Ver. Jun 2022

Fench Road

Pothus Road

Kiam Road

A: SHD495P

B: SMV407R

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

AMY MARSH (T)



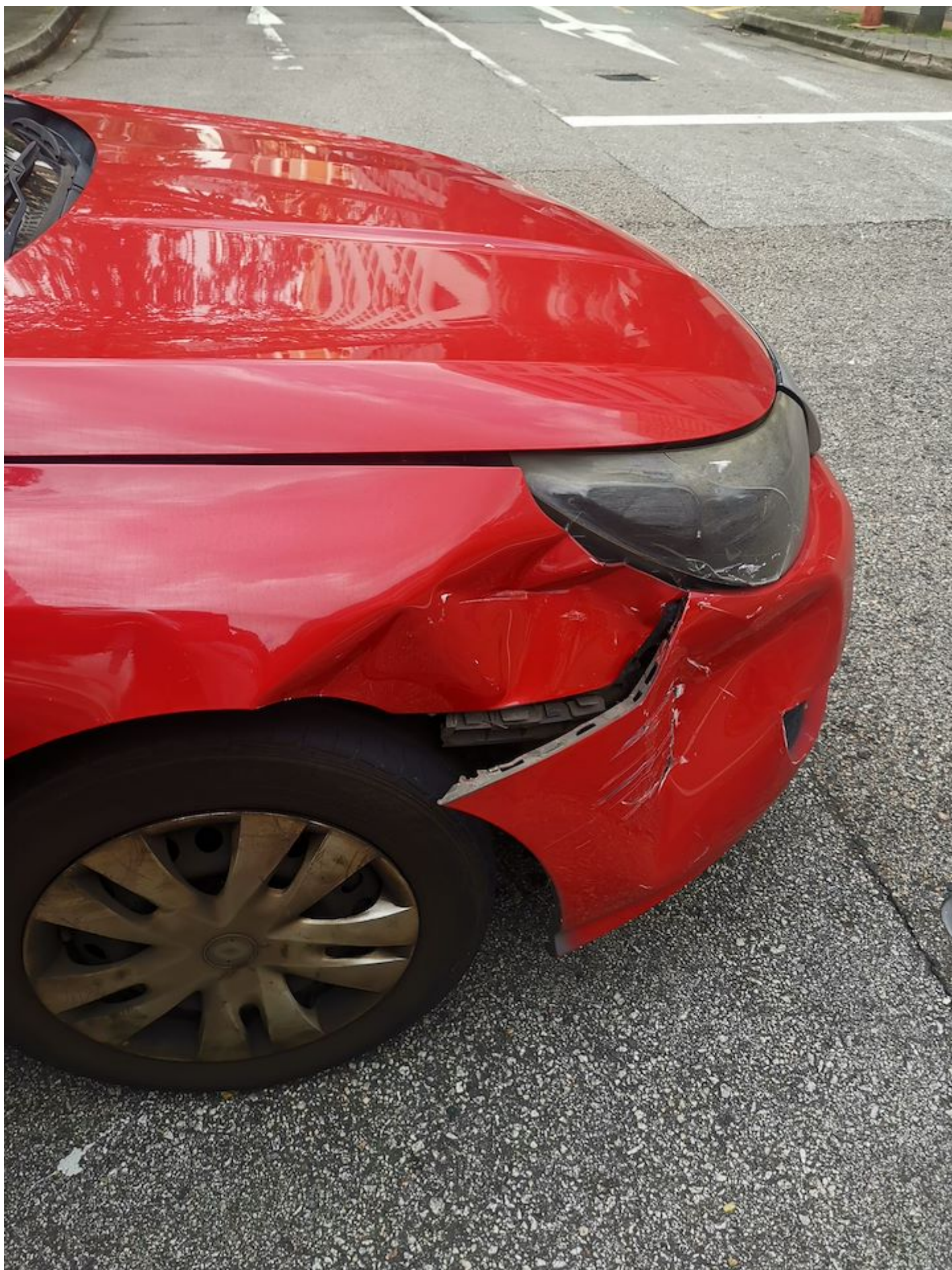












SINGAPORE POLICE FORCE		T/20221221/2053				
Police Station Of Origin: Toa Payoh N.P.C. 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999		Report No. T/20221221/2053				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 21/12/2022 15:05		Vide Report No.:	Station Diary No.: 86			
Informant's Particulars						
Name of Informant: TAY JOO SOON		Address: APT BLK 964 HOUGANG AVENUE 9 #16-666 SINGAPORE 530964				
ID Type / ID No.: NRIC NO / S1292579D		Contact No.: Home/Office: Mobile: 96900122				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 64	Date of Birth: 11/11/1958	Type of Informant: Driver			
Race: Chinese		Language:	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: 21/12/2022 12:30			
Type of Location: X-Junction						
Location: HORNE ROAD						
Weather: Clear		Road Surface: Dry	Road Speed Limit:			
Traffic Flow:		Traffic Control:	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	Condition	No of Passenger
SHD495P	TAXI	RENAULT		Red	Seriously Damaged	0
SMV407R	Car	TOYOTA		Silver	Seriously Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		


**SINGAPORE
POLICE FORCE**


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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No: T/20221221/2053

CONTINUATION OF REPORT

Driver			
Name	TAY JOO SOON	ID No.	S1292579D
Related Vehicle	SHD495P (TAXI)	Contact No.	96900122
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2022	Date Discharge	21/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	KAM LEON NEO	ID No.	S1334276H
Related Vehicle	SMV407R (Car)	Contact No.	94510985
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

Brief Details.

On 21/12/2022 at about 12.30pm, while I was driving along Home Road in my vehicle SHD495P, towards King George Road, X-junction of Home Road and Penhas Road, only 1 lane. There was another vehicle, SMV407R, travelling along Penhas Road towards France Road. There was no traffic light at the said X-junction. To my knowledge, that vehicle, which was travelling along Penhas Road towards France Road, there is a stop line, meaning, he has to stop.

When my vehicle was at the X-junction, that vehicle did not stop, and the front bumper collided onto my vehicle's right driver door. After collision, we came down from our vehicles and exchange contact details. I felt that neck and back was sore.

On 21/12/2022 at about 1.30pm, I reported the accident to my insurance and was advised to lodge a traffic accident report.

On 21/12/2022 at about 2pm, I visited the clinic at Blk 109 Lorong 1 Toa Payoh, Horizon Medical Pte Ltd and was issued 3 days of medical certificate. My vehicle is installed with in-car recording, and it is working at the time of the accident.

**SINGAPORE
POLICE FORCE**

T/20221221/2053

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20221221/2053

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:

E /

SGT 3 EUGENE LOW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/12/2022 15:05

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168