

# 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 ..... 26/01/2023 19:01 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/01/2023 12:20 (SGT)  
Exact Location of Accident ..... Near 3 Craig Rd, Singapore 089663  
Additional Location Information ..... JUNCTION OF TG PAGAR ROAD AND CRAIG ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9853E

### 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 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 ..... VINCENT CHEONG AH KAY  
NRIC No ..... SXXXX527D  
Date Of Birth ..... 06/12/1954  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/03/1975
Driving experience .....	47 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98287527
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	611 CHOA CHU KANG ST 62
Address complement .....	#12-179
Postcode .....	680611
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF
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? .....	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 .....	VIDEO FOOTAGE WITH TRANSCAB

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKW7465U
Vehicle Manufacturer .....	Honda

Vehicle Model .....	ACCORD 2.4E A
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOH KAI JUN LIONELL
NRIC No .....	SXXXX242B
Contact Number .....	(Phone) +65-96474964
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	VINCENT CHEONG AH KAY
Gender .....	Male
Phone No .....	(Phone) +65-98287527
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD9853E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.

Policyholder's Signature / Date & Time _____	Driver's Signature (if driver is not the policyholder) / Date & Time  26/1/2023	Witnessed By Reporting Officer Wong Jun Keat Witnessed by Reporting Centre Personnel
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## Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT

COAIG ROAD

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel

AJAX MARS PTE LTD

**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 26/1/2023

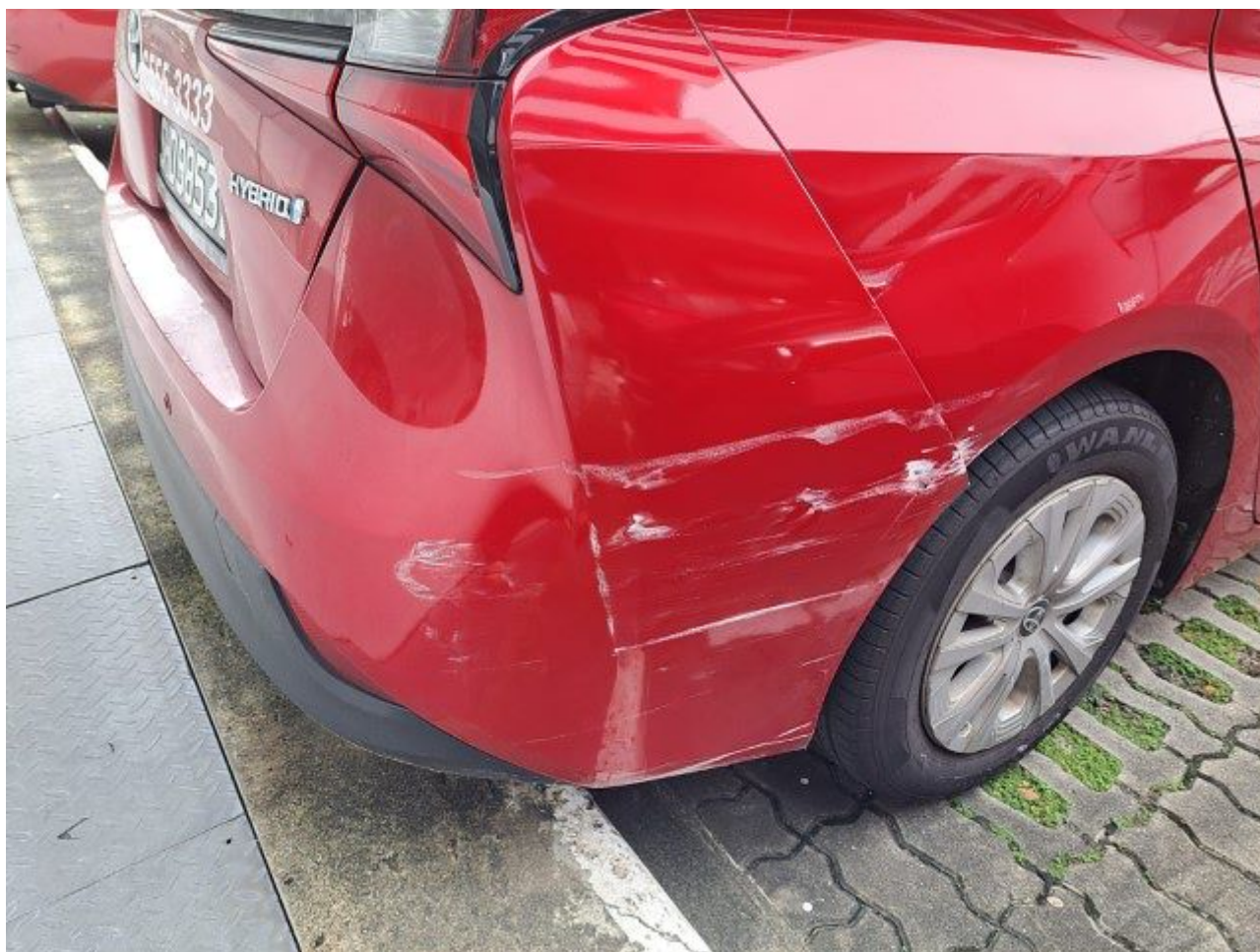
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Witnessed By Reporting Officer  
Wong Jun Keat  
Witnessed by Reporting Centre  
Personnel

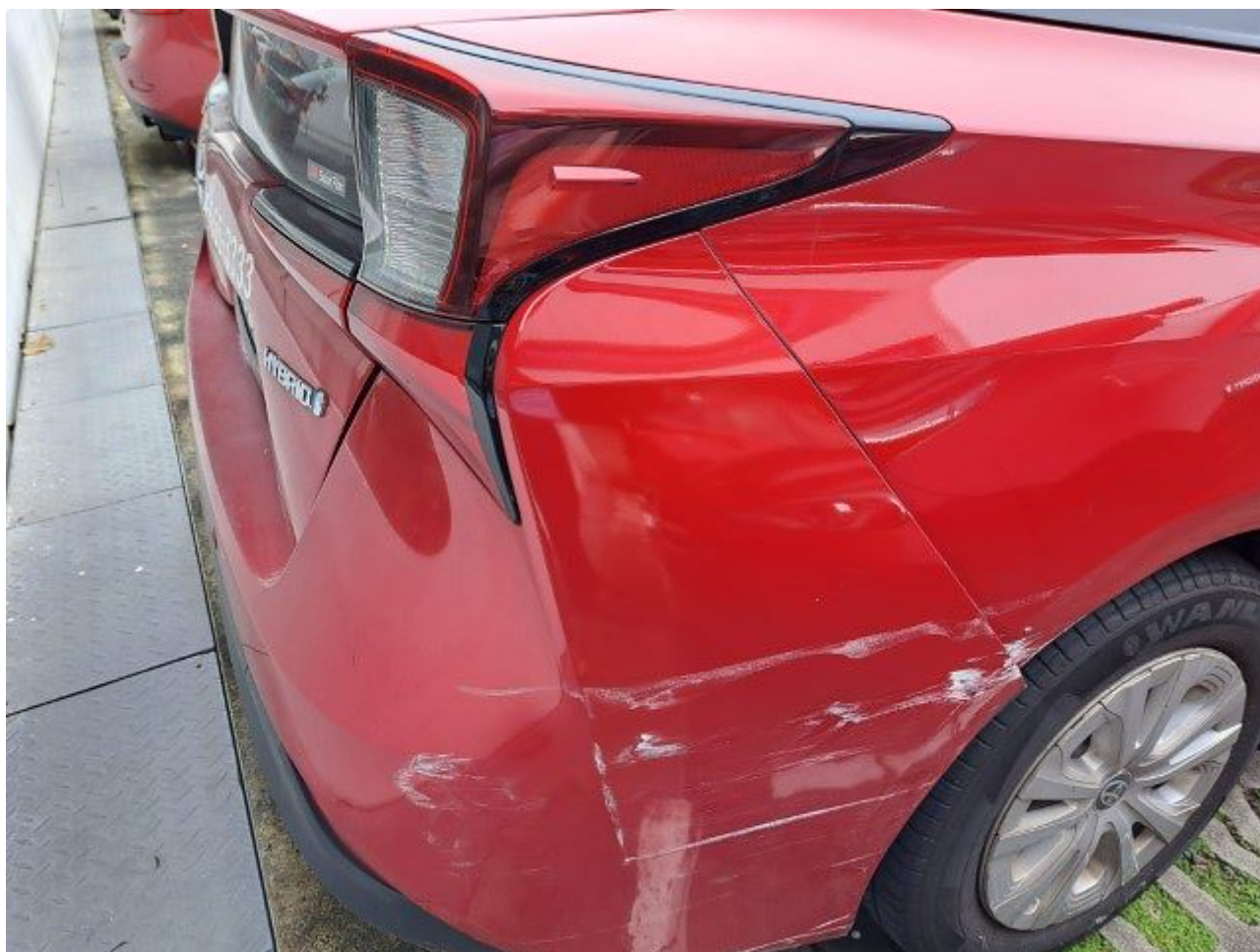


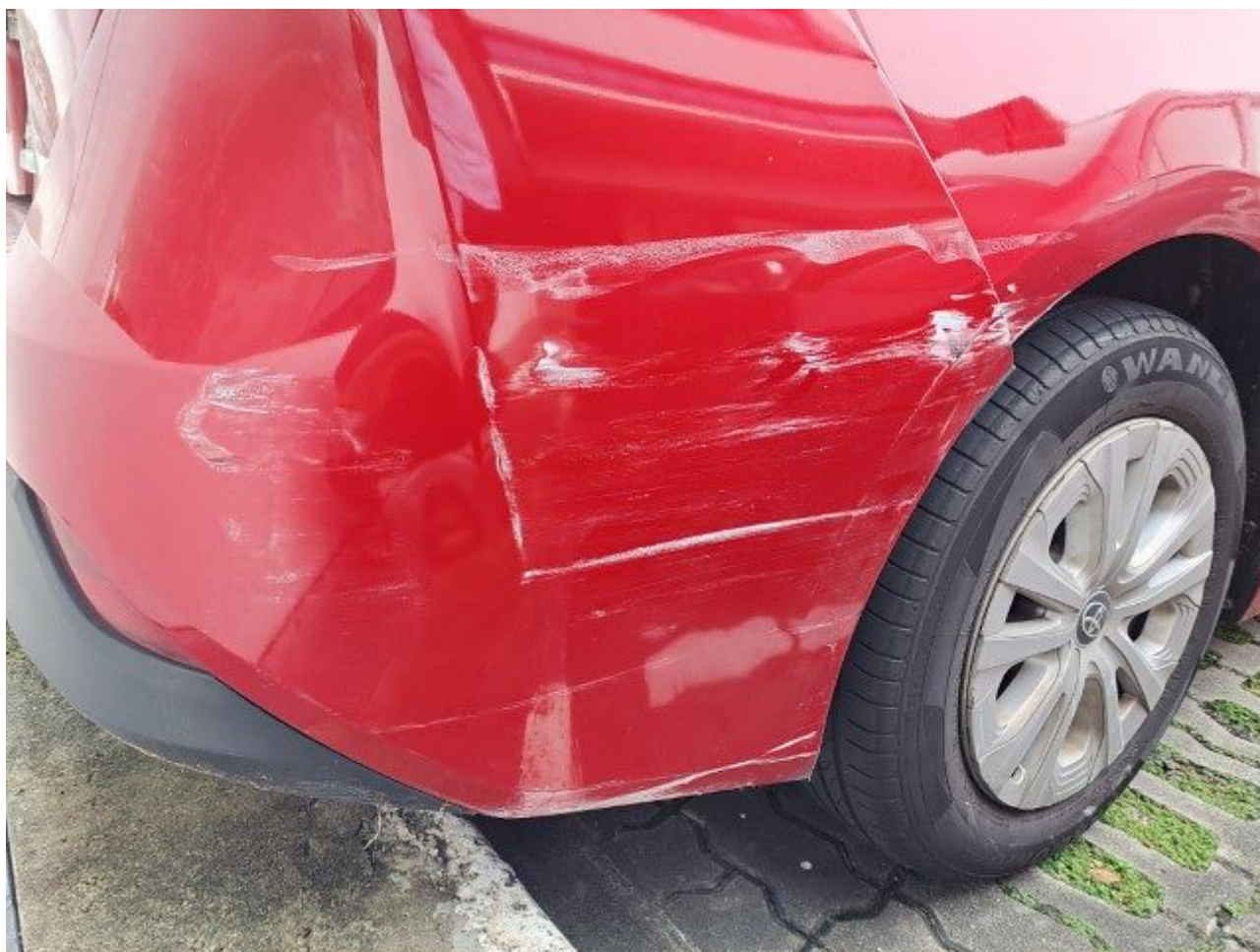














































**SINGAPORE  
POLICE FORCE**



T/20230126/2066

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

1 of 3  
Report No. T/20230126/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2023 15:26	Vide Report No.:	Station Diary No.: 72
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**Informant's Particulars**

Name of Informant: VINCENT CHEONG AH KAY		Address: APT BLK 611 CHOA CHU KANG STREET 62 #12-179 SINGAPORE 680611	
ID Type / ID No.: NRIC NO / S0147527D		Contact No.: Home/Office: Mobile: 98287527	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 06/12/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2023 12:20	Type of Location: T-Junction
Location:  TANJONG PAGAR ROAD				
Weather: Clear		Road Surface: Uneven	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9853E	Car				Slightly Damaged	0
SKW7465U	Car					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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Report No. T/20230126/2066

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

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	VINCENT CHEONG AH KAY	ID No.	S0147527D
Related Vehicle	SHD9853E (Car)	Contact No.	98287527
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/01/2023	Date Discharge	26/01/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Name</b>			
LOH KAI JUN LIONELL		ID No.	S9710242B
Related Vehicle	SKW7465U (Car)	Contact No.	96474964
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 26/01/2023 at 12.23pm, I was travelling along Tanjong Pagar Road. As I was coming to the junction of Craig Road, I then signaled my intention to turn right into Craig Road. As the T-junction is not controlled and there were no traffic incoming, I then made the right turn. As I was completing my turn, another vehicle, SKW7465U, that was travelling along Craig Road, then collided into my vehicle, on the rear right.

I then got out from my vehicle and both of us exchanged particulars. The rear right bumper of my vehicle is detached slightly, however can still be driven. I also noticed that there's a stop line along Craig Road and the other party had crossed the stop line and did not wait for me to complete my turn earlier.

As I felt pain on my left arm and on the back of my neck, I then went to see the doctor and received 5 days of MC. As such, I decided to lodge a police report.

**SINGAPORE  
POLICE FORCE**

T/20230126/2066

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Report No. T/20230126/2066

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

**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 /  
STAFF SGT MUHAMMAD  
ALIMOON BIN MOHAMED  
JUBERI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/01/2023 15:26

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168