

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 14:19 (SGT)
Reported by Driver
Date of Accident 25/01/2023 22:20 (SGT)
Exact Location of Accident Near Opp Catholic JC, Singapore
Additional Location Information PIE TOWARDS CHANGI NEAR NEG NEO AVE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB9951R

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 CHIA YAP YONG
NRIC No S0226120J
Date Of Birth 01/07/1954
Occupation Outdoor

Date Of Driving Pass	18/08/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86602813
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	313 JURONG EAST ST 32
Address complement	#09-207
Postcode	600313
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	Raining
Road Surface	Wet

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)	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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
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	FBT9879T
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?	FBT9879T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 **26/1/2023**

 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 26/1/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

0 TENTH 2 3 4 5 6

in 2022

Diagram showing a road layout on graph paper. A vertical line represents a road. To the left of the road, there is a label "BIG NO" and "AR" with an arrow pointing left. To the right of the road, there is a label "PIE". A small square labeled "A" is located on the road. Below the road, there are three upward-pointing arrows. Below the diagram, there are two lines of text:

A: JMB9951R
B: FB9879T

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

ALL MARKS PTF / TO :

















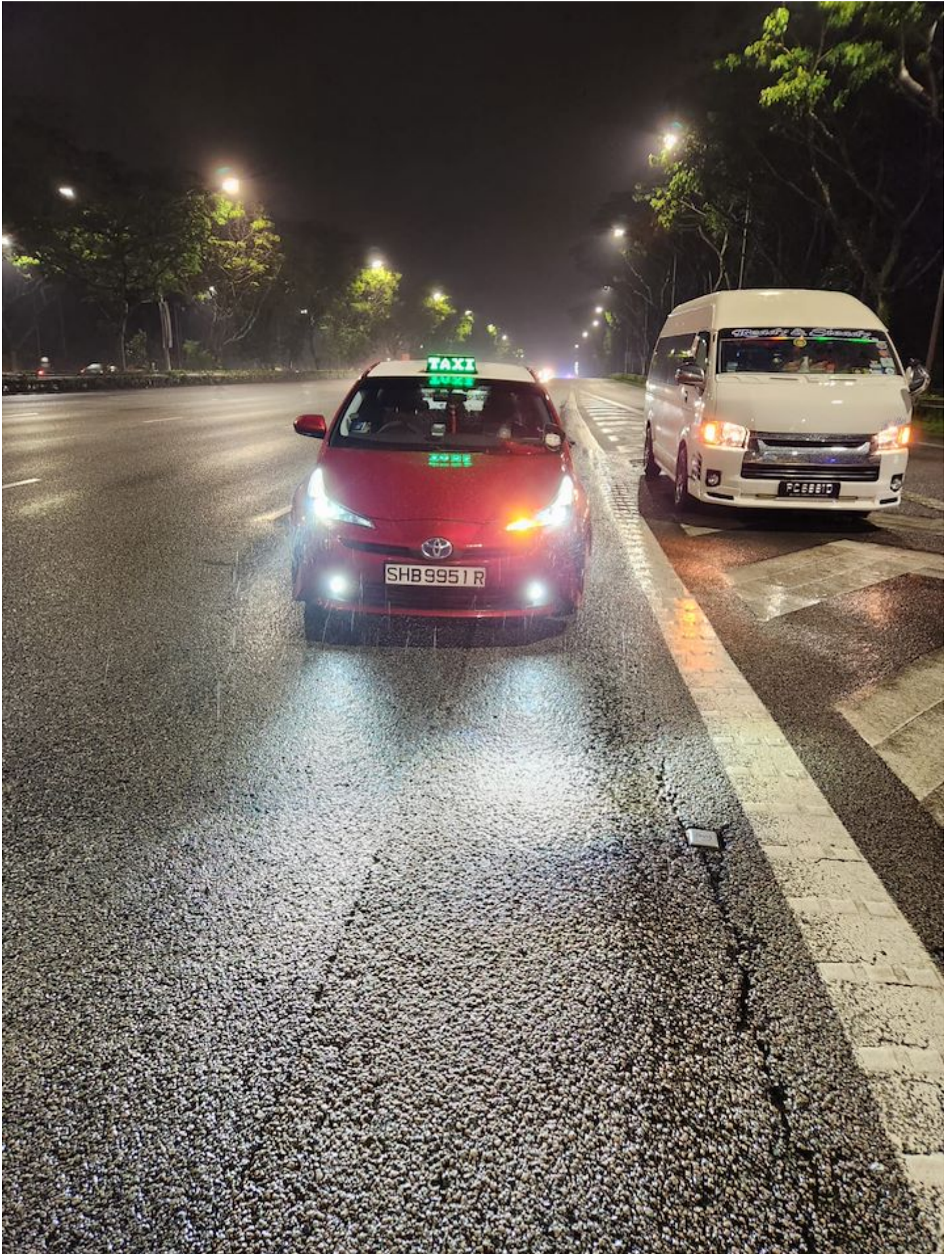




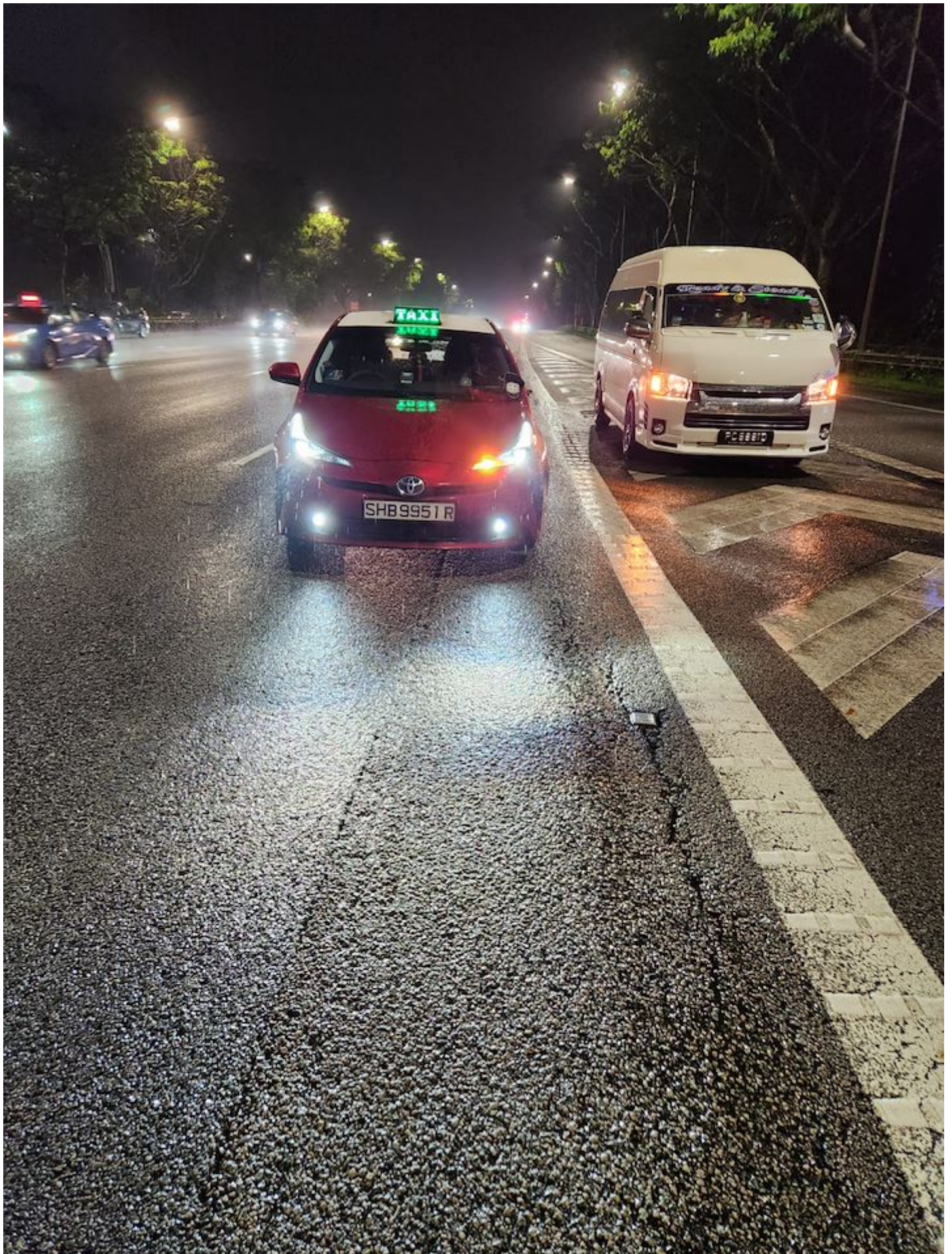














**SINGAPORE
POLICE FORCE**



T/20230125/2006

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230125/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2023 00:45	Vide Report No.: E/20230125/0150	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CHIA YAP YONG			Address: APT BLK 313 JURONG EAST STREET 32 #09-207 SINGAPORE 600313	
ID Type / ID No.: NRIC NO / S0226120J			Contact No.:	Mobile: 86602813
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 68	Date of Birth: 01/07/1954	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2023 22:20	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
FBT9679T	Motorcycle				Slightly Damaged	0
SHB9951R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				

**SINGAPORE
POLICE FORCE**

T/20230126/2006

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999





Report No. T/20230126/2006

CONTINUATION OF REPORT

Driver			
Name	CHIA YAP YONG	ID No.	S0226120J
Related Vehicle	SHB9951R (Car)	Contact No.	88602813
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.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 25.01.2023 at about @2220, I was driving my taxi travelling along PIE towards Changi Airport. Near the exit of Eng Neo Ave, suddenly a motorcycle on my left side hit onto my taxi. The motorcycle rider fell down and I stop my taxi. I then call the Ambulance and Police also came. The Ambulance then convey the rider to unknown Hospital. The Police Officer then ask me to lodge a Police Accident Report.

 SINGAPORE POLICE FORCE	 T/20230126/2006	3 of 3 Report No. T/20230126/2006
<div style="display: flex; justify-content: space-between;"><div>Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999</div><div>CONTINUATION OF REPORT</div></div>		
<p>Sketch Plan Informant is not able to provide sketch plan</p>		
<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>		
<div style="border: 1px solid black; padding: 5px;"><p>Signature of Officer Recording The Report: D / SI NOOR SAINI BIN IBRAHIM</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Signature Of Interpreter: Not applicable</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311</p></div>	<div style="border: 1px solid black; padding: 5px;"><p>Signature Of Informant:</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Date/Time: 26/01/2023 00:45</p></div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p>Classification Of Case:</p></div>	
<p>NP168</p>		