

# 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 ..... 22/11/2021 14:17 (SGT)  
Reported by ..... -  
Date of Accident ..... 19/11/2021 19:55 (SGT)  
Exact Location of Accident ..... Near 94 Punggol Dr., Singapore  
Additional Location Information ..... JUNCTION OF PUNGGOL DR AND PUNGGOL EAST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC5062C

### 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 ..... +65-62876666

### 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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... HSBC Life (Singapore) Pte. Ltd  
Policy Number / Cover Note Number ..... VFX/P2413997

### DRIVER

Name of Driver ..... LIM GUAN HOCK  
NRIC No ..... S1182069G  
Date Of Birth ..... 23/01/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	11/07/1980
Driving experience .....	41 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83836606
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	416 PASIR RIS DR 6
Address complement .....	#12-235
Postcode .....	510416
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 - Head to Rear
Weather Conditions .....	Clear
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 19/11/2021 AT ABOUT 1955HOURS , I WAS TRAVELLING ALONG PUNGGOL DR TOWARDS PUNGGOL EAST . WHEN I SAW VEHICLE B STOPPED HIS VEHICLE AT THE JUNCTION FOR WAITING THE TRAFFIC LIGHT , I APPLIED MY BRAKE BUT MY VEHICLE STILL MOVING FORWARDS AND COLLIDED ONTO REAR OF VEHICLE B .

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV1744K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	KAO BENG ANN
NRIC No .....	S1200734E
Contact Number .....	(Phone) +65-96725866
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT**

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

22/11/2021

ACCIDENT REPORT FORM (To be filled by the Reporting Officer)

1. Date and Time of Accident: 2021

2. Location of Accident: 3021

3. Name of Reporting Officer: 3021

4. Name of Policyholder: 3021

5. Name of Driver: 3021

6. Name of Vehicle: 3021

7. Name of Insurance Company: 3021

8. Name of Agent: 3021

9. Name of Broker: 3021

10. Name of Underwriter: 3021

11. Name of Claims Handler: 3021

12. Name of Loss Adjuster: 3021

13. Name of Surveyor: 3021

14. Name of Inspector: 3021

15. Name of Assessor: 3021

16. Name of Valuer: 3021

17. Name of Auctioneer: 3021

18. Name of Liquidator: 3021

19. Name of Receiver: 3021

20. Name of Trustee: 3021

21. Name of Administrator: 3021

22. Name of Executor: 3021

23. Name of Beneficiary: 3021

24. Name of Creditor: 3021

25. Name of Debtor: 3021

26. Name of Guarantor: 3021

27. Name of Endorsee: 3021

28. Name of Assignee: 3021

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221. Name of Assignor: 3

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/11/2021 AT ABOUT 1955HOURS , I WAS TRAVELLING ALONG PUNGGOL DR TOWARDS PUNGGOL EAST . WHEN I SAW VEHICLE B STOPPED HIS VEHICLE AT THE JUNCTION FOR WAITING THE TRAFFIC LIGHT , I APPLIED MY BRAKE BUT MY VEHICLE STILL MOVING FORWARDS AND COLLIDED ONTO REAR OF VEHICLE B .

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
WONG JUN KEAT

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 22/11/2021

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

(J&RMC) (SketchPlanForm\_V3)

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