

# 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 .....	08/03/2023 19:32 (SGT)
Reported by .....	Driver
Date of Accident .....	08/03/2023 04:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG ORCHARD ROAD INFRONT CONCORDE HOTEL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD5385R
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### 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 .....	TOYOTA 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 .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	VFX/P2413997

### DRIVER

Name of Driver .....	KEE TIEN TECK (JI TIANDE)
NRIC No .....	SXXXX845A
Date Of Birth .....	26/10/1981
Occupation .....	Outdoor

Date Of Driving Pass .....	10/08/2011
Driving experience .....	11 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87267507
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Park Grove @ Yishun, 676A Yishun Ring Road
Address complement .....	#02-1910
Postcode .....	761676
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 .....	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) .....	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 .....	P1
Gender .....	Male

#### PASSENGER 2

Name .....	P2
Gender .....	Female

#### PASSENGER 3

Name .....	P3
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

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 TRAFFIC POLICE

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLJ7639S  
 Vehicle Manufacturer ..... Nissan  
 Vehicle Model ..... TEANA 2.5L CVT  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 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) ..... 4

#### PASSENGER 1

Name ..... P1  
 Gender ..... Female

#### PASSENGER 2

Name ..... P2  
 Gender ..... Female

#### PASSENGER 3

Name ..... P3  
 Gender ..... Female

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... KEE TIEN TECK (JI TIANDE)  
 Gender ..... Male  
 Phone No ..... (Phone) +65-87267507  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHD5385R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... PASSENGER 1  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SHD5385R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 3

Name of injured person .....	PASSENGER 2
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHD5385R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation**.
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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

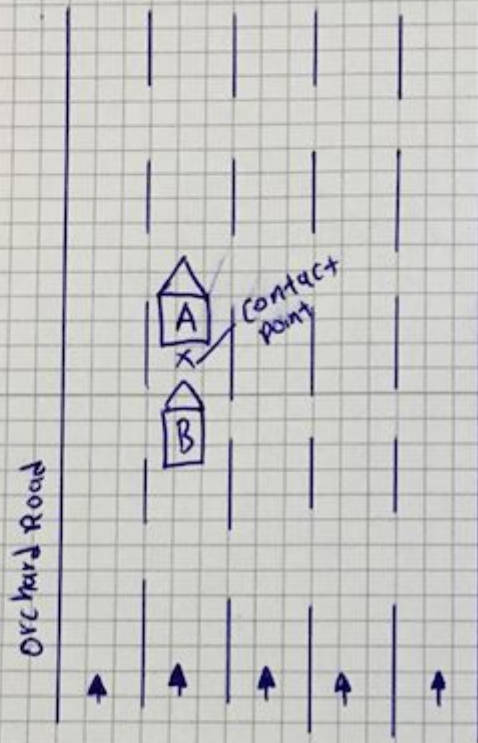
\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM



veh A: SHD 5385 R  
veh B: SLJ 7639 S

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
ANG QI HAO, VICTOR

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



**Describe Circumstances of the Accident**

REFER TO POLICE REPORT

**Declaration**

We declare the foregoing particulars are true in every respect.



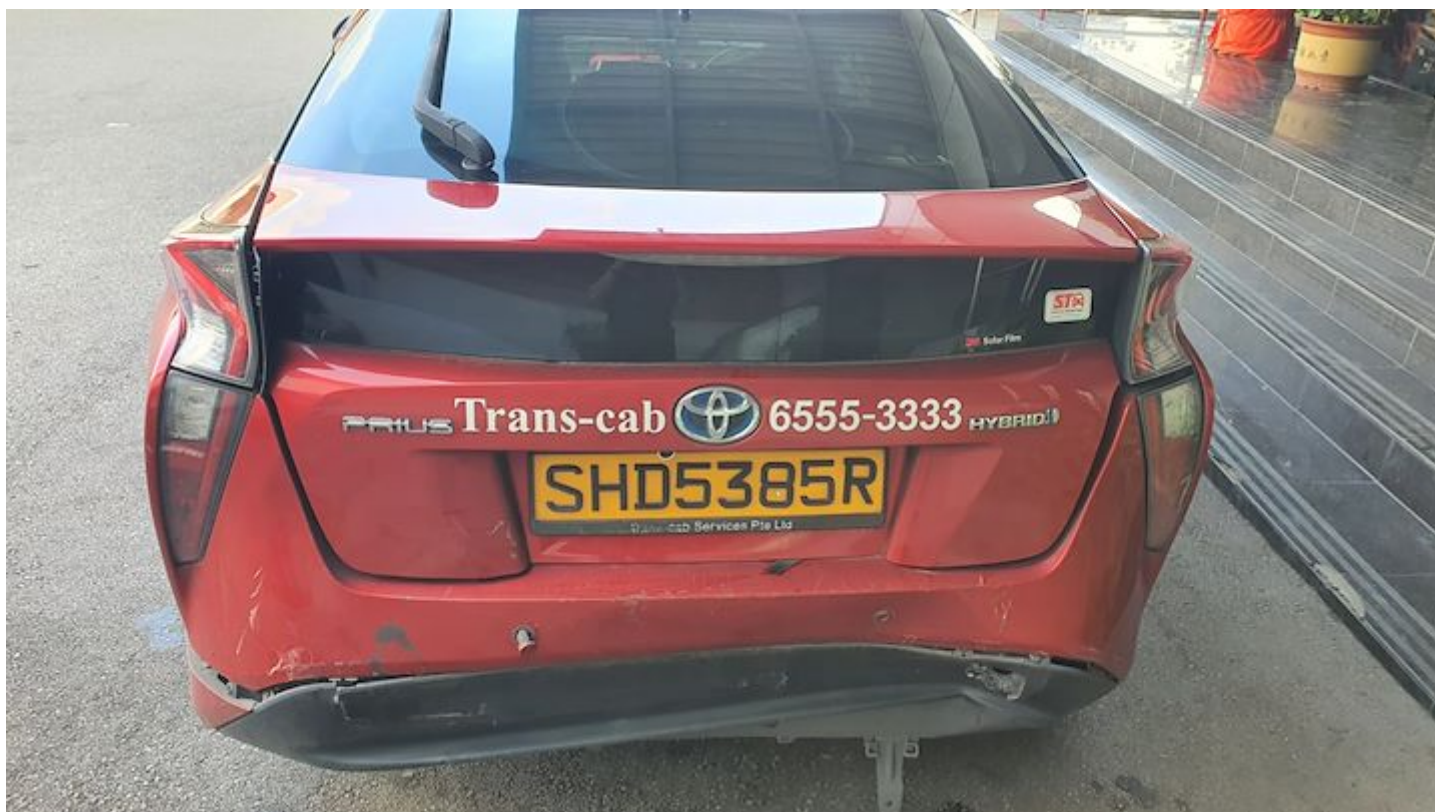
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



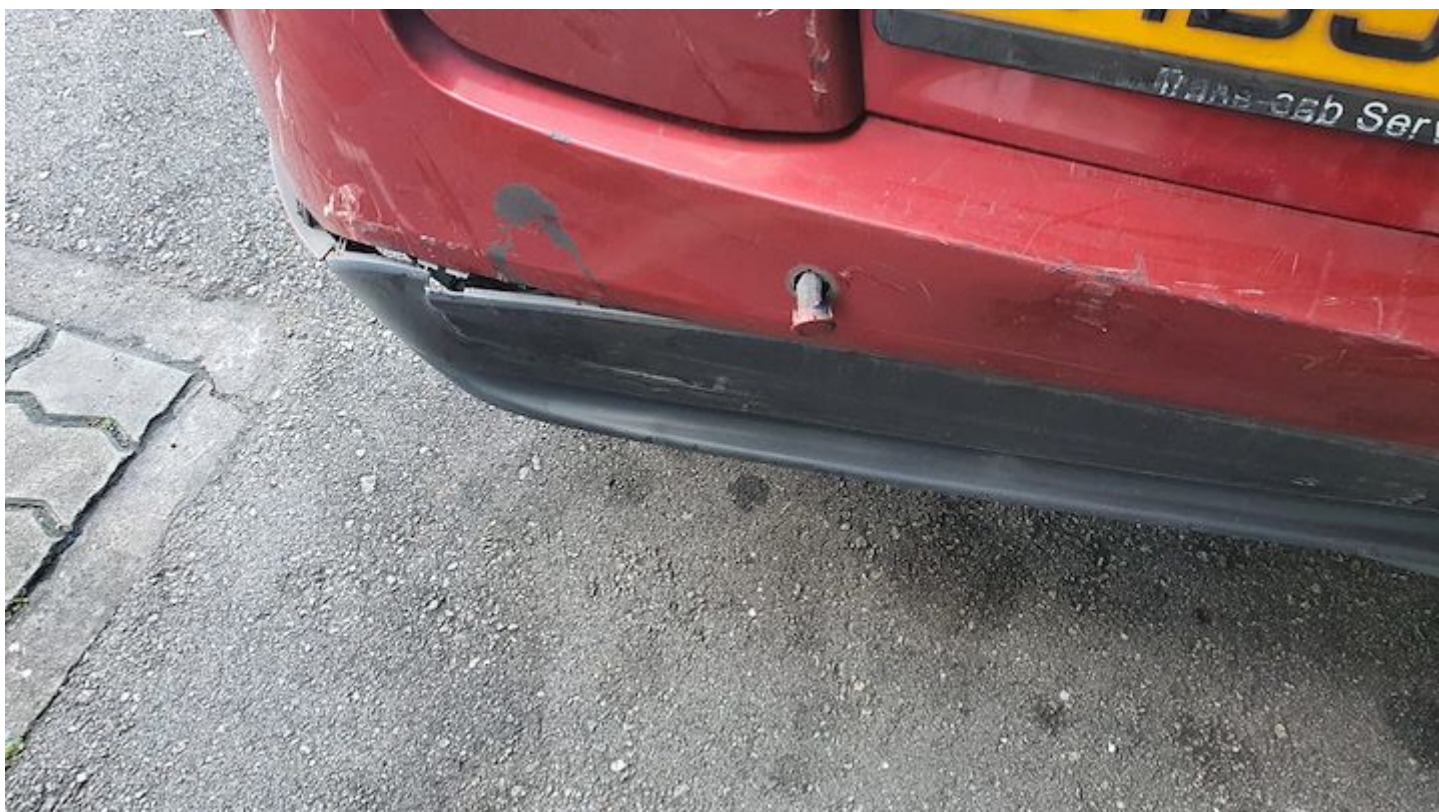




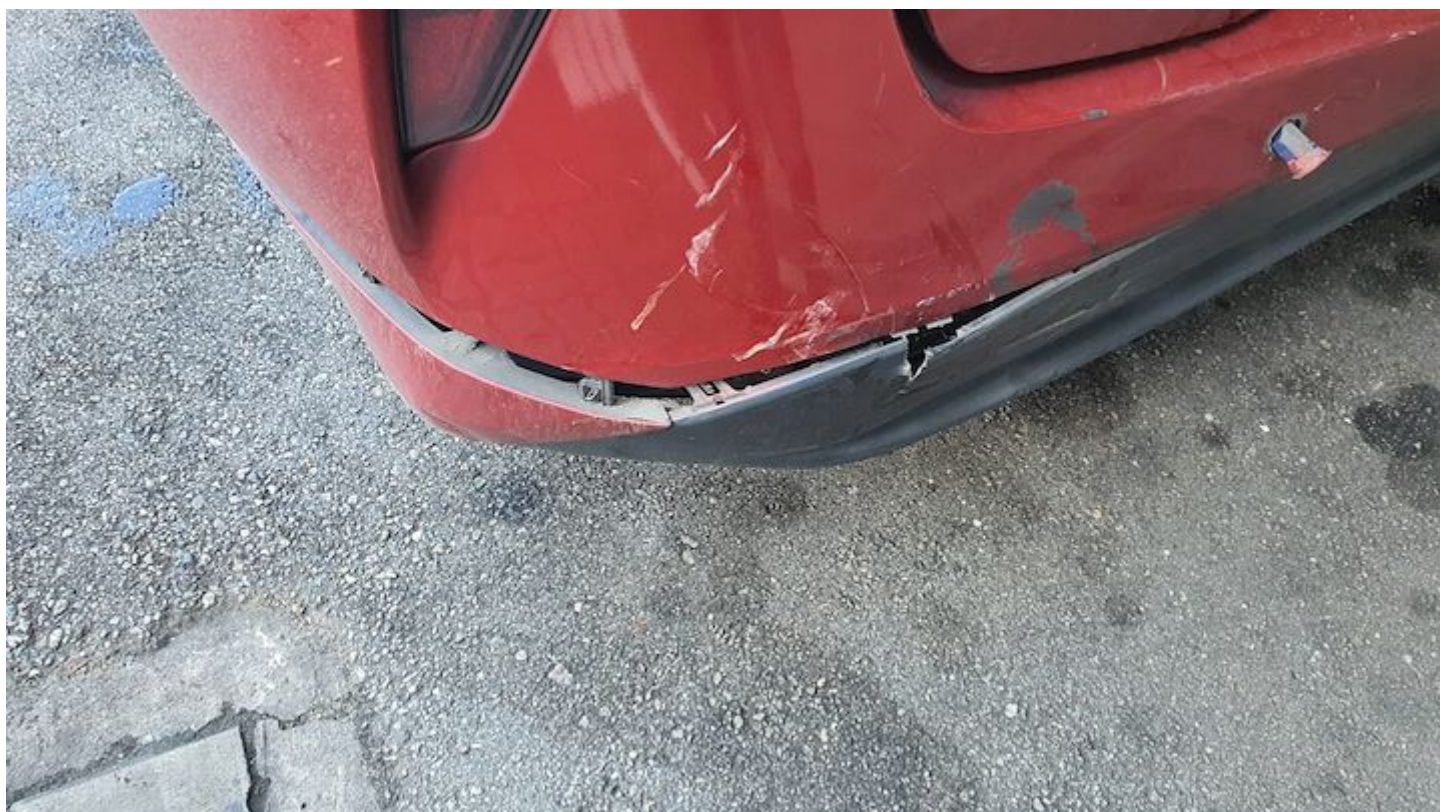








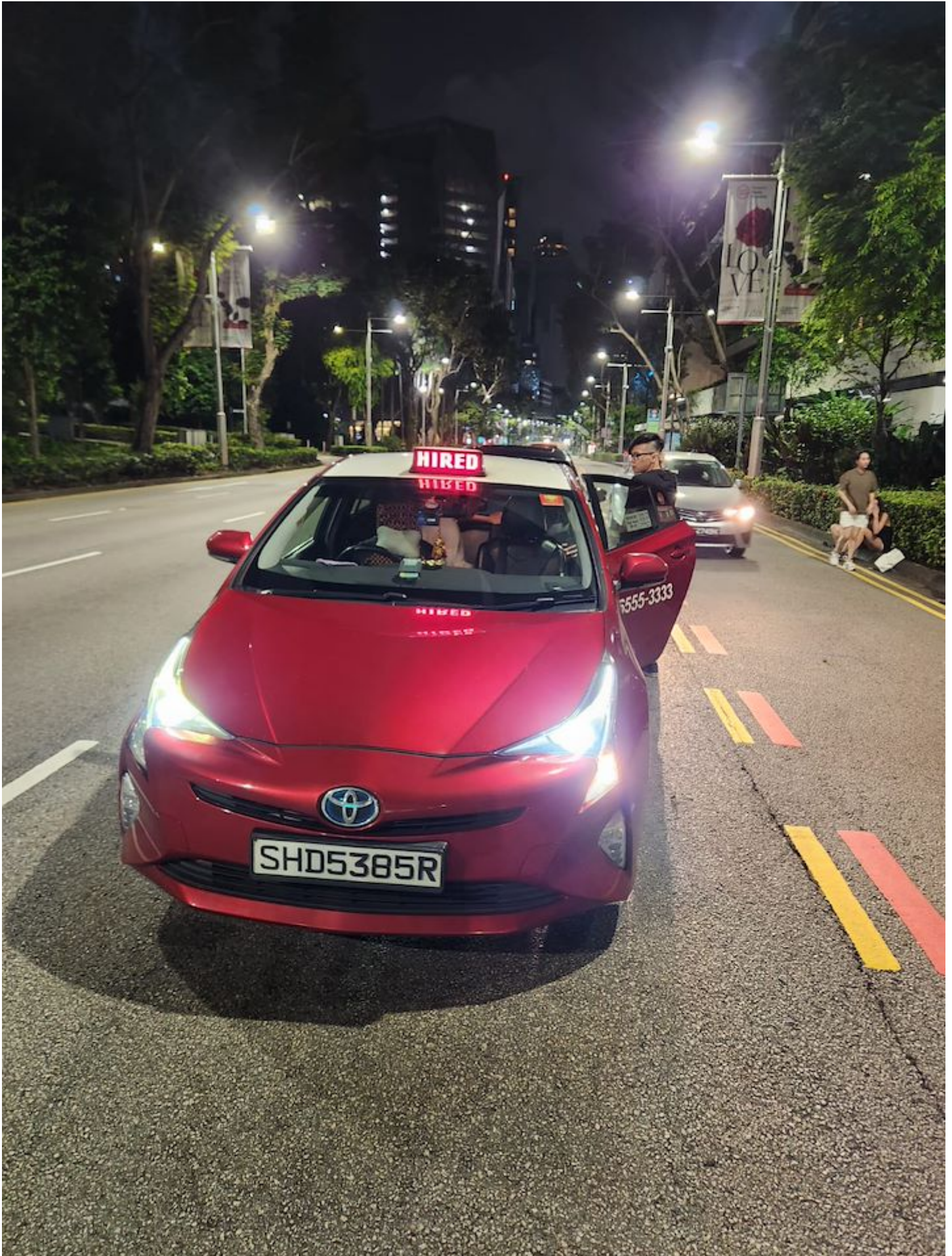




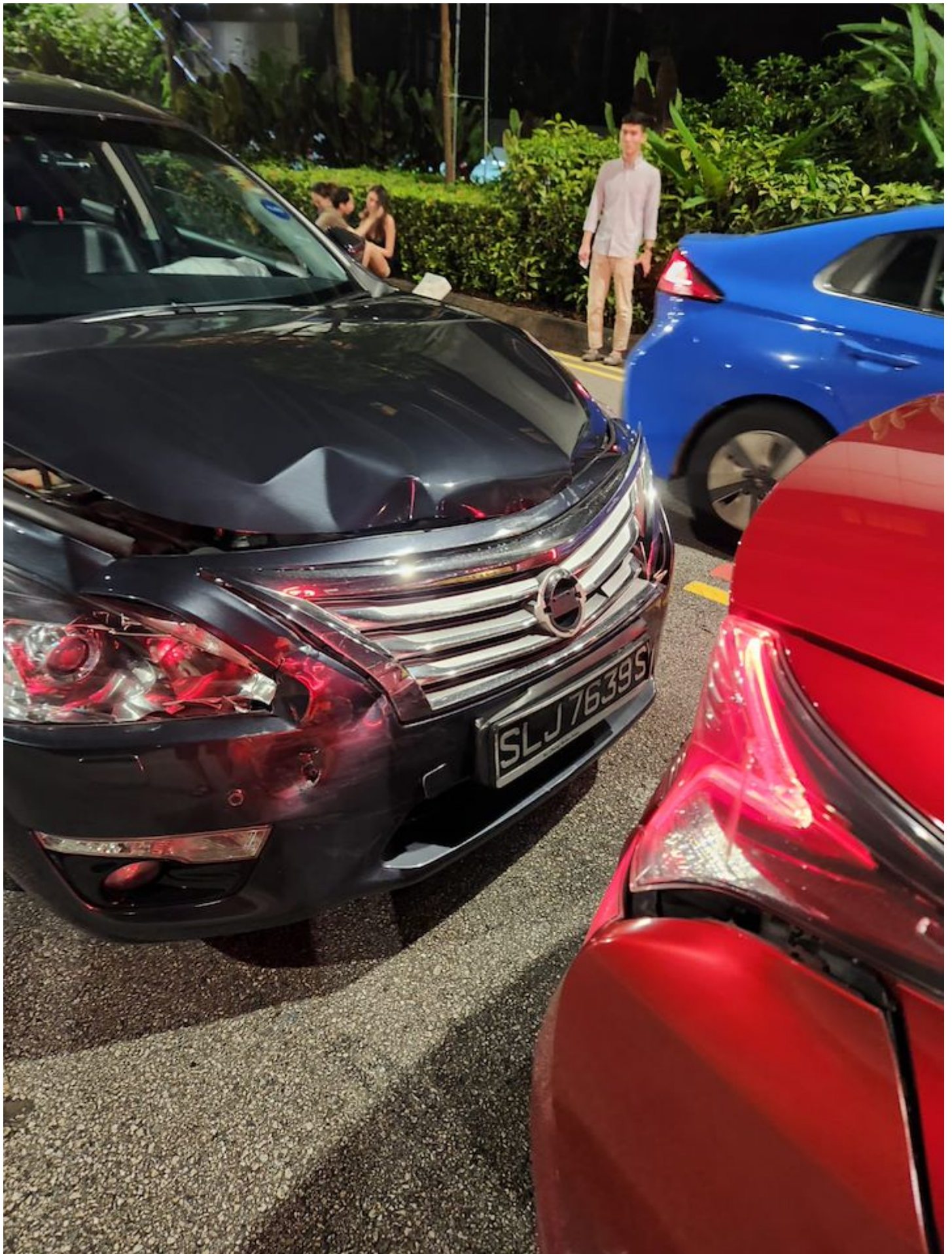




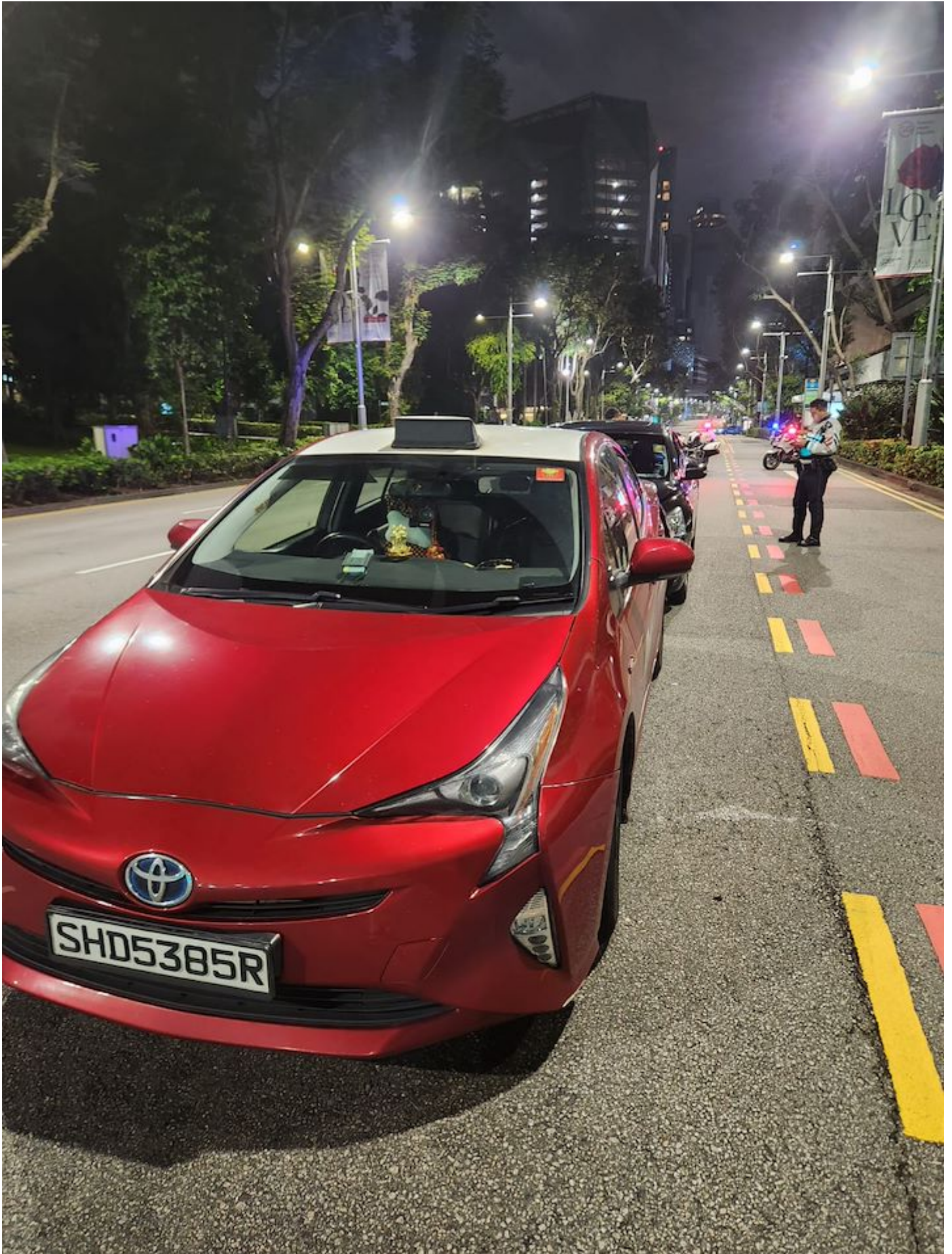








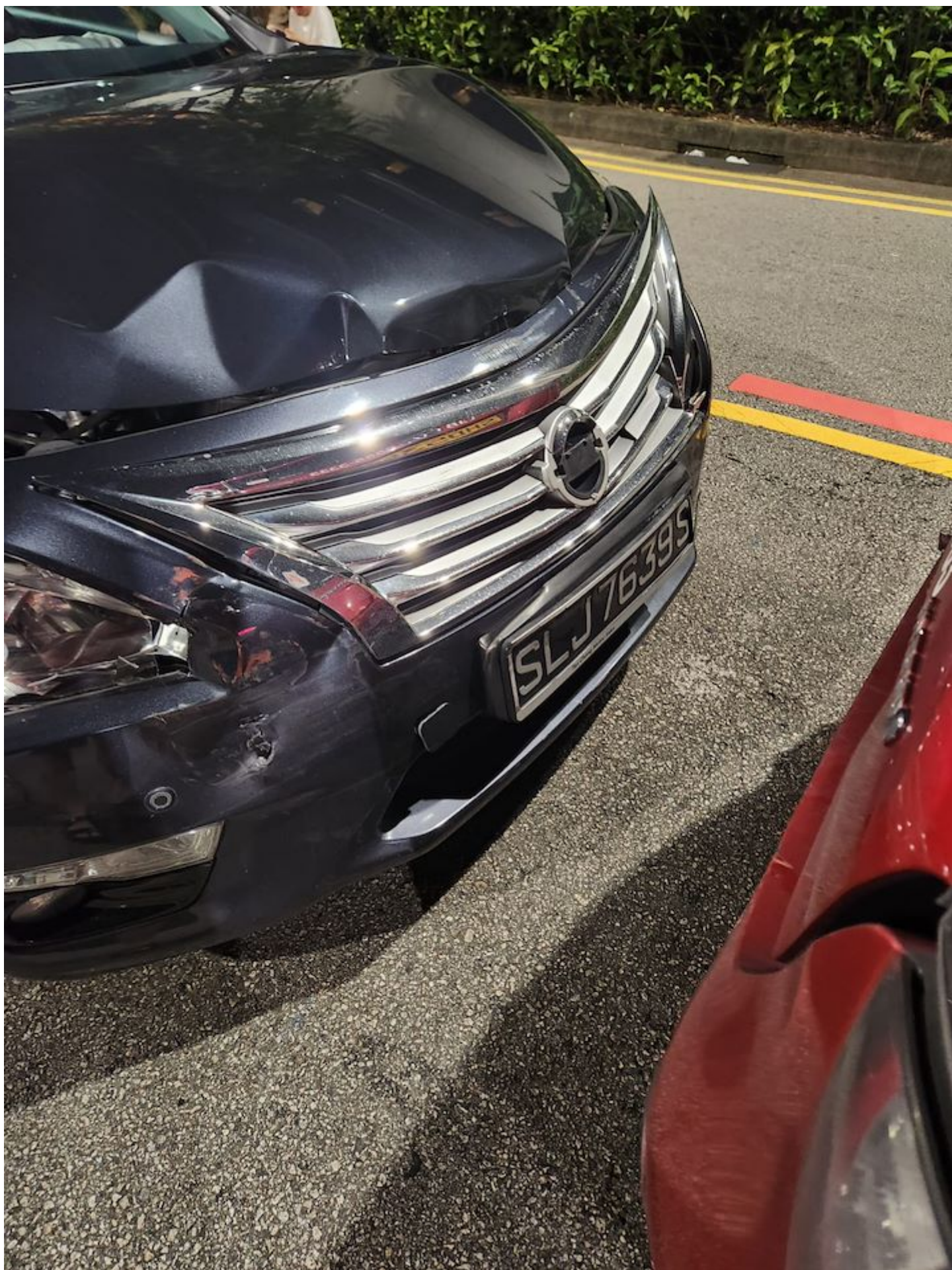




















**SINGAPORE  
POLICE FORCE**



T/20230309/2042

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20230309/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2023 12:19	Vide Report No.: E/20230308/0033	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: KEE TIEN TECK			Address: APT BLK 676A YISHUN RING ROAD #02-1910 SINGAPORE 761676		
ID Type / ID No.: NRIC NO / S8135845A			Contact No.: Home/Office: Mobile: 87267507		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 26/10/1981	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: 08/03/2023 04:30	Type of Location: Straight Road
Location:  BUYONG ROAD				
Lamp Post Number: 137				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5385R	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)		Slightly Damaged	3
SLJ7639S	Car	NISSAN	TEANA 2.5L CVT		Slightly Damaged	3





**SINGAPORE  
POLICE FORCE**



T/20230309/2042

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20230309/2042

**CONTINUATION OF REPORT****Brief Details.**

On 8/3/2023 at around 0445hrs, i was driving my taxi (SHD5385R - registered under Transcab) on the second left lane along Orchard Road BLVD before Buyong Road near to LP. 137.

As the traffic light was red, my vehicle was in a stationary position. Suddenly a vehicle behind me collided onto my vehicle. I then called for Police assistance, shortly TP and ambulance came to scene. My vehicle has three passengers (2 male & 1 female), 2 of them were then conveyed to hospital. I do not have particulars of the other driver. I do not have the particulars of passengers on board as well.

The back of my vehicle was damage due to the impact. My car has in car dash camera and the TP officer has already seize it. Subsequently, at around 1015hrs, I felt pain on my neck and back and visited "Our Family Physician Clinic & surgery" and was given 5 days of MC from 08/03/2023-12/03/2023. I have also reported this accident to my company.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20230309/2042

3 of 3

Report No. T/20230309/2042

**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:

L /  
SGT 2 TEO QI EN

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
09/03/2023 12:19Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

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: SA1D23380009 Vehicle Registration No: SHD5385R  
 Name (as shown in NRIC): KEE TIEN TECK (JI TIANDE) NRIC/FIN/Passport No: SXXXX845A  
 (\*Vehicle Driver/Owner) XXXXXXXX (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87267507  
 Email Address: \_\_\_\_\_  
 Date of Accident: 08/03/2023 Time of Accident: 04:40 (SGT)  
 Place of Accident: ALONG ORCHARD ROAD INFRONT CONCORDE HOTEL  
 Insurance Company: HSBC Life (Singapore) 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

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

*SUSAN*  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: F S NEO  
 NRIC/FIN No.:  
 Date: 09/03/2023