

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 20/03/2023 21:14 (SGT)
Reported by Driver
Date of Accident 19/03/2023 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 27 PASIR RIS GROVE COCO PALMS CONDO BASEMENT
CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7793T

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 (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS 5DR 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 LAU CHYE CHER
NRIC No S1718014B
Date Of Birth 20/01/1965

Occupation	Outdoor
Date Of Driving Pass	28/09/1986
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94502713
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Boon Lay View, 217B Boon Lay Avenue
Address complement	#09-251
Postcode	642217
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 - 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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : J/20230320/2095

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	GBL3321S
Vehicle Manufacturer	Nissan

Vehicle Model	NV200 1.6 (A)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88381225
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAU CHYE CHER
Gender	Male
Phone No	(Phone) +65-94502713
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7793T
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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

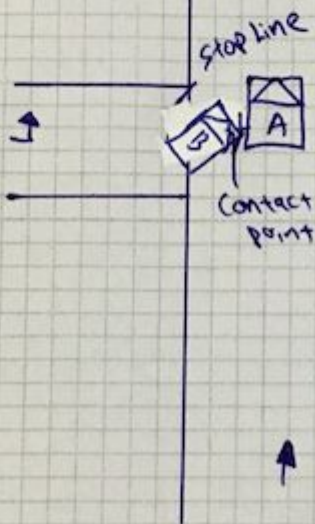
Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. 30042021

27 pasir Ris Grove
COCO Palms Condo Basement carpark



Veh A: SHB77937
Veh B: GBL33215

[Handwritten signature]

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

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.:

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









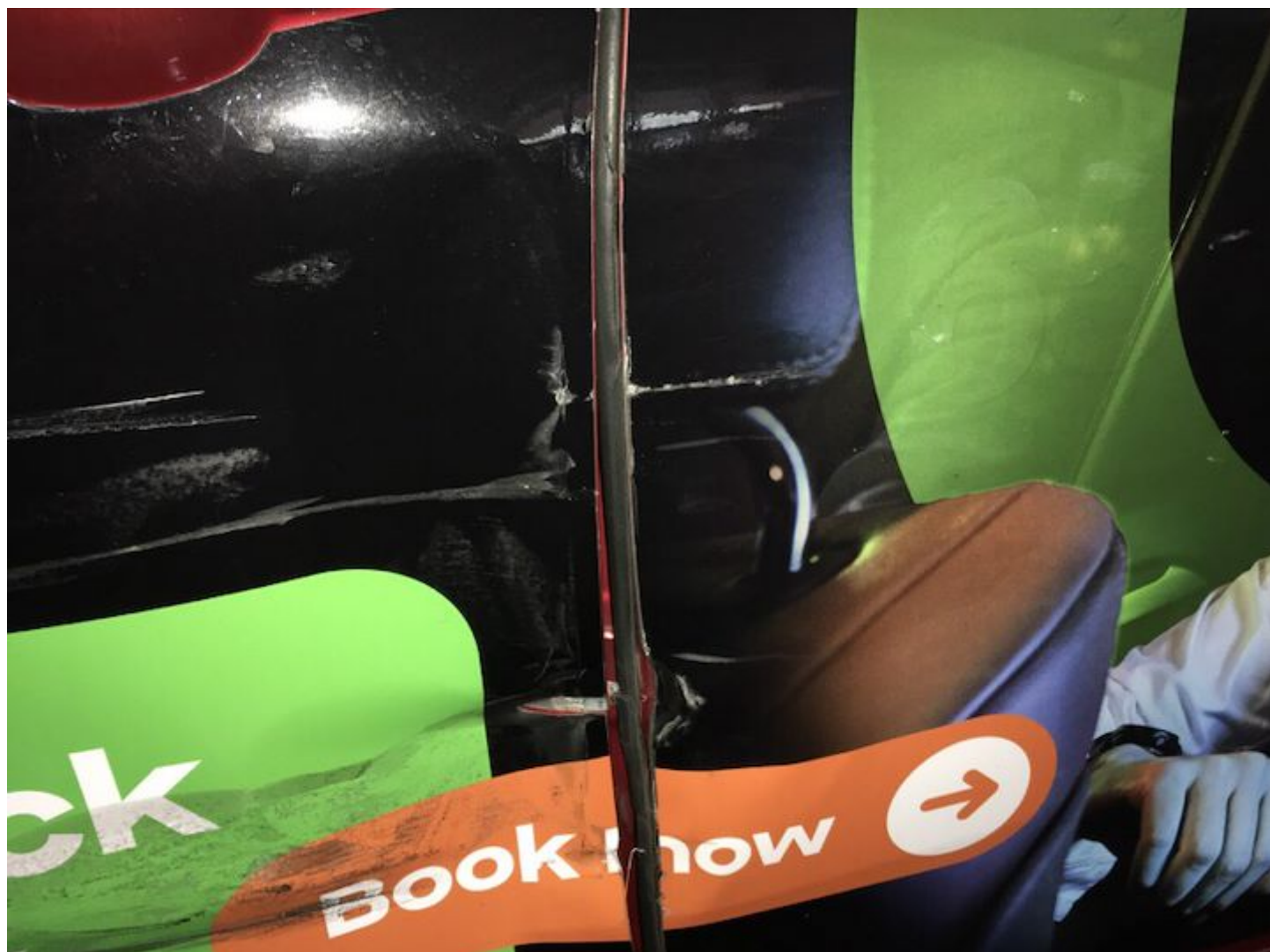


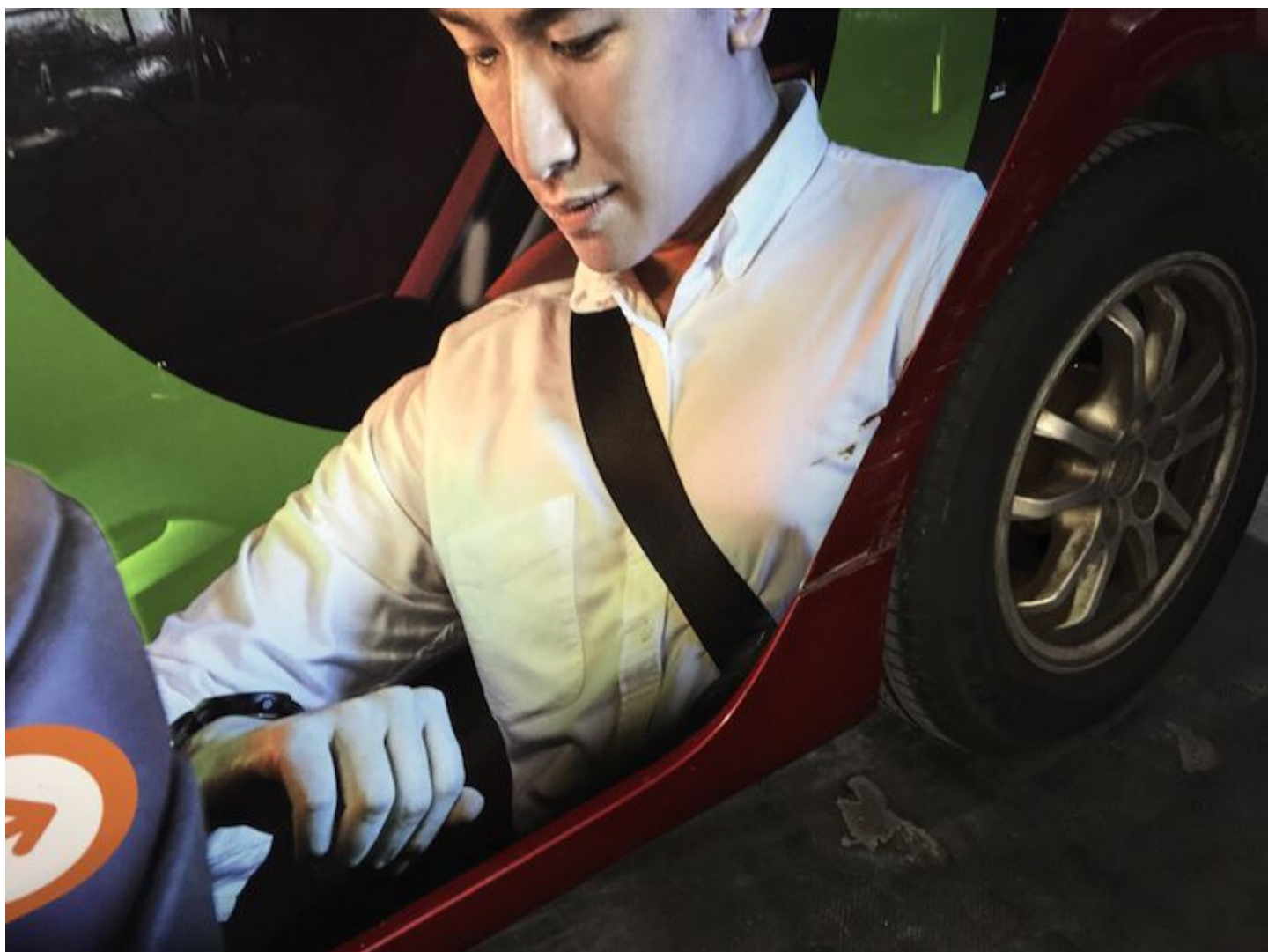




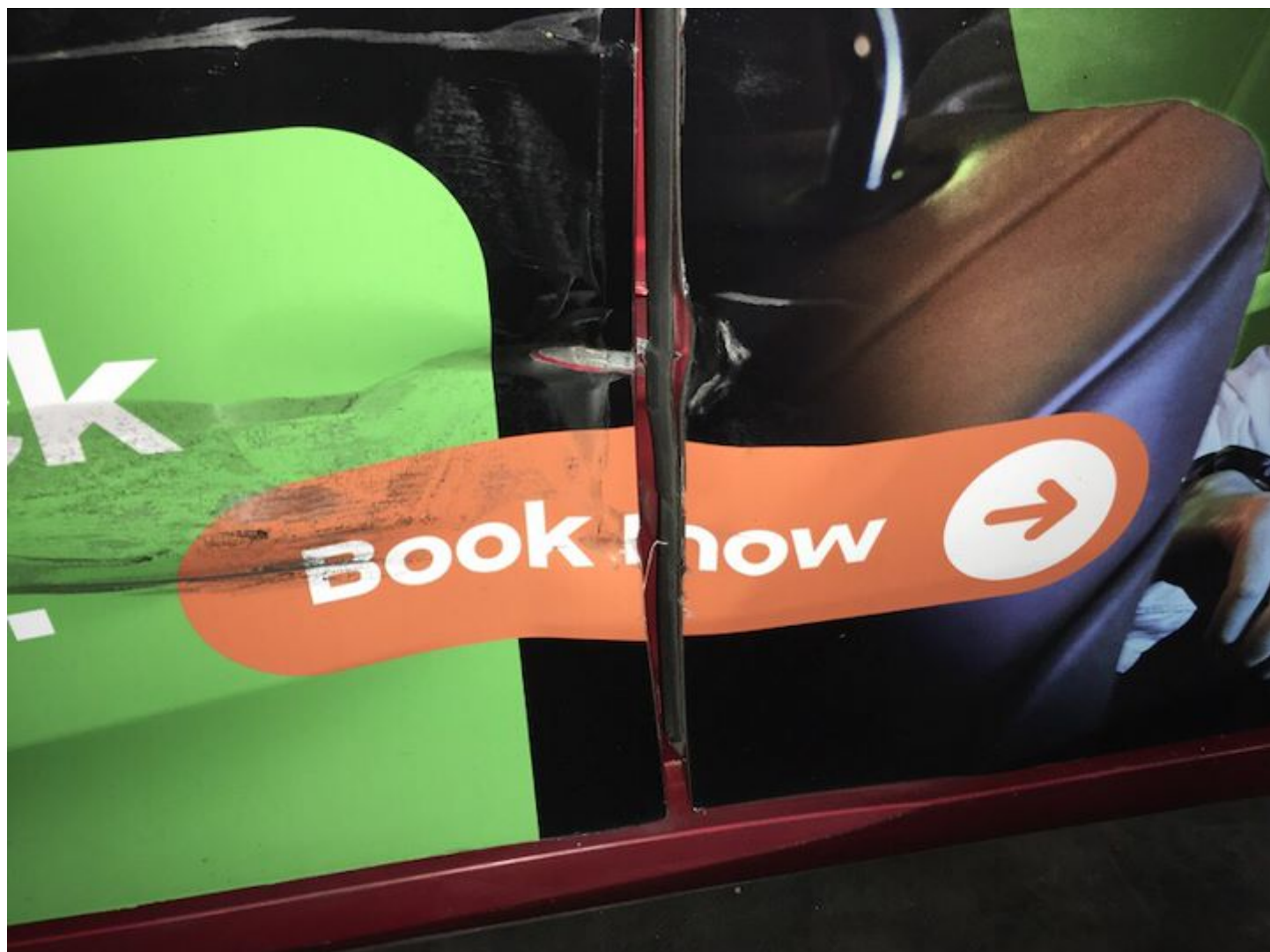












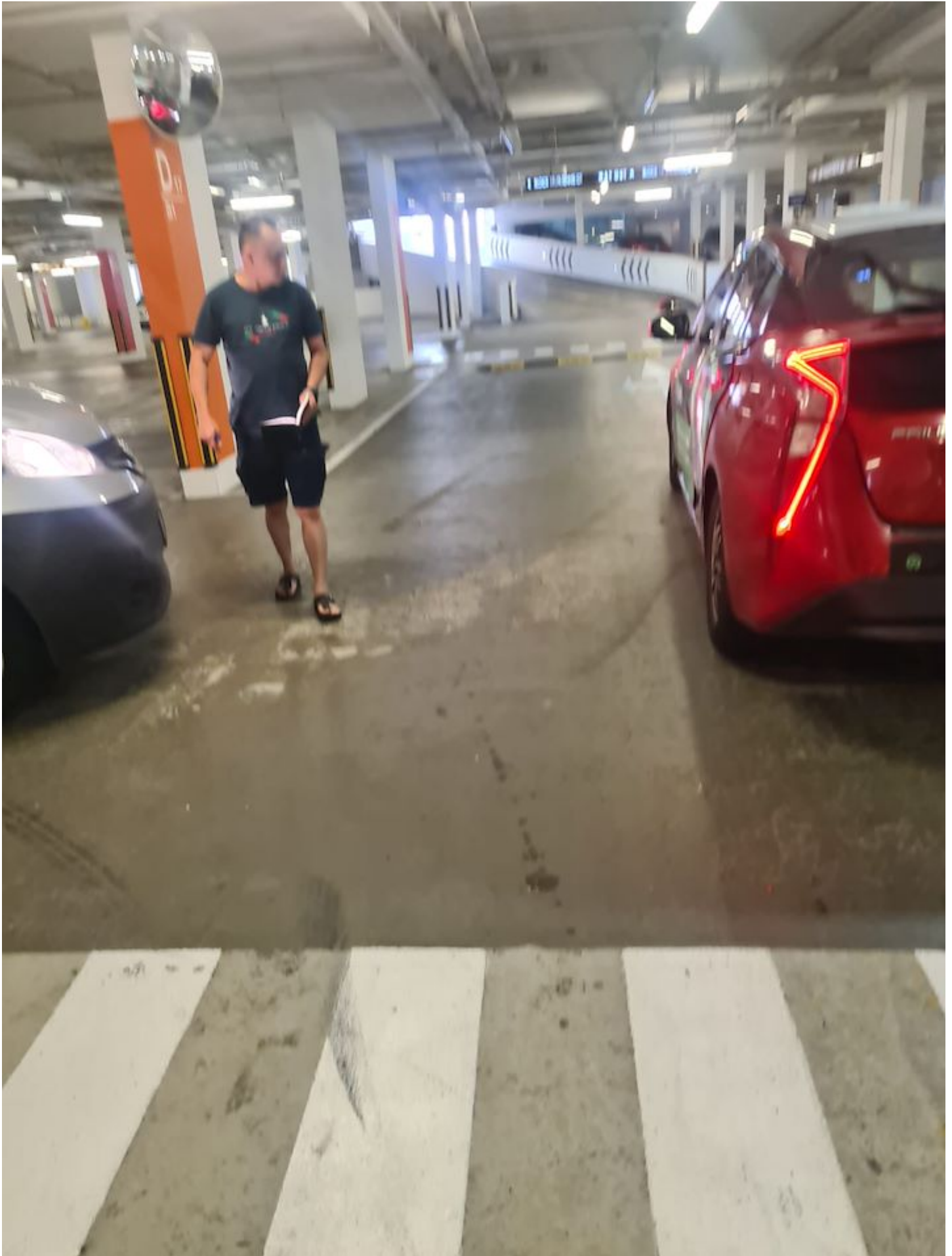






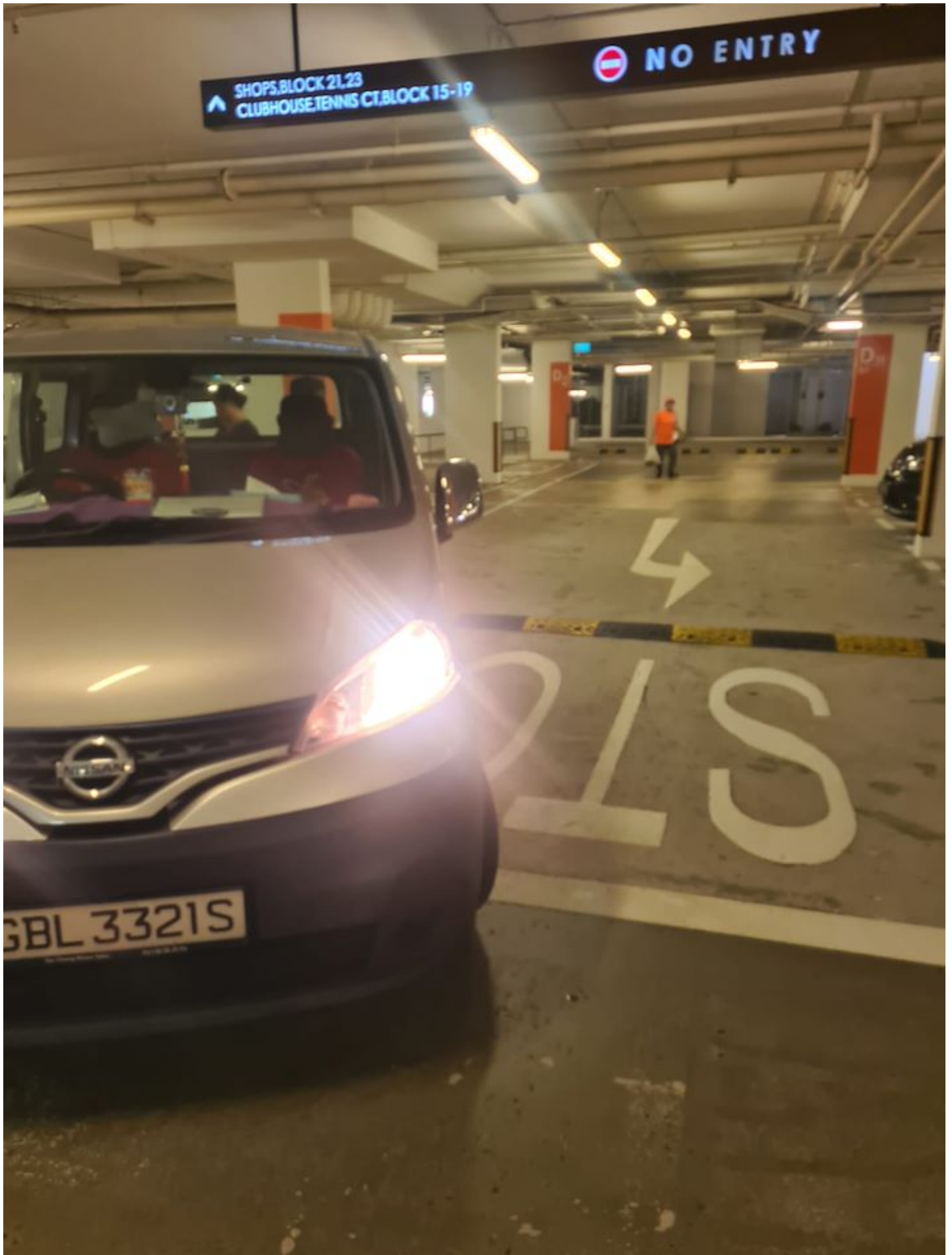













**SINGAPORE
POLICE FORCE**


J/20230320/2095

1 of 2

Report No. J/20230320/2095

POLICE REPORT (NP299)

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 20/03/2023 20:19	Vide Report No. G/20230320/2029	Station Diary No. 102
Name Of Informant LAU CHYE CHER	Address APT BLK 217B BOON LAY AVENUE #09-251 SINGAPORE 642217	
ID Type / ID No. NRIC NO / S1718014B	Contact No. Home/Office	Mobile 94502713
Nationality SINGAPORE CITIZEN	Email Address richardlau1965@gmail.com	
Occupation Taxi driver	Sex Male	Age 58
Institution/School Name	Date of Birth 20/01/1965	Race Chinese
Date/Time Of Incident 19/03/2023 15:00	Location Of Incident 27 PASIR RIS GROVE COCO PALMS SINGAPORE 518073 Basement Carpark	

Brief details.

On the above mentioned date, time, after I had drop off my passenger, As I was travelling straight wanting to get out of the carpark, there was a silver van (GBL3321S) when fail to stop at the stop line on my left and collided head on to the left side of my vehicle. After the accident we then came out of our vehicle to check for damages and exchange contact details. I am driving a red taxi and my vehicle registration number is: SHB7793T.

Signature Of Officer Recording The Report:
J / SGT 2 KOH KAI YAN

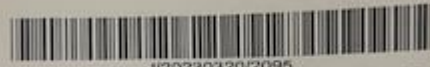
Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/03/2023 20:19

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SGT 3 CHAN GUAN XIONG
Contact No.: 63167508

Classification Of Case:

**SINGAPORE
POLICE FORCE**

J/20230320/2095

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230320/2095

I have an in-car camera which captured the accident. The damages are dent between the left front and back passenger door causing it unable to be open. I am unsure of the estimated cost of repair as its handle by my company. I then went to W Y Teh Family Clinic Surgery on 20/03/2023 and was given 5 days MC as I was suffering from back pain as well as bruise on my left shin. This report is to facilitate my insurance claim and to my company. No pedestrian is involved.

The another parties contact number will be 88381225.

Signature Of Officer Recording The Report:
J / SGT 2 KOH KAI YAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/03/2023 20:19

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SGT 3 CHAN GUAN XIONG
Contact No.: 63167508

Classification Of Case:



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: SA1D233K000C Vehicle Registration No: SHB7793T

Name (as shown in NRIC): LAU CHYE CHER NRIC/FIN/Passport No: SXXXX014B

(*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 94502713

Email Address: _____

Date of Accident: 19/03/2023 Time of Accident: 15:00 (SGT)

Place of Accident: 27 PASIR RIS GROVE COCO PALMS CONDO BASEMENT CARPARK

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 AMENDED POLICE REPORT

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.:
Date: 21/03/2023