

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 21/03/2023 11:07 (SGT)
Reported by Driver
Date of Accident 20/03/2023 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG GAMBAS AVE BEFORE TURNING RIGHT INTO SEMBAWANG AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5524L

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 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 - 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 LEE AH YEO
NRIC No S1106117F
Date Of Birth 16/04/1955

Occupation	Outdoor
Date Of Driving Pass	24/05/1983
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85338514
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	596A ANG MO KIO ST 52
Address complement	#24-319
Postcode	S56596
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	NO DETAIL
Gender	Female

PASSENGER 2

Name	NO DETAIL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT :T/20230321/7067 LODGED AT TRAFFIC POLICE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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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 SLV4485A
 Vehicle Manufacturer BLUE SG
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Private hire
 Name of Driver TAN HAN XIANG
 NRIC No S9147286D
 Contact Number (Phone) +65-91397056
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG4435S
 Vehicle Manufacturer Toyota
 Vehicle Model DYNA 150 5MT
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver SUNKAM NAGARAJU
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 3

PASSENGER 1

Name NO DETAIL
 Gender Male

PASSENGER 2

Name NO DETAIL
 Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person PASSENGER 1
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHC5524L
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

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?	SHC5524L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	PASSENGER 3
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5524L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	LEE AH YEO
Gender	Male
Phone No	(Phone) +65-85338514
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5524L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON THE DATE N TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE AND MADE A STOP BEHIND VEHICLE C. WHEN MY VEHICLE WAS STATIONARY IT WAS HIT FROM THE REAR BY VEHICLE B. I HAD TWO PASSENGERS IN MY VEHICLE WHEN THIS ACCIDENT HAPPENED AND THEY WERE CONVEYED TO HOSPITAL BY AN AMBULANCE. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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
Hashim Bin Kamari
Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



A: SHC 5524L

B: SLV 4485A.

C: GBG 4435S.

x *[Signature]*

x *[Signature]*

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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.:

















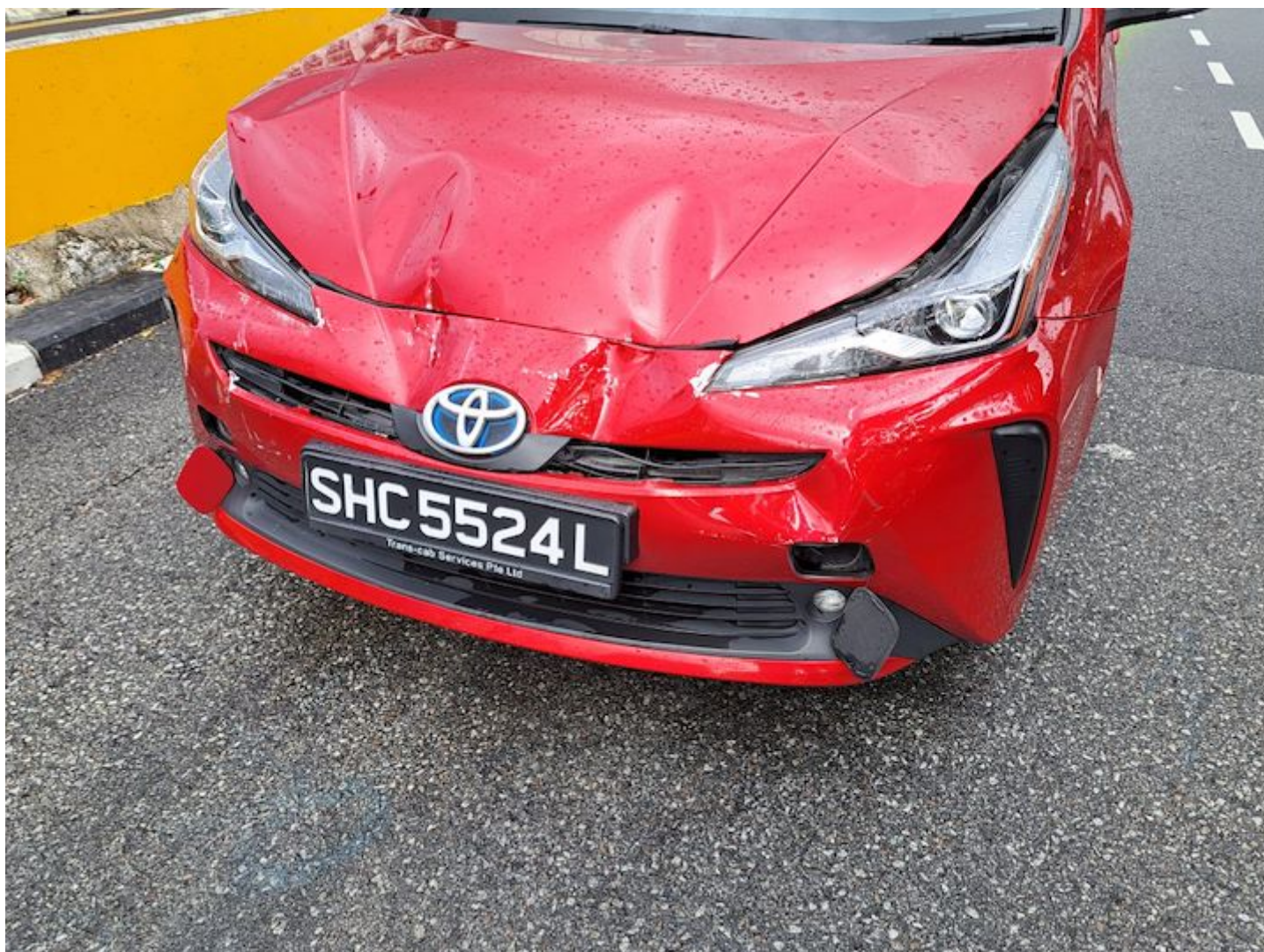
































**SINGAPORE
POLICE FORCE**



T/20230321/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230321/7067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 18:04		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE AH YEO			Address: 596A ANG MO KIO STREET 52 #24-319 SINGAPORE 561596		
ID Type / ID No.: NRIC NO / S1106117F			Contact No.: Home/Office: Mobile: 85338514		
Nationality: SINGAPORE CITIZEN			Email: layhunterz55@gmail.com		
Sex: Male	Age: 67	Date of Birth: 16/04/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/03/2023 16:30	Type of Location:
Location: GAMBAS AVENUE				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC5524L	Car					3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230321/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230321/7067

CONTINUATION OF REPORT

Driver			
Name	LEE AH YEO		ID No. S1106117F
Related Vehicle	SHC5524L (Car)		Contact No. 85338514
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time I was ferrying 3 female passengers on board my vehicle SHC5524L.

I was travelling on the extreme right lane.

I was stationary behind vehicle GBG4435S waiting for the traffic lights to turn green.

Suddenly I felt a great impact from behind.

The impact was great and propelled my vehicle forward to hit the front vehicle.

When the impact came I used both my legs to cushion the impact and thus injured both my knee and ankle areas.

I then alighted and realised that I was involved in a 3 vehicles chain collision and I am the 2nd car.

Order as follows:

1. GBG4435S
2. SHV5524L
3. SLV4485A

The windscreen of the last vehicle was cracked and its airbags deployed.

TP and ambulance came to the scene and my SD card was taken by TP.

My 3 passengers were conveyed to hospital.

After a while I start to feel pain on my neck, shoulders and lower back areas.

The next day I proceeded to Loh & loh Clinic and surgery to seek treatment and i was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230321/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230321/7067

CONTINUATION OF REPORT

TP gave me a case number and ask me to include in this report.

L/20230320/0077



**SINGAPORE
POLICE FORCE**



T/20230321/7067

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230321/7067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/03/2023 18:04

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: SA1D233K000J Vehicle Registration No: SHC5524L

Name (as shown in NRIC): LEE AH YEO NRIC/FIN/Passport No: SXXXX117F

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 85338514

Email Address: _____

Date of Accident: 20/03/2023 Time of Accident: 16:30 (SGT)

Place of Accident: ALONG GAMBAS AVE BEFORE TURNING RIGHT INTO SEMBAWANG AVE

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: 21/03/2023