## **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 witholding 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.

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   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 23/03/2023 17:58 (SGT) Reported by **Actual Driver** Date of Accident 23/03/2023 13:50 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG JURONG WEST ST 42 Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SHC5397L

#### 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

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 No - Reporting only your vehicle? 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 TAN MENG HUAT NRIC No S1368600I Date Of Birth 26/10/1959 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number	19/05/1977 45 YEARS AND 10 MONTHS Male (Phone) +65 98518993
Alt. Phone Number	(Phone) +65-98518993
Email Address	- Claims@transcab.com.sg
Address	<u> </u>
Address complement	HDB Bukit Panjang Estate, 509 Jelapang Road
Postcode	- 670500
Is the driver the policyholder?	670509
If No, Relationship of the Driver with the Insured	No Llinar
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	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
Trodu Guriaco	Ыу
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)	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	P1
Gender	Female
	Tomaio
PASSENGER 2	
Name	P2
Gender	Female
	Tomale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	INO
n yos, agamst whom:	•
CIRCUMSTANCES OF ACCIDENT	
I WAS TRAVELLING ALONG THE MENTIONED LOCATION AND	
STOP AND I ACCIDENTALLY COLLIDED ONTO THE REAR OF	THIRD PARTY LIGHTLY. ONLY TWO VEHICLES WERE
INVOLVED WITHOUT ANY INJURIES.	
ATTACHMENT(S)	
And posident whater qualifyly for the law 10	
Are accident photos available for attachment?	Yes

No

Was there any video captured by Car Camera?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SGV1805P
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LEE SENG KHIM
NRIC No	S1274944I
Contact Number	(Phone) +65-92320695
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	AA.	Witnessed By Reporting Office Ang Qi Hao, Victor	
Policyholder's Signature / Date & Time Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel	
REFER TO ATTACHE	ED ACCIDENT DIAGRAM		



# Describe Circumstances of the Accident I WAS TRAVELLING ALONG THE MENTIONED LOCATION AND I DIDN'T AWARE THAT THE VEHICLE INFRONT CAME TO A STOP AND I ACCIDENTALLY COLLIDED ONTO THE REAR OF THIRD PARTY LIGHTLY. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

#### 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

Witnessed By Reporting Officer Ang Qi Hao, Victor

Witnessed by Reporting Centre Personnel





























