

# 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 .....	27/03/2023 12:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/03/2023 10:50 (SGT)
Exact Location of Accident .....	Near 14 Jln Daud, Singapore 419558
Additional Location Information .....	PIE TOWARDS CHANGI AFTER JLN EUNOS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHF591J
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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 .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	PRIUS 5DR HATCHBACK (AUTO)
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 .....	SIM MOSES (SHEN MOXI)
NRIC No .....	SXXXX080D
Date Of Birth .....	22/06/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	17/02/1993
Driving experience .....	30 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94231633
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	HDB Bukit Batok, 329 Bukit Batok Street 33
Address complement .....	#10-95
Postcode .....	650329
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) .....	2
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 .....	PASSENGER 1
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER AS PER ATTACHED POLICE REPORT NO. T/20230326/2042.

#### 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 .....	VIDEO WILL BE HAND OVER TO TRANSCAB.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP1101Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Sienta
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	BRYAN MAK TING FENG
NRIC No .....	SXXXX819Z
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SIM MOSES (SHEN MOXI)
Gender .....	Male
Phone No .....	(Phone) +65-94231633
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHF591J
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' 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' law yers/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.

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

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

\_\_\_\_\_  
Witnessed By Reporting Officer  
Wong Jun Keat

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

**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

REFER AS PER ATTACHED POLICE REPORT NO. T/20230326/2042.

**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 27/3/2023

\_\_\_\_\_  
Witnessed By Reporting Officer  
Wong Jun Keat  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCID

Ver: 10/04/2021

H1331 0

Sketch Plan #3

Diagram illustrating the accident scene layout on a grid. The diagram shows a vertical road with a dashed center line. A vehicle is positioned in the center of the road, with a driver's position marked 'A' and a passenger's position marked 'B'. Arrows indicate the direction of travel: three arrows pointing up on the left side of the road and three arrows pointing down on the right side. The word 'Pie' is written to the right of the vehicle.

6. JHE59J

8. SMP1101Y

VERIFIED 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.:





































**SINGAPORE  
POLICE FORCE**



T/20230326/2042

Police Station Of Origin:  
Changi N.P.C  
9 Simel Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3  
Report No. T/20230326/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/03/2023 13:27	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: SIM MOSES		Address: APT BLK 329 BUKIT BATOK STREET 33 #10-95 SINGAPORE 650329	
ID Type / ID No.: NRIC NO / S1601080D		Contact No.: Home/Office: Mobile: 94231633	
Nationality: SINGAPORE CITIZEN		Email: simmoses@gmail.com	
Sex: Male	Age: 59	Date of Birth: 22/06/1963	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2023 10:50	Type of Location: Flyover
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF591J	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1
SMP1101Y	Car	TOYOTA	SIENIA HYBRID 1.5X CVT	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230326/2042

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3  
Report No. T/20230326/2042

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SIM MOSES	ID No.	S1601080D
Related Vehicle	SHF591J (Car)	Contact No.	94231633
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/03/2023	Date Discharge	26/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	BRYAN MAK TING FENG	ID No.	S9990819Z
Related Vehicle	SMP1101Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date, time and location, I was driving my taxi (SHF591J) on the second lane along PIE towards Changi just past exit 9 Eunos Link, entering the PIE flyover. There were three lanes, in which the first lane was closed due to tree cutting works happening hence cars were slowing down to merge into the second lane. Suddenly, I felt an impact from the rear of my vehicle. I immediately stopped and got out of my vehicle, to discover a car (SMP1101Y) had hit head on into the rear of my car. This resulted slight damage. The driver of the car got out and we exchanged particulars for insurance claim.

Subsequently, I went to a clinic nearby as I suffered pain on my neck and back region. I was given medication and medical leave for three days, the medical bill cost be SGD\$50.00/-.

Accident report SA1D233Q0001