

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	13/04/2023 15:53 (SGT)
Reported by	Actual Driver
Date of Accident	12/04/2023 14:20 (SGT)
Exact Location of Accident	Near 94 Guillemard Rd, Singapore 399717
Additional Location Information	JUNCTION OF GUILLEMARD ROAD AND LOR 20 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF759T
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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	Renault
Model	Latitude
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	1998

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	TEO THIAM HENG
NRIC No	SXXXX617B
Date Of Birth	03/08/1970
Occupation	Outdoor

Date Of Driving Pass	23/01/1992
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97453999
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	10B LOR 7 TOA PAYOH
Address complement	#03-217
Postcode	312010
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 on collision
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?	Yes
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	ONG ENG SIONG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY6037E
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG ENG SIONG
Gender	Male
Phone No	(Phone) +65-91515589
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF759T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TEO THIAM HENG
Gender	Male
Phone No	(Phone) +65-97453999
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF759T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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 TO POLICE REPORT

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 13/4/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14

1st DO Signaling

Guillemard Road

A. 84759T

B. 8JY607E

Wong Jun Keat

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

SINGAPORE POLICE FORCE		T/20230412/2106				
Police Station Of Origin: Geylang N.P.C. 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999		1 of 3 Report No. T/20230412/2106				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 12/04/2023 18:38		Vide Report No.:	Station Diary No.: 88			
Informant's Particulars						
Name of Informant: TEO THIAM HENG		Address: APT BLK 10B LORONG 7 TOA PAYOH #03-217 SINGAPORE 312010				
ID Type / ID No.: NRIC NO / S7026617B		Contact No.: Home/Office: Mobile: 97453999				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 52	Date of Birth: 03/08/1970	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/04/2023 14:20			
Type of Location: T-Junction						
Location: GUILLEMARD ROAD						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF759T	Car				Slightly Damaged	1
SJY6037E	Car				Slightly Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20230412/2106

2 of 3



Report No. T/20230412/2106

CONTINUATION OF REPORT

Driver			
Name	TEO THIAM HENG	ID No.	S7026617B
Related Vehicle	SHF759T (Car)	Contact No.	97453999
Hospital/Clinic	DOCTORS INC. MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/04/2023	Date Discharge	12/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	ONG ENG SIONG	ID No.	S1609207Z
Related Vehicle	SHF759T (Car)	Contact No.	91515589
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/04/2023	Date Discharge	12/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12.04.2023 at about 1420hrs, I was driving straight on Guillemard Road and was on the middle lane when suddenly a vehicle makes a turn from my right side and hit onto the front driver's side of my vehicle. The collision caused me to hit on my emergency brake and both me and my passenger is jerked to the front and back causing us both pain. I suffered from neck pain and knee pain while my passenger suffered from neck pain and chest pain. My passenger is conveyed to Raffles hospital. Traffic police also came down to scene and took my SD card of my in-car camera for investigation. I did not ask for any particulars as traffic police is already at scene.

 SINGAPORE POLICE FORCE		 T/20230412/2106	
Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999		3 of 3 Report No. T/20230412/2106	
CONTINUATION OF REPORT			
Signature of Officer Recording The Report: G / SR STAFF SGT RUZIANA BTE MUHAMMAD RUDY		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 12/04/2023 18:38	
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247		Classification Of Case:	
NP168			