

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	14/04/2023 15:23 (SGT)
Reported by	Actual Driver
Date of Accident	13/04/2023 19:45 (SGT)
Exact Location of Accident	Near Marina Bay Stn, Singapore
Additional Location Information	JUNCTION OF CENTRAL BLVD AND BAYFRONT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5990T
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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	-
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	TEOW POH HENG
NRIC No	SXXXX951F
Date Of Birth	14/08/1969
Occupation	Outdoor

Date Of Driving Pass	10/03/1994
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81882221
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	332 JURONG EAST AVE 1
Address complement	#11-1760
Postcode	600332
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 - Cross Junction
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
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	WITH TRANSCAB.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK4628B
Vehicle Manufacturer	Honda
Vehicle Model	Jazz

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RAZI MUHAMMAD FARAN
NRIC No	GXXXX494U
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	TEOW POH HENG
Gender	Male
Phone No	(Phone) +65-81882221
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5990T
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 **14/4/2023**

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 14/4/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

BAYFRONT AVE

CENTRAL BOULEVARD

A: JND5990T

B: SMK4628B

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

ALL MARKS DTE 1/11









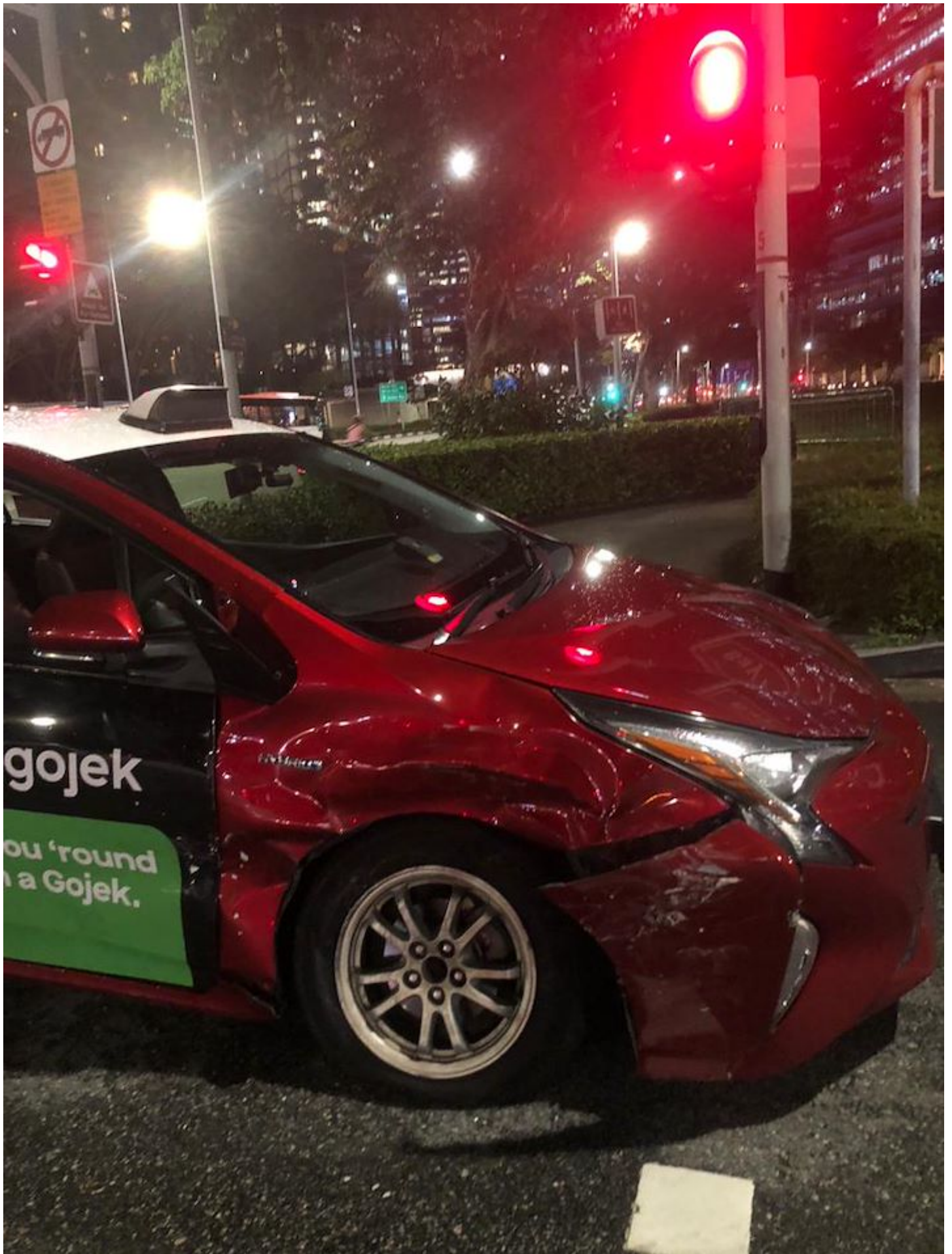


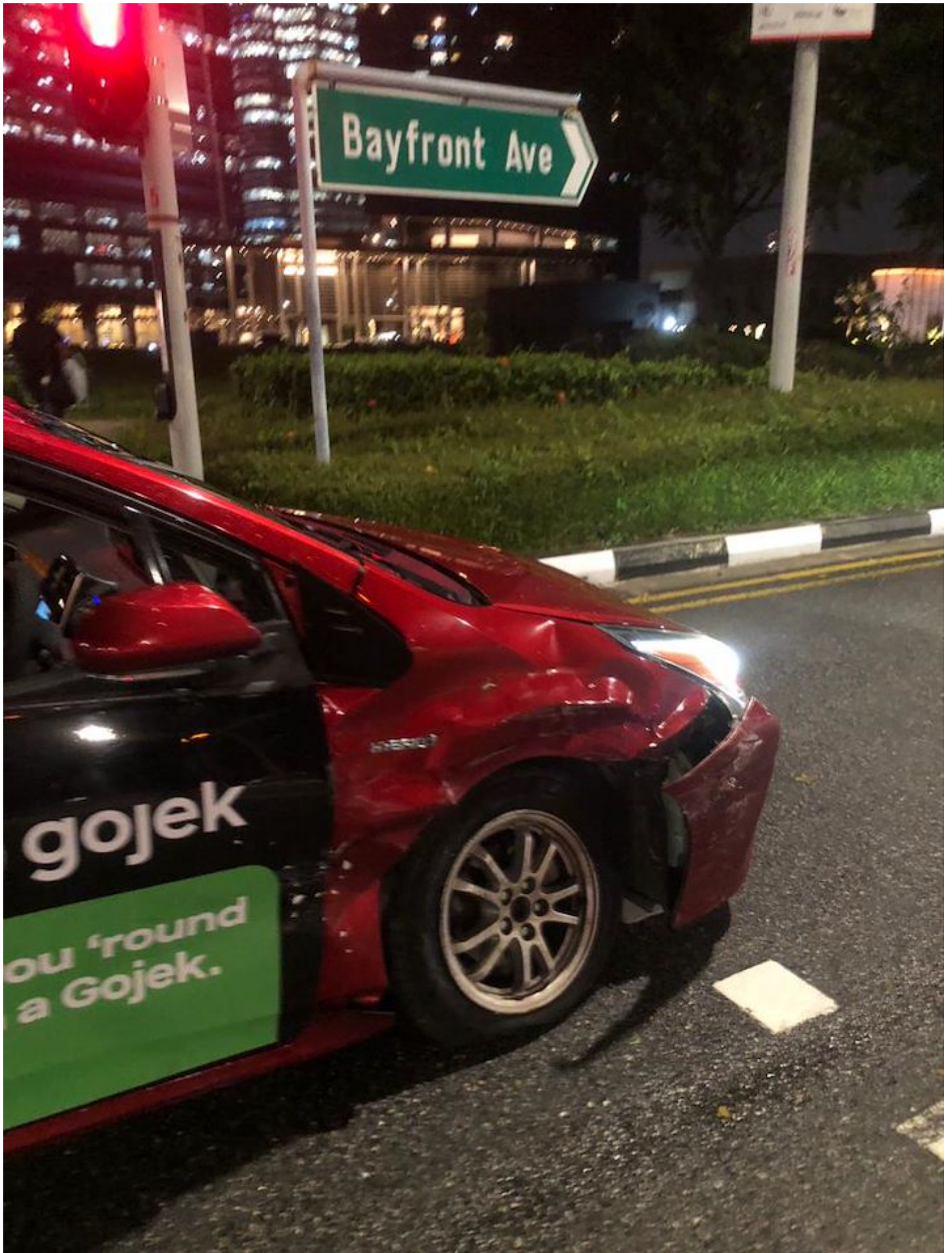




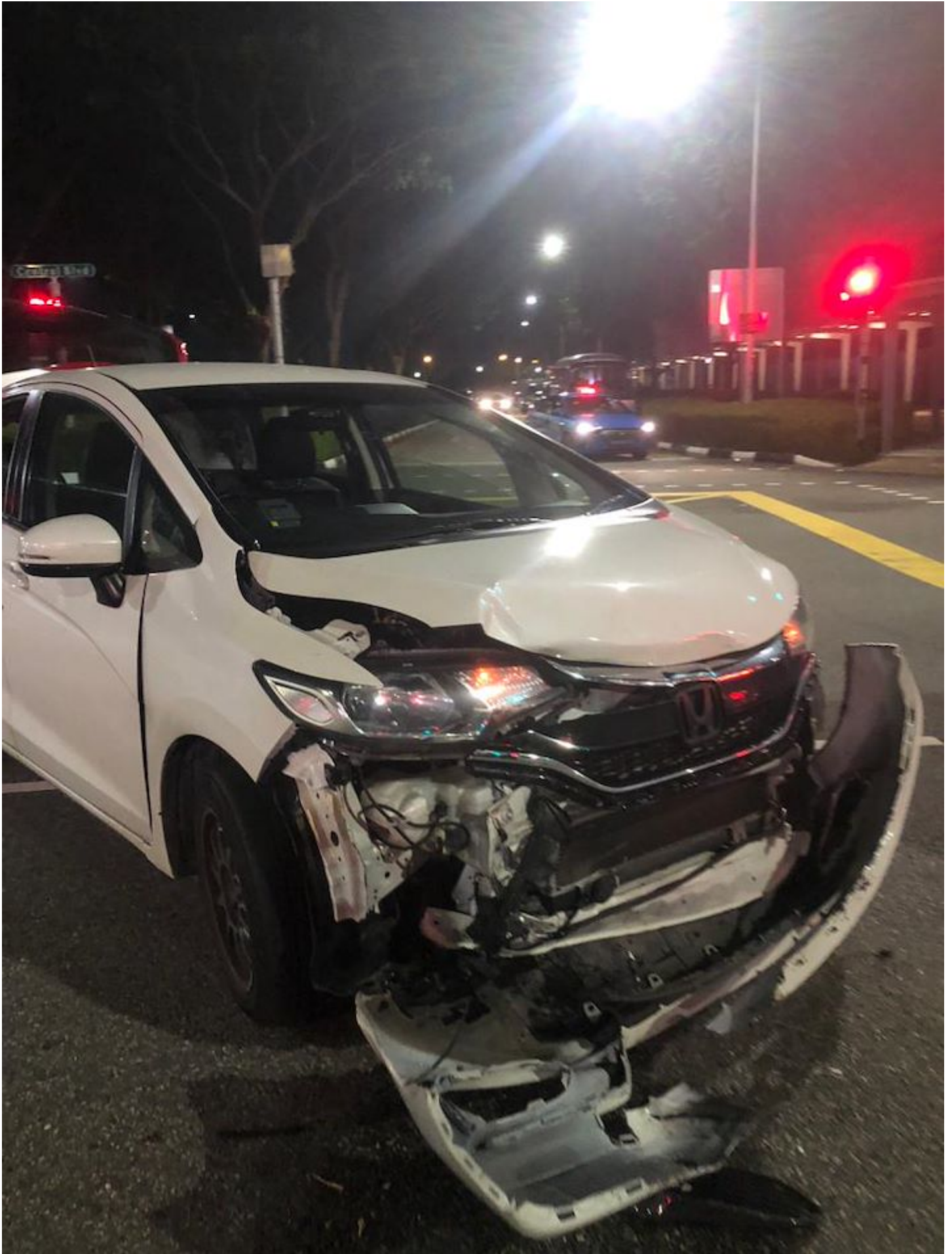


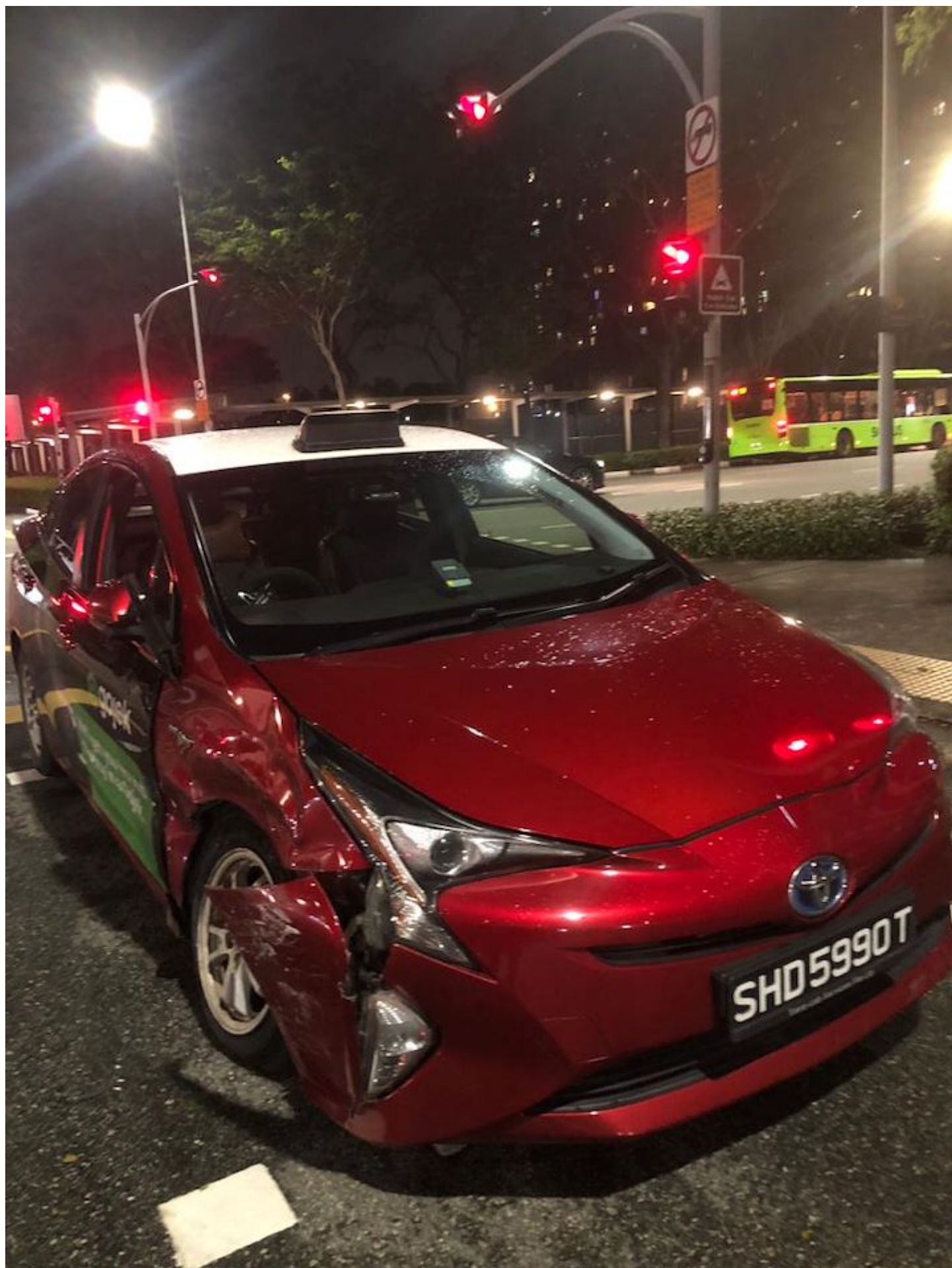


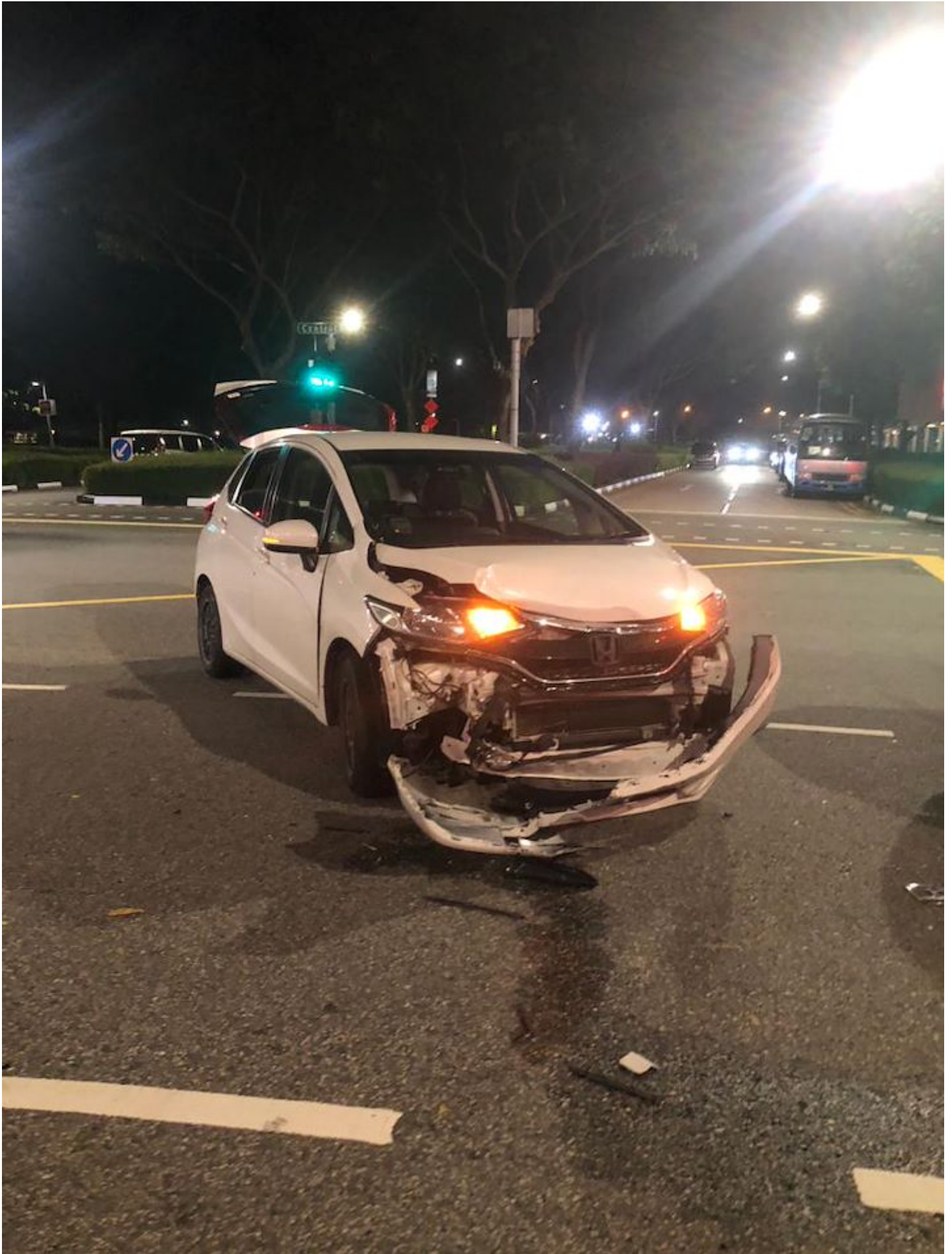


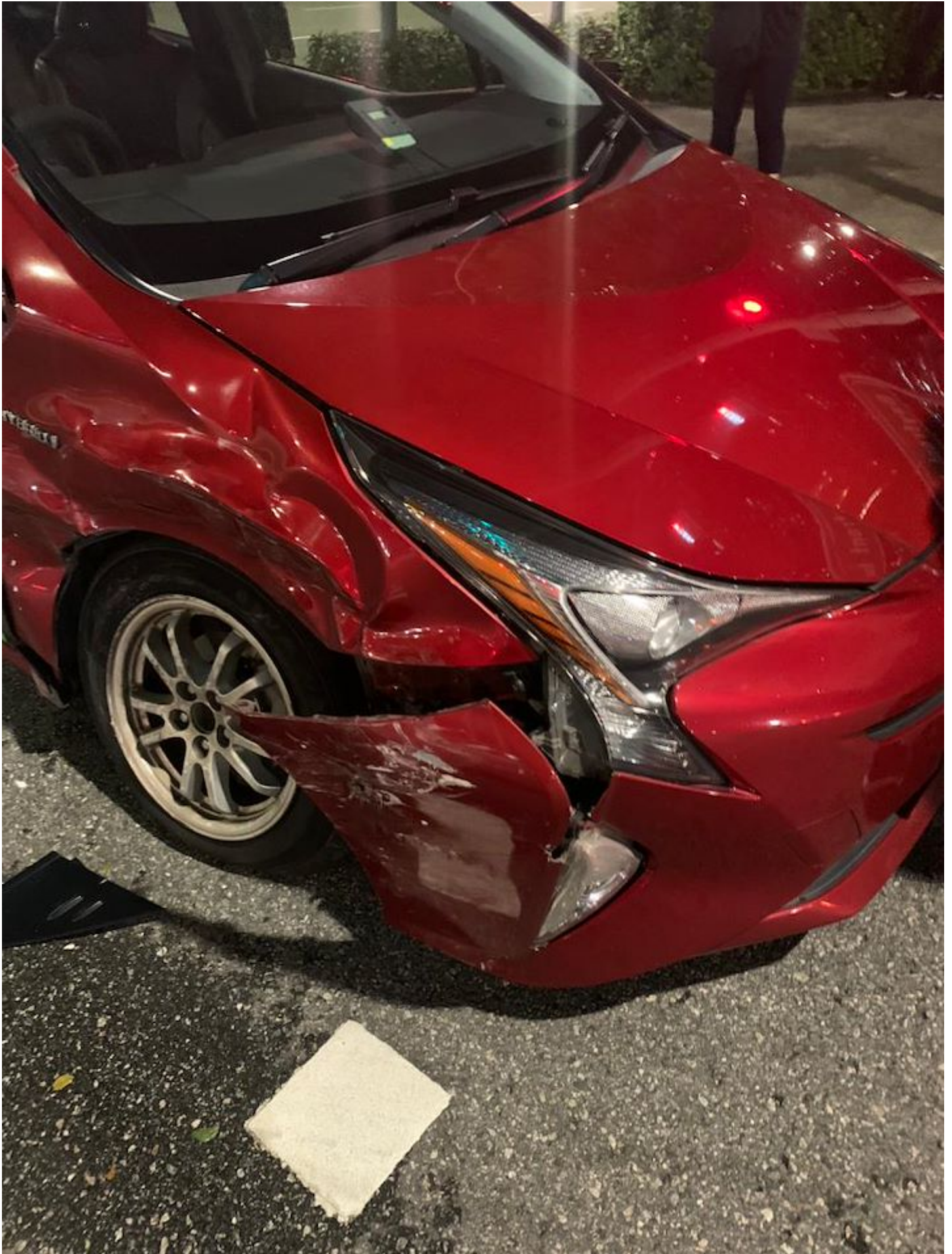




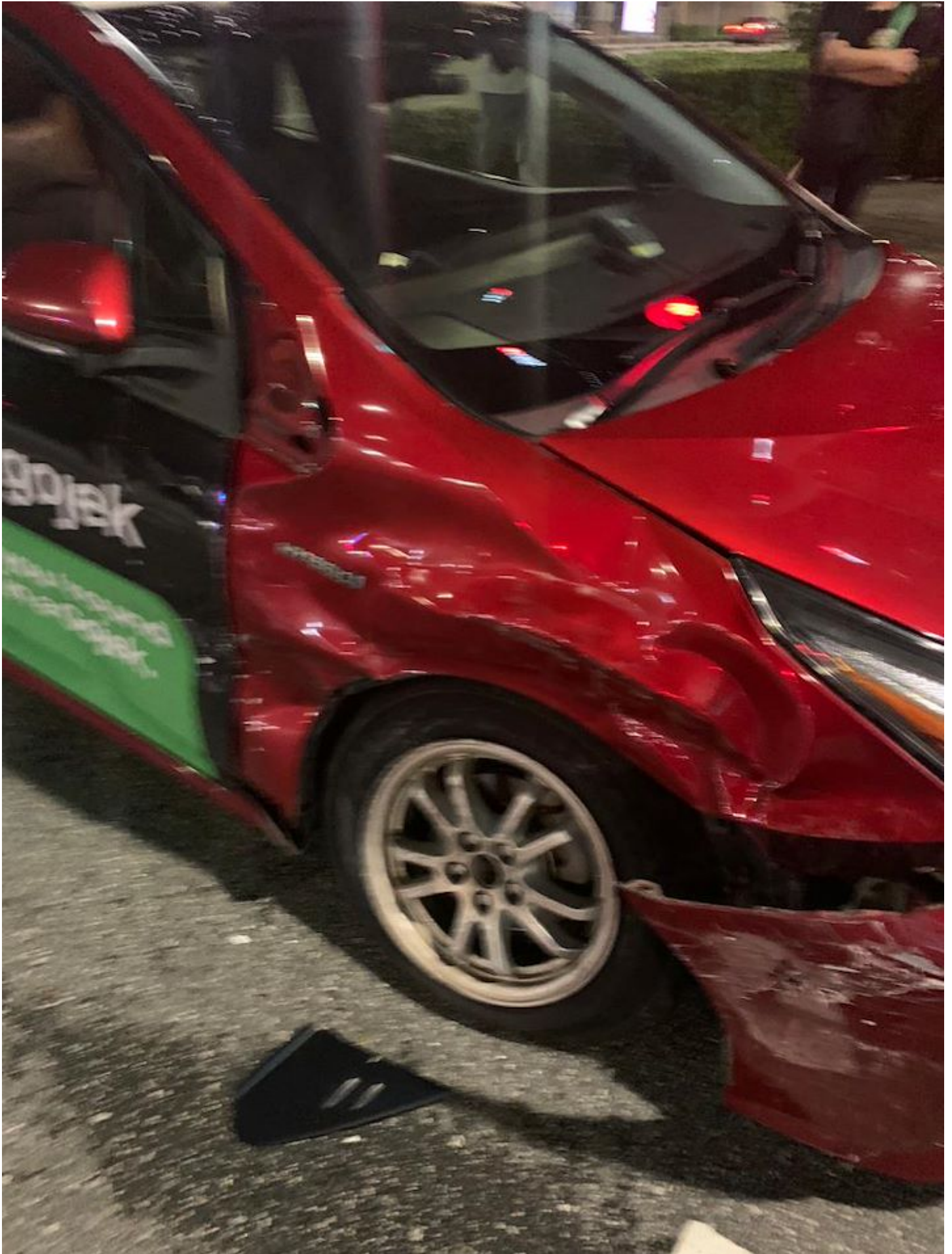













**SINGAPORE
POLICE FORCE**


T/20230414/2040

1 of 3

Report No. T/20230414/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2023 12:52 Vide Report No.: Station Diary No.: 35

Informant's Particulars

Name of Informant: TEO POH HENG Address: APT BLK 332 JURONG EAST AVENUE 1 #11-1760 SINGAPORE 600332
ID Type / ID No.: NRIC NO / S6926951F Contact No.: Home/Office: Mobile: 81882221
Nationality: SINGAPORE CITIZEN Email: Sex: Age: 53 Date of Birth: 14/08/1969 Type of Informant: Driver
Race: Chinese Language: Occupation: Taxi driver Driving Licence Information: Class: 2B,3,4 Date of Expiry:

General Information of the Accident

Type of Accident: Injury Attended by Police Drink Drive: No Date/Time of Accident: 13/04/2023 19:45 Type of Location: X-Junction
Location: CENTRAL BOULEVARD
Weather: Clear Road Surface: Dry
Traffic Flow: Dual Carriage Way Traffic Control: Traffic Light - Working Traffic Volume: Type of Collision: Between Moving Vehicles - Head To Side Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5990T	Taxi	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Seriously Damaged	0
SMK4628B	Car	HONDA	JAZZ 1.3 CVT	White	Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230414/2040

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3
Report No. T/20230414/2040





CONTINUATION OF REPORT

Driver			
Name	TEO POH HENG	ID No.	S6926951F
Related Vehicle	SHD5990T (Taxi)	Contact No.	81882221
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	14/04/2023	Date Discharge	14/04/2023
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	RAZI MUHAMMAD FARAN	ID No.	G4045494U
Related Vehicle	SMK4628B (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 13/04/2023 at 1945hrs, I was driving my vehicle, SHD5990T, along Bayfront Avenue towards Marina Bay Sand. The traffic light was working and it was green light, in my favour, as such I proceeded to drive straight. While I was driving, suddenly a vehicle, SMK4628B, from the opposite direction, proceeded to turn right. However I noticed that the turning arrow was red. The other vehicle then collided onto the front right portion of my vehicle. I then alighted from the vehicle, exchanged particulars and took a few photos of the accident. Shortly after, the traffic police and ambulance came. My company also activated towing for my taxi. After which, my friend came and fetch me back.

On 14/04/2023, I felt pain on left leg, right portion of my body, neck and my chest, as such I went to Horizon Medical Pte Ltd and was given 6 days of medical certificate.

 SINGAPORE POLICE FORCE		 T/20230414/2040	
Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999		3 of 3 Report No. T/20230414/2040	
CONTINUATION OF REPORT			
Signature of Officer Recording The Report: E / SGT 3 Mohammad Faizal Bin Hashim Toh 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 14/04/2023 12:52	
Officer In Charge Of Case: TP / GIT / SGT 3 MUHD SYARIFUDDIN MUHD AJMAIN Contact No.: 65476083		Classification Of Case:	
NP168			