

# 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 .....              | 25/05/2023 15:29 (SGT)                      |
| Reported by .....                     | Actual Driver                               |
| Date of Accident .....                | 24/05/2023 19:53 (SGT)                      |
| Exact Location of Accident .....      | Near 1 Lor 25 Geylang, Singapore 388286     |
| Additional Location Information ..... | JUNCTION OF GEYLANG ROAD AND LOR 25 GEYLANG |
| Country/State of Loss .....           | Singapore                                   |

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD525L

### 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 .....   | 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 - Reporting only |
| 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 ..... | TAY CHIN CHYE |
| NRIC No .....        | S7148203J     |
| Date Of Birth .....  | 27/03/1971    |
| Occupation .....     | Outdoor       |

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 22/05/2009             |
| Driving experience .....   | 14 YEARS               |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-90466998   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | claims@transcab.com.sg |
| Address .....  | 462A SENGKANG WEST WAY |
| Address complement .....   | #11-161                |
| Postcode .....   | 791462                 |
| 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 .....   | No 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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 .....   | P1   |
| Gender ..... | Male |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON 24/5/2023 AT ABOUT 1953HOURS , MY VEHICLE WAS STATIONARY AT RIGHT SIDE OF GEYLANG ROAD . WHEN I REVERSING MY VEHICLE , SUDDENLY I HEARD THE DRIVER OF VEHICLE B SHOUTING . THEN I STOPPED MY VEHICLE AND THE DRIVER OF VEHICLE B SAID THAT MY VEHICLE WAS COLLIDED ONTO FRONT OF MY VEHICLE . THEN I CALLED POLICE AND CHECKED THAT WAS NO ANY DAMAGED ON MY VEHICLE .

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | GBD985M |
|-----------------------------------|---------|

|   |                    |
|---|--------------------|
| Vehicle Manufacturer .....                    | Mitsubishi         |
| Vehicle Model .....                           | Canter             |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| 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) .....     | -                  |

**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 driver is not the policyholder) / Date & Time

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

**Sketch Plan**

|   |
|---|
| <p>REFER TO ATTACHED ACCIDENT DIAGRAM</p> |
|---|

**Describe Circumstances of the Accident**

ON 24/5/2023 AT ABOUT 1953HOURS , MY VEHICLE WAS STATIONARY AT RIGHT SIDE OF GEYLANG ROAD . WHEN I REVERSING MY VEHICLE , SUDDENLY I HEARD THE DRIVER OF VEHICLE B SHOUTING . THEN I STOPPED MY VEHICLE AND THE DRIVER OF VEHICLE B SAID THAT MY VEHICLE WAS COLLIDED ONTO FRONT OF MY VEHICLE . THEN I CALLED POLICE AND CHECKED THAT WAS NO ANY DAMAGED ON MY VEHICLE .

**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  
Wong Jun Keat  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM 042021

The diagram shows a road layout on a grid. A ruler is placed at the top. The road has four lanes with arrows pointing up and down. A road labeled 'Gayling road' branches off to the right. Two buildings, A and B, are shown on the right side. A vehicle 'A' is at the top right, and a vehicle 'B' is at the bottom right. A diagonal line indicates a collision point between the two vehicles. Distances are marked as '20m' and '20m'. Handwritten notes include 'A: 81105051' and 'B: 6609851'.

A: 81105051  
B: 6609851

Gayling road

20m  
20m

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.:





































