

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	30/06/2023 15:33 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2023 09:40 (SGT)
Exact Location of Accident	Near 366 Geylang Rd, Singapore 389380
Additional Location Information	GEYLANG ROAD TOWARDS CITY NEAR LOR 20 GEYLANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7829A
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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	NG HOCK KIM
NRIC No	SXXXX254J
Date Of Birth	11/04/1959
Occupation	Outdoor

Date Of Driving Pass	04/05/1979
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97296768
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	207B COMPASSVALE LANE
Address complement	#06-22
Postcode	543207
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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)	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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
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	WILL OPLOSD INTO TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS3730B
Vehicle Manufacturer	Toyota
Vehicle Model	Voxy

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEENA
Contact Number	(Phone) +65-97641606
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	NG HOCK KIM
Gender	Male
Phone No	(Phone) +65-97296768
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7829A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

REFER TO THE 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 30/8/2023

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

ACCIDENT DIAGRAM

for to Gefang

Gefang road

A: 2HB7829A

B: PK373015

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







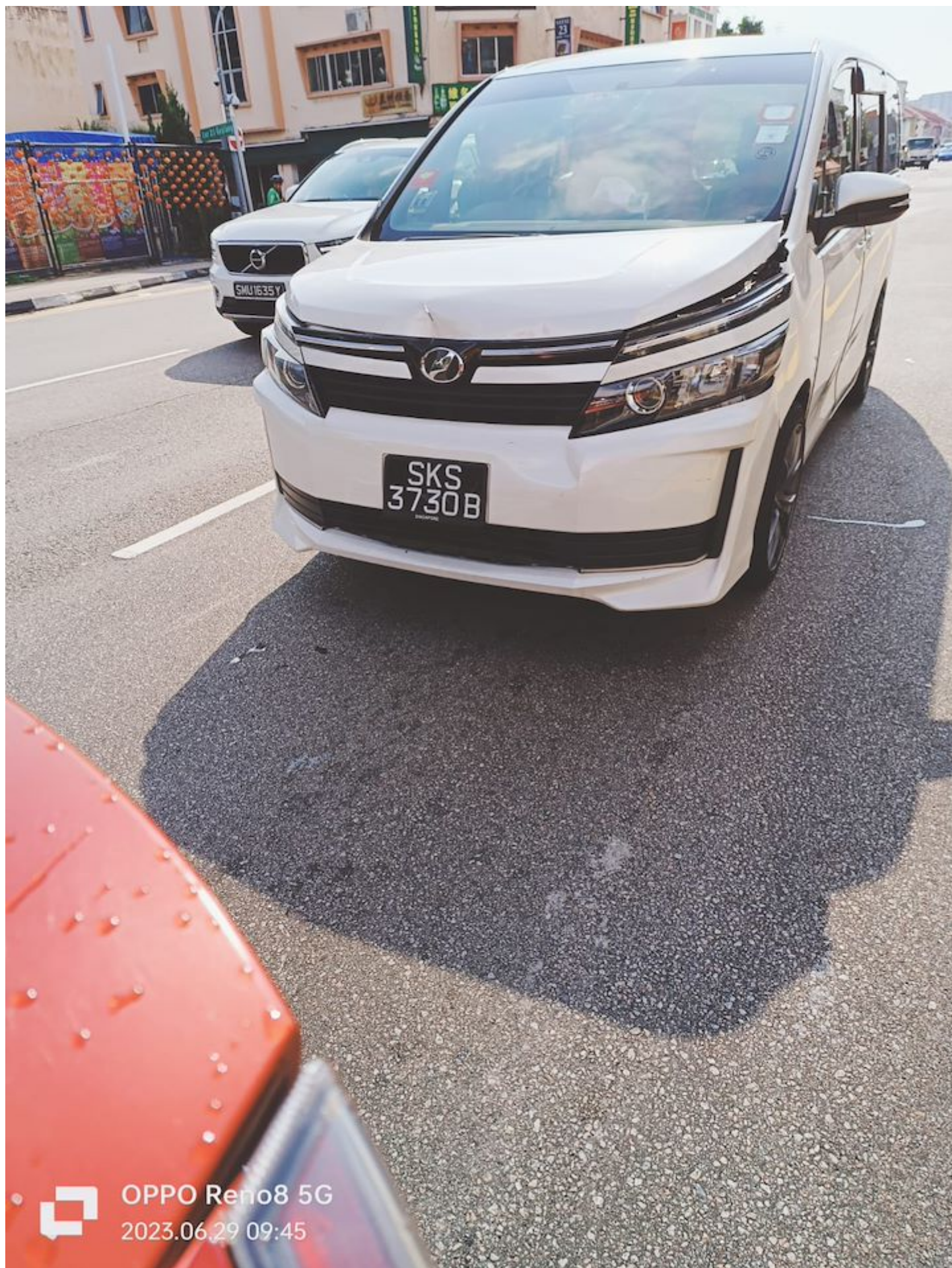














OPPO Reno8 5G
2023.06.29 09:45



SINGAPORE POLICE FORCE		T/20230629/2032				
Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999		1 of 3 Report No: T/20230629/2032				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 29/06/2023 13:35	Vide Report No.: ,	Station Diary No.: 45				
Informant's Particulars						
Name of Informant: NG HOCK KIM		Address: APT BLK 207B COMPASSVALE LANE #06-22 SINGAPORE 543207				
ID Type / ID No.: NRIC NO / S1397254J		Contact No.: Home/Office: Mobile: 97296768				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 64	Date of Birth: 11/04/1959	Type of Informant: Driver			
Race: Chinese		Language:				
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:				
General Information of the Accident						
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2023 09:40	Type of Location: Straight Road			
Location: GEYLANG ROAD						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
SHB7829A	Car					0
SKS3730B	Car					1
Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		


**SINGAPORE
POLICE FORCE**


T/20230629/2032

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3
Report No: T/20230629/2032

CONTINUATION OF REPORT

Driver:			
Name	NG HOCK KIM	ID No.	S1397254J
Related Vehicle	SHB7829A (Car)	Contact No.	97296768
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	29/06/2023	Date Discharge	29/06/2023
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver:			
Name	Leena	ID No.	NIL
Related Vehicle	SKS3730B (Car)	Contact No.	97641606
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 29/06/2023 at about 0940hrs, I was driving Taxi SHB7829A along Geylang Road towards city. I was driving on the second lane from the left. When I was at Geylang lor 20 vicinity, I stopped my vehicle before the yellow box as the traffic light further in front was red. After a few seconds after I was on stationary, the car SKS3730B collided onto the rear of my Taxi. The impact of the collision caused my Taxi to move forward into the yellow box.

There was no passenger in my vehicle.

The other party had a son in her car. The driver informed there is some pain at her son's shoulder however they do not require ambulance. Thereafter we exchanged our contact numbers and left the place.

I felt pain at the back of my neck and heavy headed thus visited the clinic and was given 5 days MC.

My rear boot cannot be opened after the collision. There are other damages at the rear of my vehicle.

There is in car camera in my Taxi however I am unsure if it was working.

