

## 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 .....	03/07/2023 17:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/07/2023 13:25 (SGT)
Exact Location of Accident .....	Near 69 Rangoon Rd, Singapore 218359
Additional Location Information .....	JUNCTION OF RANGOON ROAD AND RACE COURSE ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB9810P
-----------------------------------	----------

#### 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 .....	GOH LI CHUAN
NRIC No .....	SXXXX603J
Date Of Birth .....	23/09/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	14/01/1986
Driving experience .....	37 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82992629
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	221B SUMANG LANE
Address complement .....	#02-21
Postcode .....	822221
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 .....	Side Swipe
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 .....	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 TO POLICE REPORT

#### 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 .....	YP885H
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SETHURAMAN PALANISELVA
Contact Number .....	(Phone) +65-83597979
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 .....	GOH LI CHUAN
Gender .....	Male
Phone No .....	(Phone) +65-82992629
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB9810P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****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 Authorised 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. The 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.
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 POLICE REPORT .

**Declaration**

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 REPORT FORM

DATE: Jun 2022

SCALE: 1 CM = 1 M

ROAD COURSE

ROAD

A: SHB780P

B: YP885H

ROAD

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel

DAY MONTH YEAR















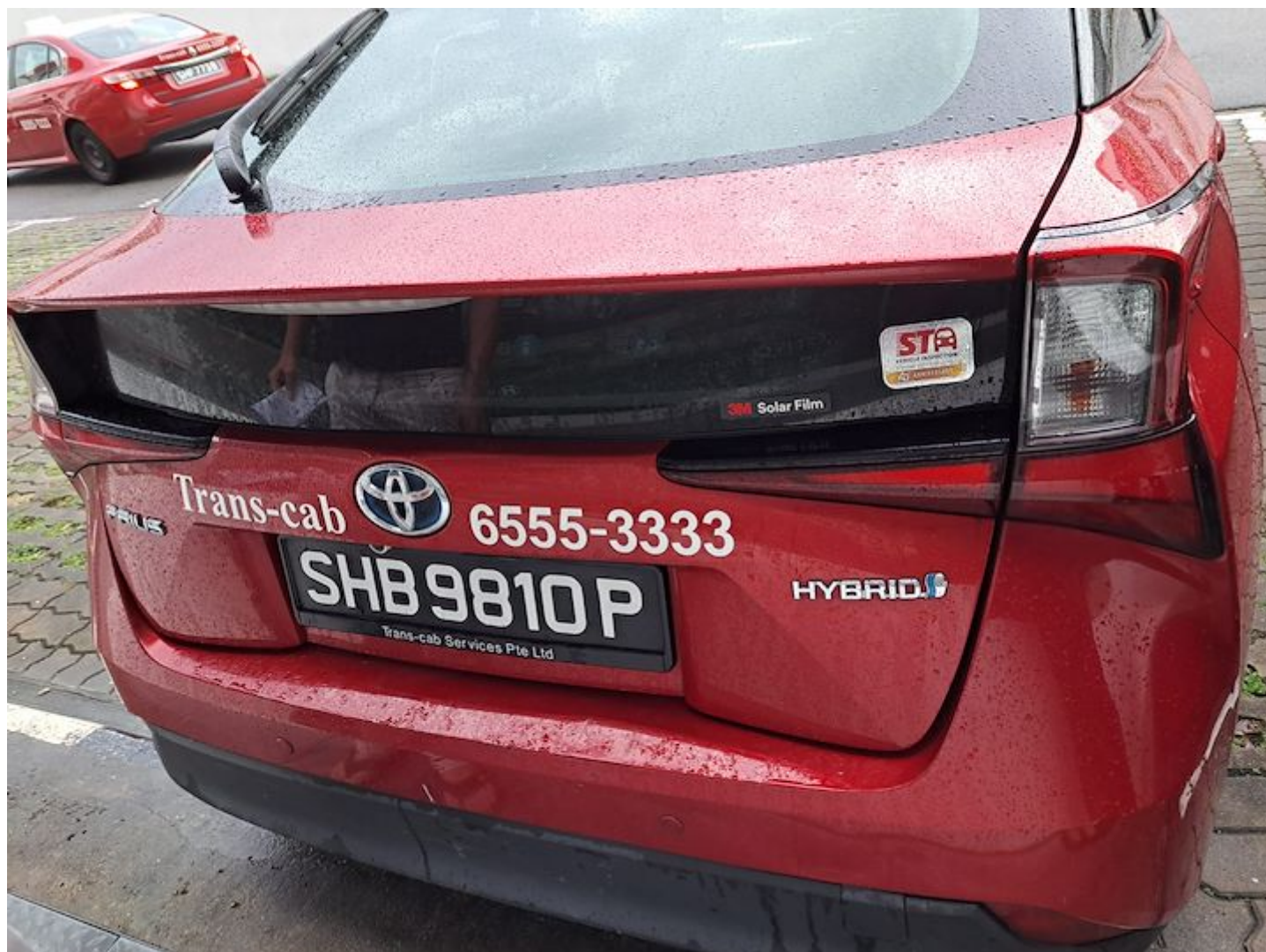






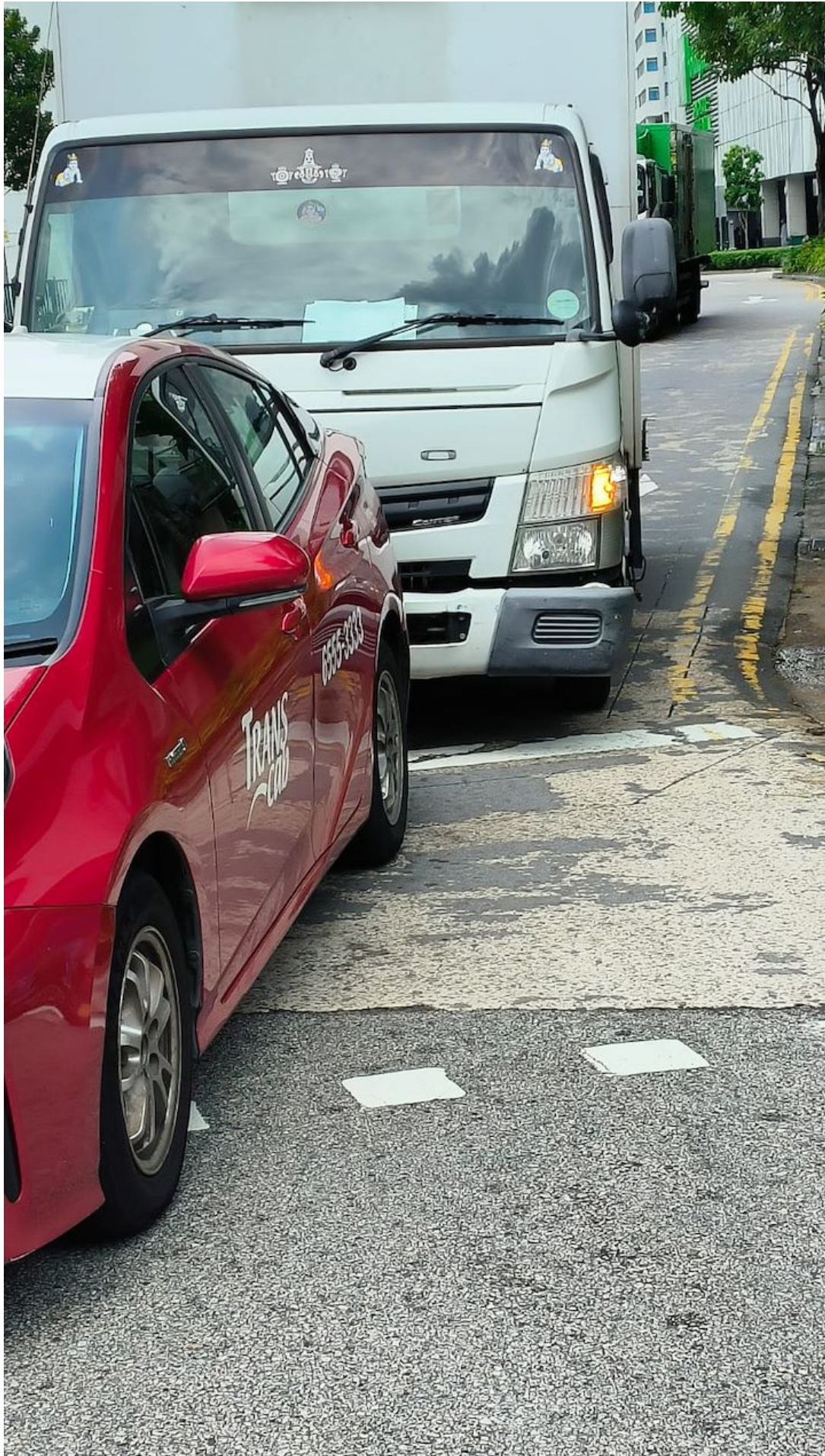































**SINGAPORE  
POLICE FORCE**


T/20230703/2054

1 of 3

Report No. T/20230703/2054

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/07/2023 15:53		Vide Report No.:		Station Diary No.: 34	
<b>Informant's Particulars</b>					
Name of Informant: GOH LI CHUAN			Address: APT BLK 221B SUMANG LANE #02-21 SINGAPORE 822221		
ID Type / ID No.: NRIC NO / S1730603J			Contact No.: Home/Office: Mobile: 82992629		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 23/09/1965	Type of Informant: Driver		
Race: Chinese			Language:		
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: 03/07/2023 13:25	Type of Location: X-Junction
Location: OWEN ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
SHB9810P	Car				Slightly Damaged	0
YP585H	Lorry				Slightly Damaged	1

**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:  
Changi N.P.C  
9 Simel Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20230703/2054

2 of 3  
Report No. T/20230703/2054

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH LI CHUAN	ID No.	S1730603J
Related Vehicle	SHB9810P (Car)	Contact No.	82992629
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SETHURAMAN PALANISELVA	ID No.	NIL
Related Vehicle	NIL	Contact No.	83597979
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 03/07/2023 at about 1325hrs, my car was stationery behind another vehicle along Rangoon Road on the 3rd lane as I was waiting for the traffic light turn to turn green. When the left turn light turned green the vehicle infront started moving. I followed through and before I could turn left, the vehicle (YP885H) behind me hit onto the rear of my vehicle.

We both alighted to make a check no one was injured. I then checked on my vehicle and discovered dents and scratches on my rear bumper. The lorry suffered damages on his front bumper. After exchanging particulars we both drove off.

I then went for a medical checkup as I was not feeling well and was give 5 days MC from 03/07/2023 to 07/07/2023.

