

# 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 .....	12/07/2023 11:42 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/07/2023 17:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG BRAS BASAH ROAD BEFORE WATERLOO ST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB7542B
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### 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 .....	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 .....	POON KAH ONN
NRIC No .....	S1559384I
Date Of Birth .....	10/12/1962
Occupation .....	Outdoor

Date Of Driving Pass .....	11/11/1982
Driving experience .....	40 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81413732
Alt. Phone Number .....	-
Email Address .....	Claims@transcab.com.sg
Address .....	HDB Siglap East, 167 Bedok South Avenue 3
Address complement .....	-
Postcode .....	460167
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 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) .....	5
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

#### PASSENGER 2

Name .....	P2
Gender .....	Male

#### PASSENGER 3

Name .....	P3
Gender .....	Female

#### PASSENGER 4

Name .....	P4
Gender .....	Female

#### 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

I WAS TRAVELLING STRAIGHT ALONG THE MENTIONED LOCATION, THE VEHICLE INFRONT CAME TO A STOP HENCE I ALSO FOLLOW SUIT. AFTER FEW SECONDS I FELT AN IMPACT FROM THE REAR, THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR LATER.

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 ..... SMT5255P  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Jazz  
Vehicle Variant ..... -  
Vehicle Colour ..... Blue  
Vehicle Category ..... Private car  
Name of Driver ..... YEO TU CHIN, MELVIN  
NRIC No ..... S8613566C  
Contact Number ..... (Phone) +65-96723982  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... POON KAH ONN  
Gender ..... Male  
Phone No ..... (Phone) +65-81413732  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SHB7542B  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

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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 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  
Ang Qi Hao, Victor

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

I WAS TRAVELLING STRAIGHT ALONG THE MENTIONED LOCATION, THE VEHICLE INFRONT CAME TO A STOP HENCE I ALSO FOLLOW SUIT. AFTER FEW SECONDS I FELT AN IMPACT FROM THE REAR, THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED AND IM FEELING UNWELL WILL CONSULT DOCTOR LATER.

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

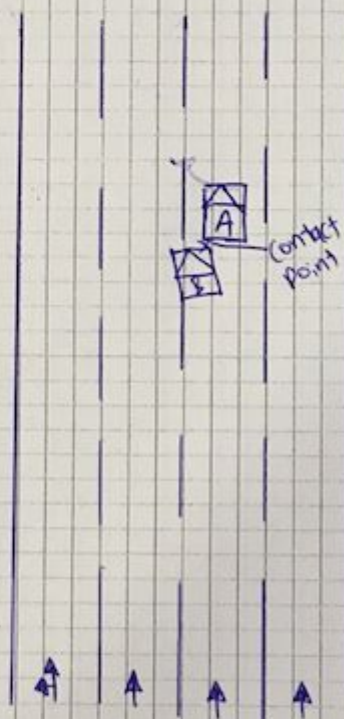
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Ang Qi Hao, Victor

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

ACCIDENT DIAGRAM

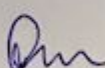
Bras Basah Road



veh A: SHB75428

veh B: SMT5255P

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



























