

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 | 17/07/2023 15:26 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 14/07/2023 19:20 (SGT) |
| Exact Location of Accident | Near 1 Supreme Ct Ln, Singapore 178879 |
| Additional Location Information | PARLIAMENT PLACE TOWARDS ST ANDREW'S ROAD BEFORE SUPREME CT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD9853E |
|-----------------------------------|----------|

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 | NEO LEONG HIAP |
| NRIC No | SXXXX337F |
| Date Of Birth | 05/12/1960 |

| | |
|--|---------------------------|
| Occupation | Outdoor |
| Date Of Driving Pass | 24/05/1978 |
| Driving experience | 45 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97317208 |
| Alt. Phone Number | - |
| Email Address | claims@transcab.com.sg |
| Address | 228 CHOA CHU KANG CENTRAL |
| Address complement | #06-109 |
| Postcode | 680229 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Toa Payoh Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002519999 |
| Alt. Police Station Phone No | (Fax) +65-63548749 |
| Police Station Address | 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 |
| 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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | SLH1233D |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Harrier |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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**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 willful 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 17/7/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM Ver. Jan2022

Parliament
Place

A: SHD9853E

B: BM1233D

Policyholder's Signature / Date & Time

Nco

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

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre Personnel

A ILY MARKS PTE LTD

















**SINGAPORE
POLICE FORCE**



T/20230717/2032

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

2 of 3

Report No. T/20230717/2032

CONTINUATION OF REPORT


| | | | |
|-----------------------------------|-------------------------|--|---|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | NEO LEONG HIAP | ID No. | S1454337F |
| Related Vehicle | SHD9853E (Car) | Contact No. | 97317208 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5 Date of Expiry: NIL |
| Date Treatment | 17/07/2023 | Date Discharge | 17/07/2023 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.


On 14/07/2023 at about 1920hrs, I was driving my TransCab taxi bearing registration plate number (SHD9853E) along Parliament Place near to Supreme court. It is a 2-lane traffic and I was in the middle lane (Head straight), there was one female passenger on board. As I was travelling along the road, there is one vehicle (SLH1233D) on my right tried to squeeze into my lane and collided into the right side of my vehicle. I alighted from my vehicle to make a check as I felt a small impact. I did not notice any damages on my vehicle and we did not exchange any details.

Shortly after as I was moving slowly, another vehicle (SMQ7142J) was on the right lane had cut into my lane and collided into my right side mirror followed by my front right bumper. I braked immediately. My taxi front bumper suffered some scratches and dent. I felt a greater impact compared to the first incident. The driver did not alight and we did not exchange details.

The female passenger details is Juliana (9171 1173). Both cars wanted to filter into my lane as the right lane is a "Turn-Right" only lane. There is in-car camera installed in my vehicle. I suffered pain on my neck and back area (Sprain).



**SINGAPORE
POLICE FORCE**


T/20230717/2032

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3
Report No. T/20230717/2032

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 17/07/2023 12:24 | Vide Report No.: T/20230717/2027 | Station Diary No.: 61 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: NEO LEONG HIAP | | Address: APT BLK 228 CHOA CHU KANG CENTRAL #06-109 SINGAPORE 680228 | |
| ID Type / ID No.: NRIC NO / S1454337F | | Contact No.: Home/Office: Mobile: 97317208 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 62 | Date of Birth: 05/12/1960 | Type of Informant: Driver |
| Race: Chinese | | Language: | |
| Occupation: Taxi driver | | Driving Licence Information: Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: | |

General Information of the Accident

| | | | |
|---|--------------------|--|------------------------------------|
| Type of Accident: Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 14/07/2023 19:20 | Type of Location: Straight Road |
| Location: PARLIAMENT PLACE | | | |
| Weather: Drizzling | | Road Surface: Wet | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | Traffic Volume: Heavy | |
| | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHD9853E | Car | | | | Slightly Damaged | 1 |
| SLH1233D | Car | | | | | 0 |
| SMQ7142J | Car | | | | | 0 |

| SINGAPORE POLICE FORCE | |
|--|--------------------------------|
| Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 | CONTINUATION OF REPORT |
| T/20230717/2032 | |
| 3 of 3 | |
| Report No. T/20230717/2032 | |
| Signature of Officer Recording The Report: E / SR STAFF SGT CHEN SHI YUN, MICHELLE | Signature Of Informant: Neo |
| Signature Of Interpreter: Not applicable | Date/Time: 17/07/2023 12:24 |
| Officer In Charge Of Case: TP / HRT / SI IRMAN BIN MOHAMAD SAID Contact No.: 65476145 | Classification Of Case: |
| NP168 | |