

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 First Submission 03/08/2023 19:49 (SGT)
Reported by Actual Driver
Date of Accident 02/08/2023 23:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CARPARK OF HOUGANG STREET 61 INFRONT OF BLK 695
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF671L

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 (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Toyota
Model PRIUS 5 DR HATCHBACK (AUTO)
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 TAN WEE SAN
NRIC No S0203770Z
Date Of Birth 27/08/1953
Occupation Outdoor

Date Of Driving Pass	08/07/1977
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92290868
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Keat Hong Colours, 813A Choa Chu Kang Avenue 7
Address complement	#02-575
Postcode	681813
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?	Yes
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?	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 NO.T/20230803/2033

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	SLX7028G
Vehicle Manufacturer	Honda
Vehicle Model	SHUTTLE 1.5G CVT
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	ANG WEI HONG
NRIC No	S8941723F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	P1 - DAUGHTER
Gender	Female

PASSENGER 2

Name	P2 - SPOUSE
Gender	Female

INJURED PERSONS DETAILS

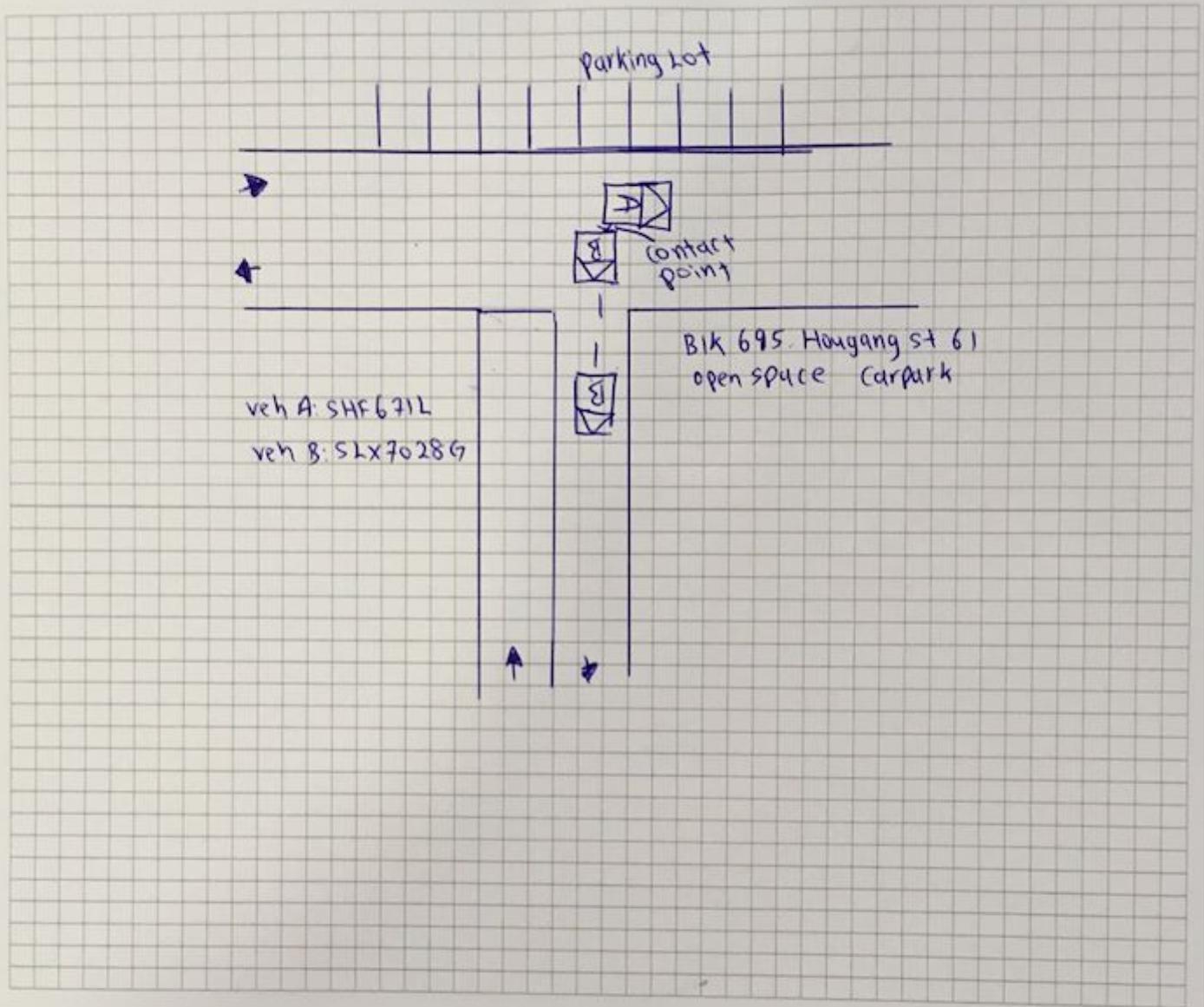
INJURED 1

Name of injured person	TAN WEE SAN
Gender	Male
Phone No	(Phone) +65-92290868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHF671L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

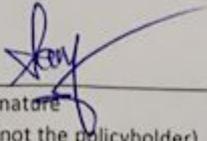
INJURED 2

Name of injured person	P1 - DAUGHTER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX7028G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

ACCIDENT DIAGRAM



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.:

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO.T/20230803/2033

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













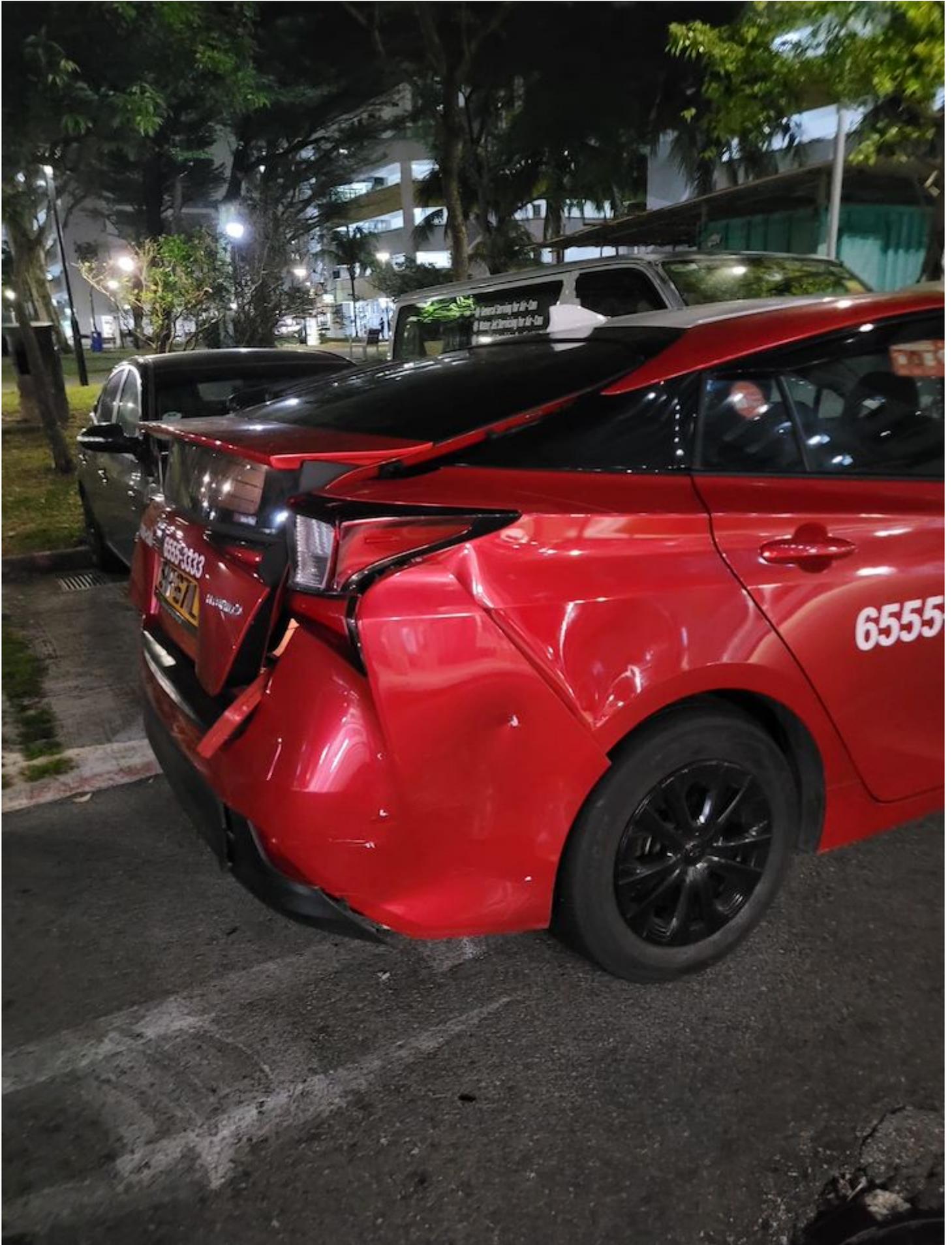






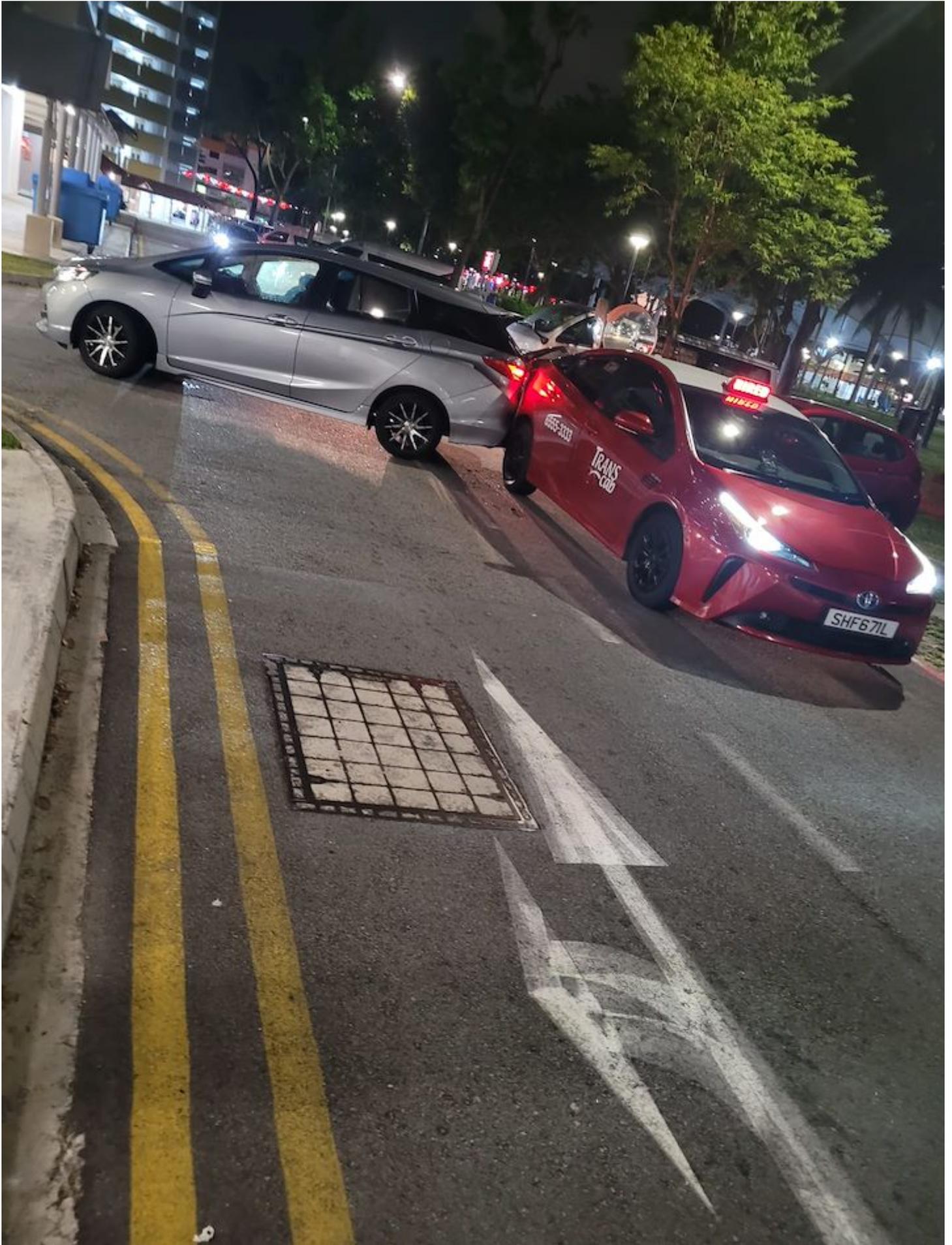




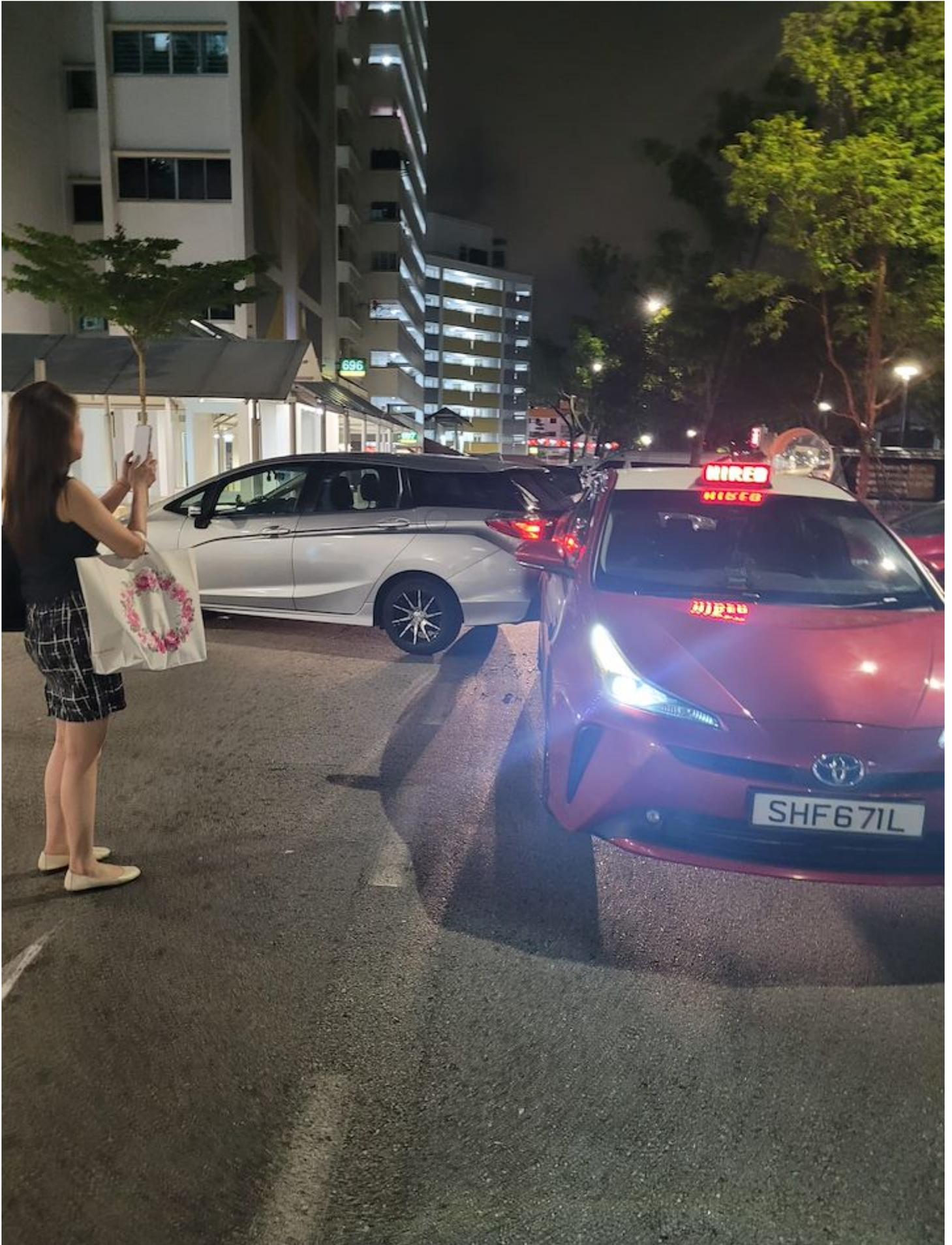


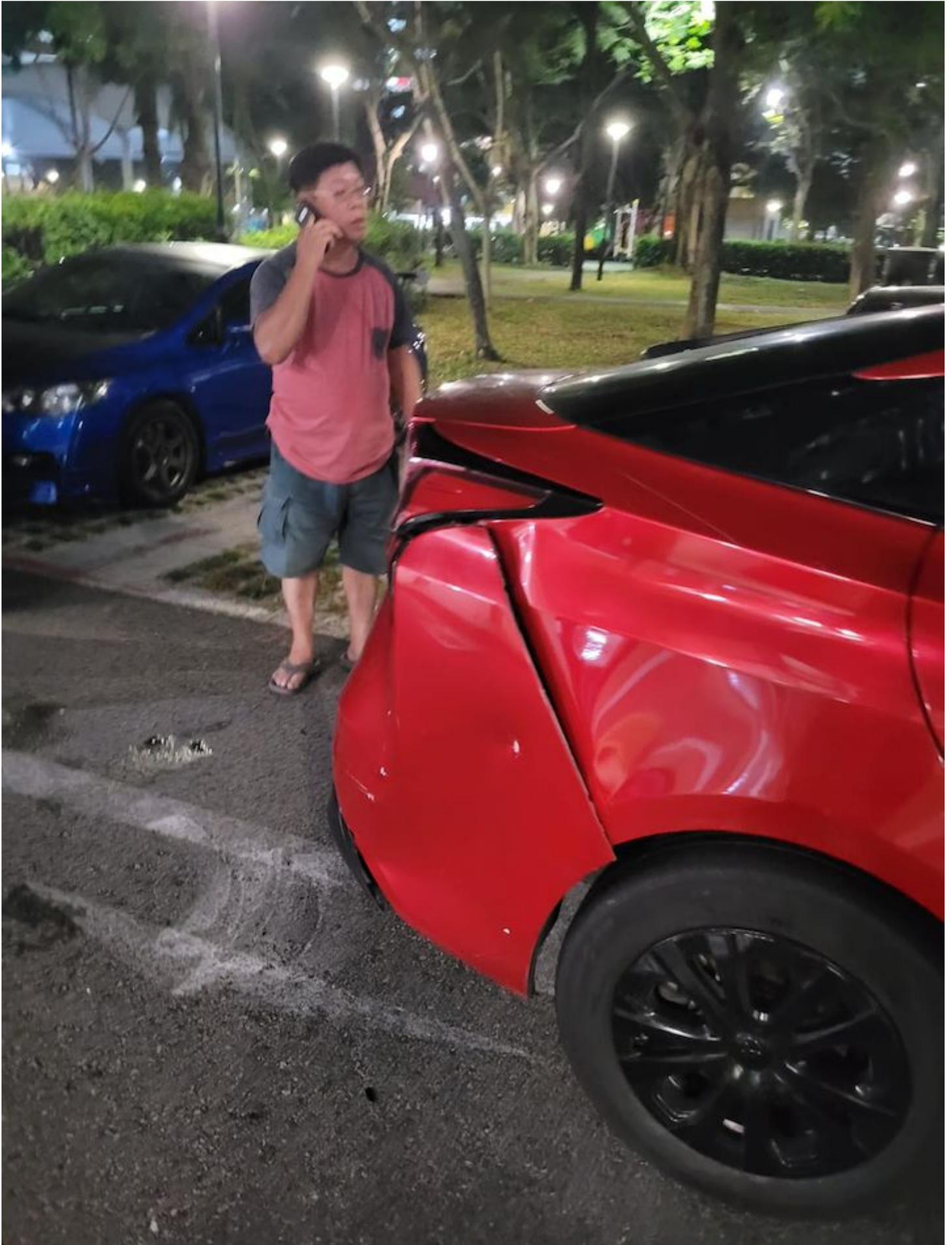















**SINGAPORE
POLICE FORCE**


T/20230803/2033

1 of 3

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

Report No. T/20230803/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2023 12:58	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TAN WEE SAN		Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #02-575 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S0203770Z		Contact No.:	Mobile: 92290868
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 27/08/1953	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/08/2023 23:00	Type of Location: T-Junction
Location: HOUGANG STREET 61				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF671L	Car				Slightly Damaged	1
SLX7028G	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230803/2033

2 of 3

Police Station Of Origin:
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9 Simei Street 2 SINGAPORE 529914
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Report No. T/20230803/2033

CONTINUATION OF REPORT

Driver			
Name	TAN WEE SAN	ID No.	S0203770Z
Related Vehicle	SHF671L (Car)	Contact No.	92290868
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/08/2023	Date Discharge	03/08/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above-mentioned date, time and location. I was performing my duties as a taxi driver and was to on my way to pick up a passenger at the incident location. I was driving towards the location of pick up and was informed by the passenger to turn into one of the lane. As i have missed the lane, I spotted a empty parking lot on my left and decided to reverse in. While reversing, I heard a loud bang and spotted a car in the rear collided with me. I got out and observed damaged on my right rear vehicle. The driver got out and checked on his vehicle and informed that ambulance is required as his daughter who was seated at the back seat was in pain. Subsequently, ambulance came and conveyed the driver daughter.

ACCIDENT DIAGRAM



**SINGAPORE
POLICE FORCE**



T/20230803/2033

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

3 of 3
Report No. T/20230803/2033

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 MUHAMMAD
HAIRULNIZAM BIN HAMRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/08/2023 12:58

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD KHAIRI SUFRIE BIN
SUHAIMI
Contact No.: 96207105

Classification Of Case:

NP168