

## 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 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. 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 Report	12/05/2020 15:22
Date Of Accident	12/05/2020 13:20
Exact Location Of Accident	COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9799D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

### Driver

Name of Driver	ANG KIM WAH
NRIC No	SXXXX237F
Date Of Birth	29/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1981
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98451781
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address, BLK 350 BUKIT BATOK STREET 34  
 #09-126  
 Postcode 650350  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own  
 Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Number of vehicles (including own vehicle)  
 involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by  
 ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s)  
 soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

On 12.05.2020 at about 1320hours, I was Stationary on the extreme right lane along Commonwealth Avenue when the traffic light was red. While stationary, suddenly I felt an impact. Vehicle B (GBH2441G) hit onto my taxi's rear portion.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH2441G  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category GOODS VEHICLE  
 Name of Driver LEE TZE WEE  
 NRIC/Passport Number SXXXX195F  
 Contact Number 94361512  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

### SKETCH PLAN

Commander's Avenue

A hand-drawn sketch map on grid paper. It shows a vertical road on the left and a horizontal road intersecting it from the top. A diagonal line branches off the vertical road towards the bottom-left. Point A is located at the intersection of the vertical and horizontal roads. Point B is located further up the horizontal road. To the right of the map, there are handwritten calculations:

$$A = 510\ 97\ 999$$
$$B = 664\ 244\ 6$$

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

P15      ~~See~~      attach      CIA 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:

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