

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	27/05/2020 16:48
Date Of Accident	27/05/2020 15:20
Exact Location Of Accident	TANJONG KATONG ROAD TWDS MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5271K
Insured/Policyholder	
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	TOYOTA
Model	PRIUS-1.8 (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	SYED ABDULLAH
NRIC No	SXXXX709D
Date Of Birth	10/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98851109
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address BLK 461B YISHUN AVENUE 6
 #04-1039
 Postcode 762461
 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 SIDE SWIPE
 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? YES
 If Yes, Please state which Police Station YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
 Police Station Name ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
 Police Station Address TEL NO: 1800-8529999 - FAX NO: 68522299
 Police Station Contact NO
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/0200527/2075

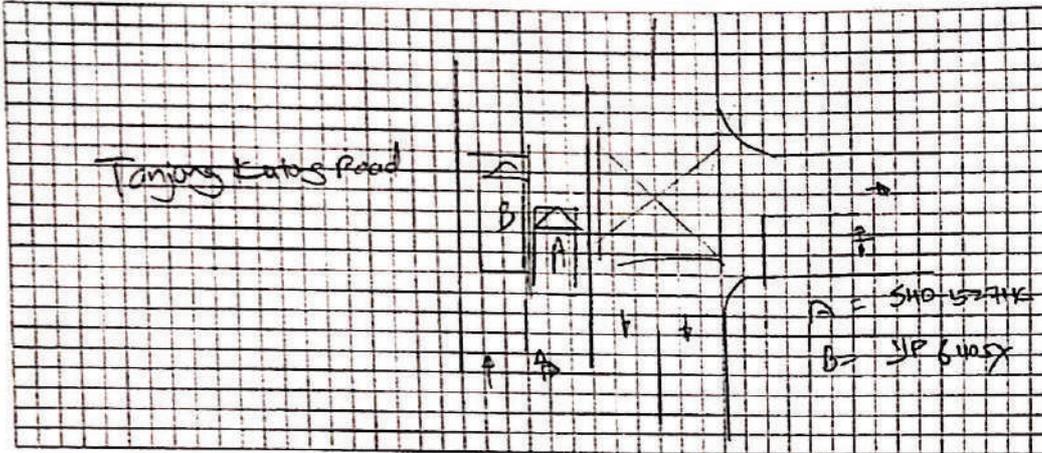
Attachment(s)

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

YP6405X
 Vehicle Registration Number
 Vehicle Make/Model/Colour
 Goods Vehicle
 Details Of Properties
 Vehicle Category
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

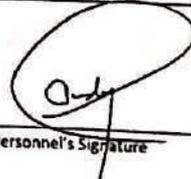
pls see attach police report

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.:



**SINGAPORE
POLICE FORCE**



T/20200527/2075

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20200527/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2020 18:03	Vide Report No.:	Station Diary No.: 82
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Informant's Particulars			
Name of Informant: SYED ABDULLAH BIN ABDUL RAHMAN		Address: APT BLK 461B YISHUN AVENUE 6 #04-1039 SINGAPORE 762461	
ID Type / ID No.: NRIC NO / S1093709D		Contact No.: Home/Office: Mobile: 98851109	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 72	Date of Birth: 10/05/1948	Type of Informant: Driver
Race: Arab		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2020 03:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TANJONG KATONG ROAD SANDY LANE TOWARDS MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5271K	Taxi				Seriously Damaged	0
YP6405X	Lorry				No Damage	0

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



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver			
Name	SYED ABDULLAH BIN ABDUL RAHMAN	ID No.	S1093709D
Related Vehicle	SHD5271K (Taxi)	Contact No.	98851109
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/05/2020 at about 03.30pm, I was driving my Transcab taxi (SHD5271K) along Tanjong Katong Road (2-lane road) towards Mountbatten Road. I stopped at a traffic light at the junction of Tanjong Katong Road and Sandy Lane, as I was intending to make a right turn into Sandy Lane but there was oncoming traffic. While my vehicle was stationary, a lorry (YP6405X) on my left swerved into my lane and continued going straight. When the lorry swerved into my lane, it hit into my left side-view mirror, however he did not stop and continued going. I then went after the lorry and when it stopped at a red traffic light at the junction of Tanjong Katong Road and Mountbatten Road, I got out to knock on the driver's door and finally got his attention.

The driver told me he wanted to settle the matter privately, however I told him that this is a company vehicle and I cannot do that.

Nobody was injured in the incident. I wish to add that I believe the lorry swerved into my lane to overtake a vehicle that was directly ahead of him on the left lane.