

## 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 29/06/2020 09:10  
Date Of Accident 26/06/2020 22:05  
Exact Location Of Accident RODYK STREET  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD214J  
**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 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 IBRAHIM ALAVI BIN ABDUL MAJID  
NRIC No SXXXX057Z  
Date Of Birth 24/11/1980  
Occupation OUTDOOR  
Date Of Driving Pass 18/06/2013  
Driving Experience 7 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-85868244  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address	BLK 693B WOODLANDS AVENUE 6 #02-731
Postcode	732693
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 - MAJOR/MINOR RD
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 26.06.2020 at about 2205hours, I was travelling Straight along Rodyk Street. Suddenly I felt an impact. Vehicle B (SHC7092C) which drive out from Robertson Quay without checking for oncoming vehicle and hit onto my taxi right side portion

#### Attachment(s)

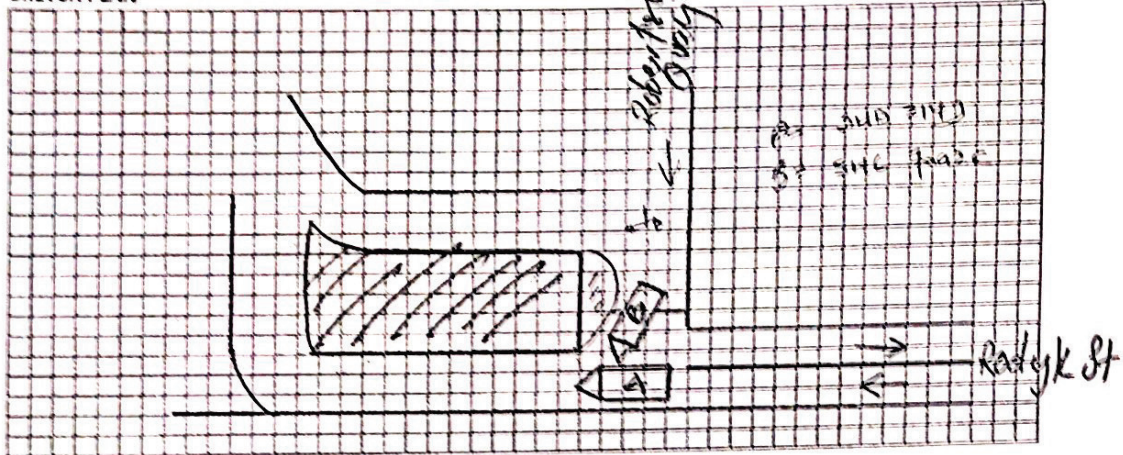
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7092C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG GEOK HUAT
NRIC/Passport Number	SXXXX335B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach sat 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/ID No.:

GAU/BAIC SketchPlanForm\_V3

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