SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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 of the contraction.

aforesaid.	ACCIDENT STATEMENT	
	30/07/2020 10:13	
Date Of Report	29/07/2020 16:45	
Date Of Accident	AYE TOWARDS TOWN	
Exact Location Of Accident	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	
	SHF557J	
Vehicle Registration Number	SHF337J	
Insured/Policyholder	TRANS CAR OFFINICES DIE LTD	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD	
Co Reg No	2XXXXX878K	
Email Address	CLAIMS@TRANSCAB.COM.SG	
Mobile Phone No	OFFICE-62876666	
Alternative Phone No	OFFICE-62070000	
Vehicle Particulars	DEMAND T	
Manufacturer	RENAULT	
Model	LATITUDE-2.0 D DCI (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	THE RESIDENCE OF A SECURISION OF THE PERSON	
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	MOHD SHAH BIN ABDULLAH	
IRIC No	SXXXX638J	
Date Of Birth	17/08/1959	
Occupation	OUTDOOR	
Date Of Driving Pass	27/08/1990	
	29 YEARS AND 11 MONTHS	
	MALE	
	(LOCAL) +65-96969198	
ax Number	*. ** Y D **	
contact Number		
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BLK 612 CHOA CHU KANG STREET 62 Address

#03-187

Postcode 680612

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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 CLEAR Weather Conditions Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

YES

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)

2

: UNKNOWN

Passenger 1 NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-4849999 - FAX NO: 62181399 Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200730/2018

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO WITH TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD209X Vehicle Make/Model/Colour LORRY

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category ISSAC S/O JESURAJU Name of Driver

SXXXX638J NRIC/Passport Number

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Sketch Plan #2 Pg. 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refler to Police Report T/2020786 / 2018. BECLARATION We declare the foregoing particulars are true in eyery respect. Incholder's Signature (if driver is not the policyholder) Driver's Signature (if driver is not the policyholder)	SKETCH PLAN			
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