

MBH20096610 / Ajax Mars Pte Ltd - Bukit Merah
ENTRY DATE & TIME: 02/11/2020 22:09
SUBMITTED BY: Mohammed Azly Bin Abdullah

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 02/11/2020 22:09
Date Of Accident 30/10/2020 13:50
Exact Location Of Accident ALN CHOA CHU KANG DRIVE BFR CHOA CHU KANG NORTH 7
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD9840S
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 2.0L DCI AUTO D/AB 4DR
Exact Purpose for which vehicle was being used at time of accident HIRE & 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/P2348706
Cover Note Number NA
Driver
Name of Driver EIO HYORK MING
NRIC No SXXXX593D
Date Of Birth 26/01/1966
Occupation OUTDOOR
Date Of Driving Pass 05/01/1988
Driving Experience 32 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83693382
Fax Number
Contact Number OTHERS-83693382
EMail Address NOEMAIL

Address NA
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 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? 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 POLICE STATION NAME [OTHER] TOA PAYOH N.P.C
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201031/2046

Attachment(s)

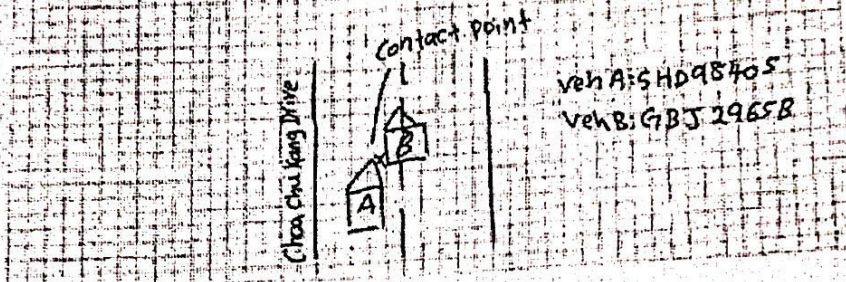
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: UPLOADED INTO AXA
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2965B
 Vehicle Make/Model/Colour FIAT / DOBLO CARGO MAXI 1.6MJ DIESEL (MTA)
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number 87960039
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
VICTOR ANG

Reporting Officer Personnel's Signature
Name:
NRIC No.: