

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	09/11/2020 10:26
Date Of Accident	08/11/2020 11:50
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5430Z
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 5DR HATCHBACK (AUTO)
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	N.A

Driver

Name of Driver	TAN SEE LEW
NRIC No	SXXXX871Z
Date Of Birth	14/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	03/11/1969
Driving Experience	51 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97945636
Fax Number	
Contact Number	
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 CHAIN COLLISION
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 5
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
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
Passenger 1 NAME: : P1
GENDER: : MALE

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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, I SAW THERE IS A THREE CAR CHAIN COLLISION AND I CAME TO A STOP BEHIND VEHICLE C (SMJ2295X). VEHICLE B SUDDENLY COLLIDED ONTO THE REAR OF MY VEHICLE AND MY VEHICLE MOVED FORWARD AND TOUCHED ONTO VEHICLE C SLIGHTLY. I DIDNT HAVE THE PARTICULARS OF ALL PARTIES AND THERE IS NO INJURIES INVOLVED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2459G
Vehicle Make/Model/Colour TOYOTA / COROLLA AXIO HYBRID 1.5 CVT
Details Of Properties N.A
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ2295X
Vehicle Make/Model/Colour VOLKSWAGEN / GOLF 1.4 TSI CL / WHITE
Details Of Properties N.A
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJJ4681L
Vehicle Make/Model/Colour TOYOTA / PICNIC AUTO W/O ROOF RACK / BLACK
Details Of Properties N.A
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBF398Y
Vehicle Make/Model/Colour NISSAN / CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5 / SILVER
Details Of Properties N.A
Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

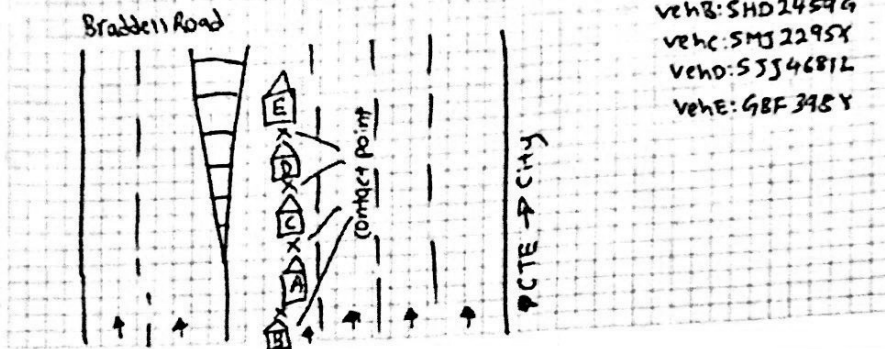
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



Veh A: SHC 5430Z
 Veh B: SHD 2459G
 Veh C: SMJ 2295X
 Veh D: SJS 4681L
 Veh E: G8F 398Y

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 Centre Personnel's Signature
 Name:
 NRIC/IN No.: