

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 Submission	16/12/2020 12:48 (SGT)
Date of Accident	11/12/2020 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE/MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD739L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Latitude
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2348706
Cover Note Number	-

DRIVER

Name of Driver	LIN TIONG MENG
NRIC No	SXXXX508D
Date Of Birth	26/09/1966
Occupation	Outdoor

Date Of Driving Pass	05/09/1988
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82884857
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was driving on the right lane going straight towards MCE. Front vehicle suddenly jammed braked due to a vehicle cut into his lane from the chevron. Due to safe distance, I managed to stop in time. Few seconds, I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear portion. Due to the impact, my vehicle moved forward and hit onto front vehicle rear portion. When I came out from my vehicle, I discovered it was chain collision with 4 vehicles 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	SLJ8548P
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-
Vehicle Colour	Black

Vehicle Category	Private car
Name of Driver	LIM LIANG SENG
NRIC No	SXXXX750G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU250D
Vehicle Manufacturer	Toyota
Vehicle Model	Estima
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ISMAIL BIN IDRIS
NRIC No	SXXXX832F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

PASSENGER 1

Name	P1
Gender	-

PASSENGER 2

Name	P2
Gender	-

PASSENGER 3

Name	P3
Gender	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLS8832X
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG THIAM HUA
NRIC No	SXXXX792J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

ACCIDENT STATEMENT (2000 characters)

I was driving on the right lane going straight towards MCE. Front vehicle suddenly jammed braked due to a vehicle cut into his lane from the chevron. Due to safe distance ,I managed to stop in time. Few seconds,I felt a hard impact from behind and saw a vehicle had already hit onto my vehicle rear portion. Due to the impact,my vehicle moved forward and hit onto front vehicle rear portion. When I came out from my vehicle,I discovered it was chain collision with 4 vehicles involved.

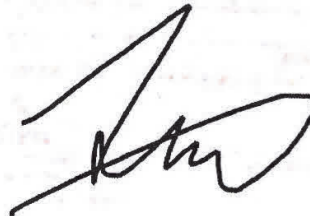
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

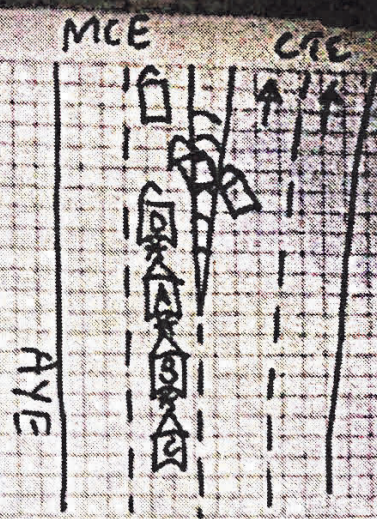
Job Complete Date/Time

12 December 2020 at 3:30 PM

Date/Time:

12 December 2020 at 3:27 PM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

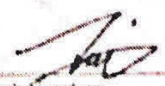
A: SHD 739 L
B: SLJ 8548P
C: SLS 8832X
D: SKU 250D

[The following section contains multiple horizontal lines, each crossed out with a diagonal slash, indicating that the accident circumstances are detailed in the 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
AIZAM BIN ATAN
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.: