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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 21/12/2020 17:29 (SGT) Date of Accident 19/12/2020 15:10 (SGT) Exact Location of Accident Lor Limau, Singapore Additional Location Information LOR LIMAU BEFORE CARPARK TPBR4 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHC5485R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 200303878K **Email Address** claims@transcab.com.sq Mobile Phone No (Phone) +65-62866666 Alternative Phone No (Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer

Model Prius 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 - Claiming third party Taxi

Vehicle Category

INSURANCE COMPANY

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

DRIVER

Name of Driver TAN TECK SIONG (CHEN DEXIANG) NRIC No S8035514I Date Of Birth 21/11/1980 Occupation Outdoor

Date Of Driving Pass 31/07/2003 Driving experience 17 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-92474297 Alt. Phone Number Email Address claims@transcab.com.sg Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes

No

DETAILS OF POLICE ACTION

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT AND I SAW THIRD PARTY WAS MAKING A REVERSE AND WHEN I PASS BY HIS VEHICLE SUDDENLY I MOVED FORWARD AND COLLIDED ONTO MY RIGHT SIDE PORTION. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

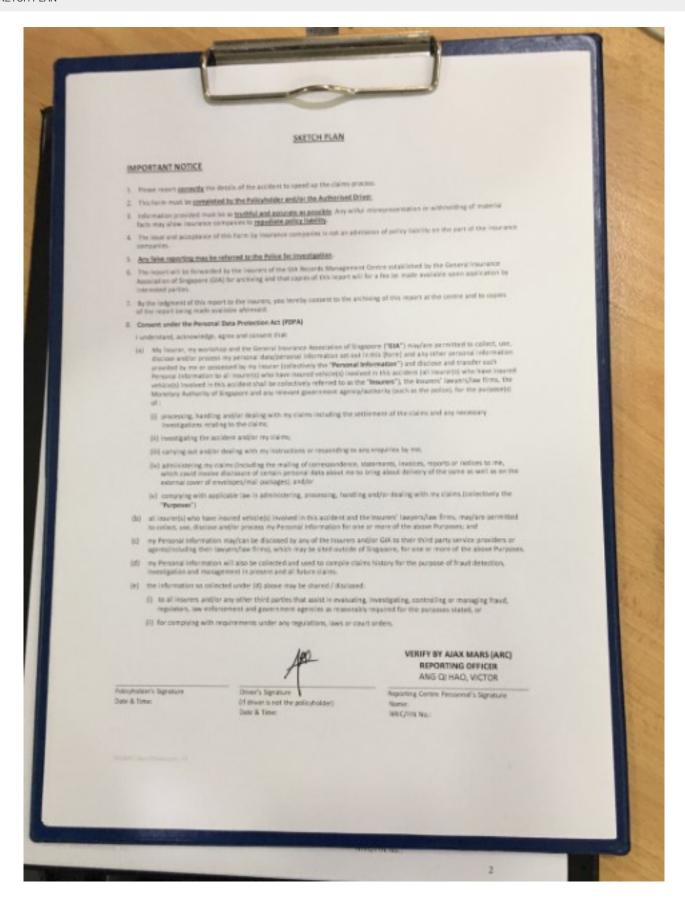
No
Was there any audio recorded?

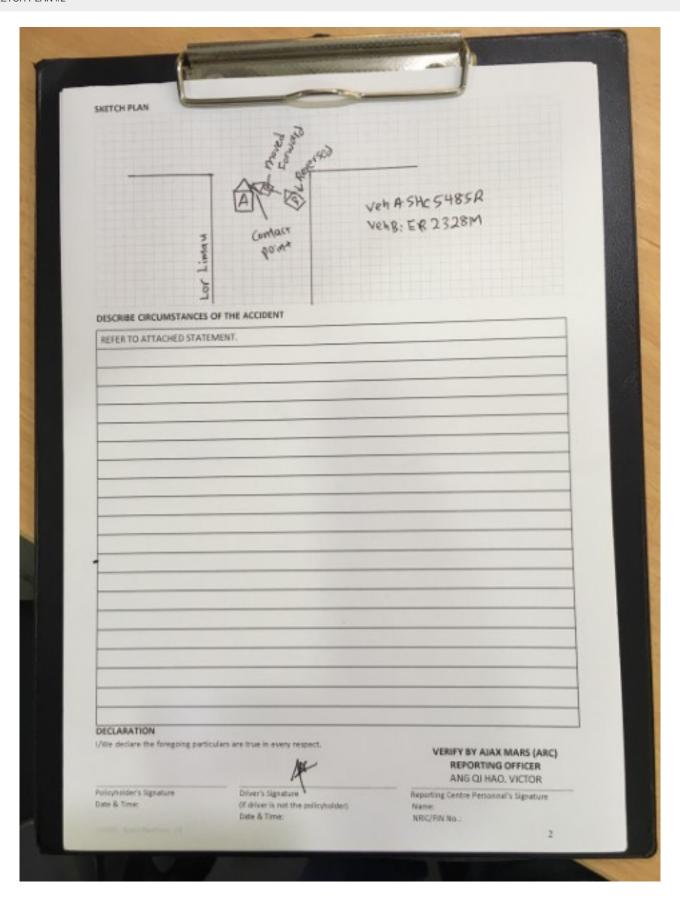
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ER2328M Vehicle Manufacturer Toyota Vehicle Model Camry Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LOH SER KIAT NRIC No S2004004A Contact Number (Phone) +65-96700448

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_





ACCIDENT STATEMENT (2000 characters)

CCIDENT STATEMENT (2000 Characters)	
28 1600 CHARGE REPARTURE TO RECEIVE AND RECEIVE TO SECURITIES AND RECEIVED BY SECURITIES AND RECEIVED	SAW THIRD PARTY WAS MAKING A VEHICLE SUDDENLY I MOVED FORWARD E PORTION. ONLY TWO VEHICLES WERE
Taxi Voucher No.:	
DECLARATION	
I/We declare that the above particulars & information provid	ed above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - ANG QI HAO, VICTOR	
MARS Officer	
WATE Officer	Registered Owner or Driver's Signature
	riegistered Owner of Driver's dignature
Job Complete Date/Time	Date/Time:
21 December 2020 at 1:49 PM	21 December 2020 at 1:49 PM