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.

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 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 28/12/2020 19:48 (SGT) Date of Accident 28/12/2020 12:25 (SGT) Exact Location of Accident Singapore Additional Location Information **BEDOK NORTH AVE 3** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB75211

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Model TOYOTA PRIUS 5 DR HATCHBACK (AUTO) Variant Exact purpose for which vehicle was being used at time of

Private hire accident

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

DRIVER

Name of Driver LOW SHIOK TONG NRIC No SXXXX709B Date Of Birth 28/03/1964 Occupation Outdoor

Date Of Driving Pass 24/08/1981 Driving experience 39 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96719892 Alt. Phone Number Email Address claims@transcab.com.sg Address HDB Eunos Heights, 626 Bedok Reservoir Road Address complement #07-1590 Postcode 470626 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 Collision - Change/cross lane 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? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name JOYCE DE COSTA Gender **Female** PASSENGER 2 JOYCE DE COSTA' MOTHER Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201228/2080

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM886M
Vehicle Manufacturer	Toyota
Vehicle Model	LEXUS RX300 5DR SUV (AT) (4WD) LUXURY
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MALCOLM HON CHONG YEW
NRIC No	SXXXX817E
Contact Number	(Phone) +65-9898886
Address	- -
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	LOW SHIOK TONG
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB7521L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- The 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.
- By the lodgment 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Les .

Driver's Signature (If driver is not the policyholder) Date & Time:

28/12/2020

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm, V3

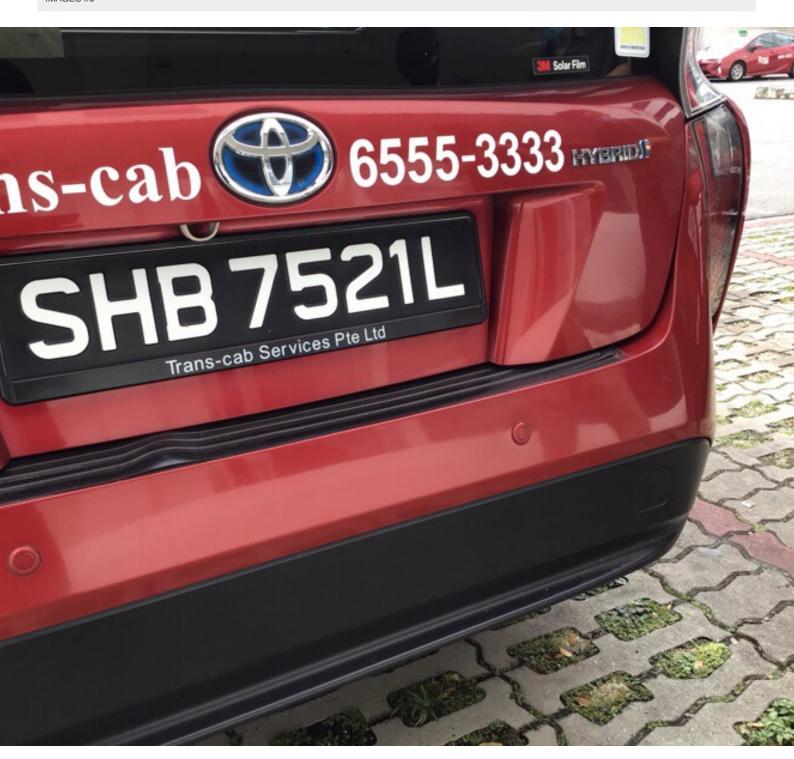
Policyholder's Signature

Date & Time:

	11,1
A. SHB7621L B: Smm886M	Budde North Alex 3
DESCRIBE CIRCUMSTAN	
REFER TO ATTACHED S	TATEMENT.
DECLARATION //We declare the foregoing par	rticulars are true in every respect.
,	VERIFY BY AJAX MARS (ARC REPORTING OFFICER WONG JUN KEAT
	Driver's Signature Reporting Centre Personnel's Signat
olicyholder's Signature ate & Time:	(If driver is not the policyholder) Name:







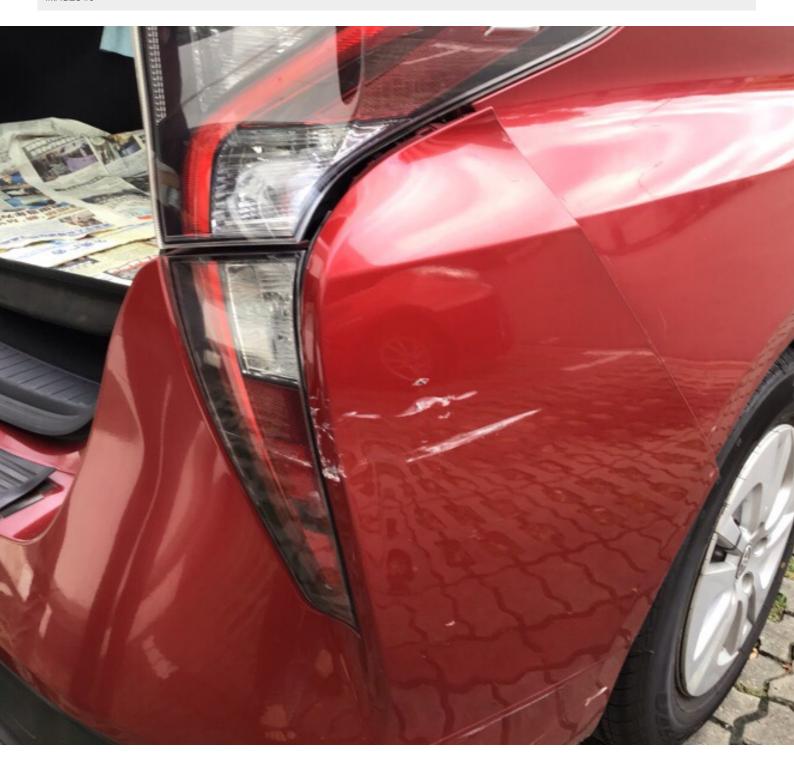


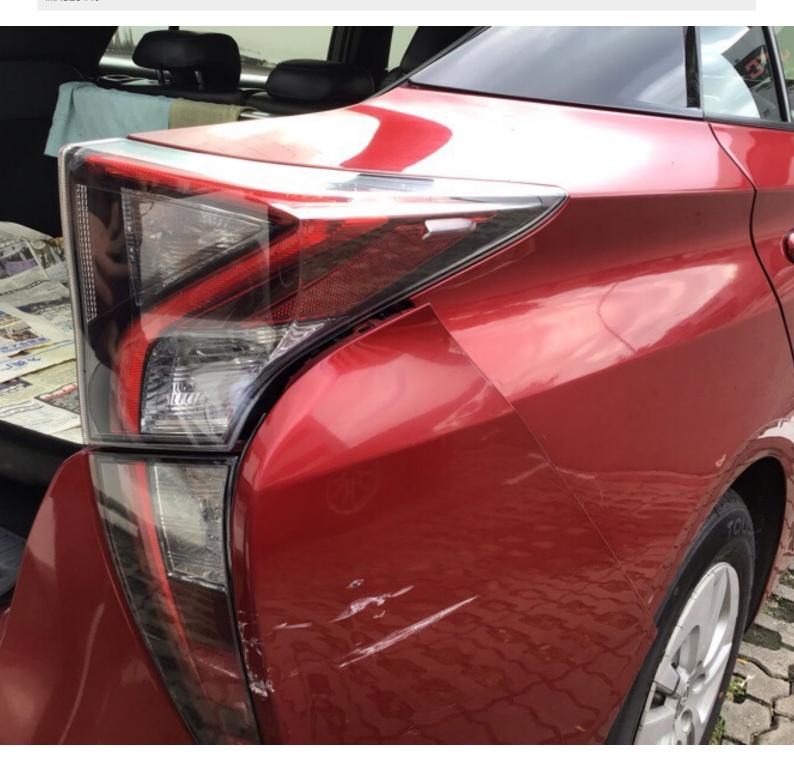


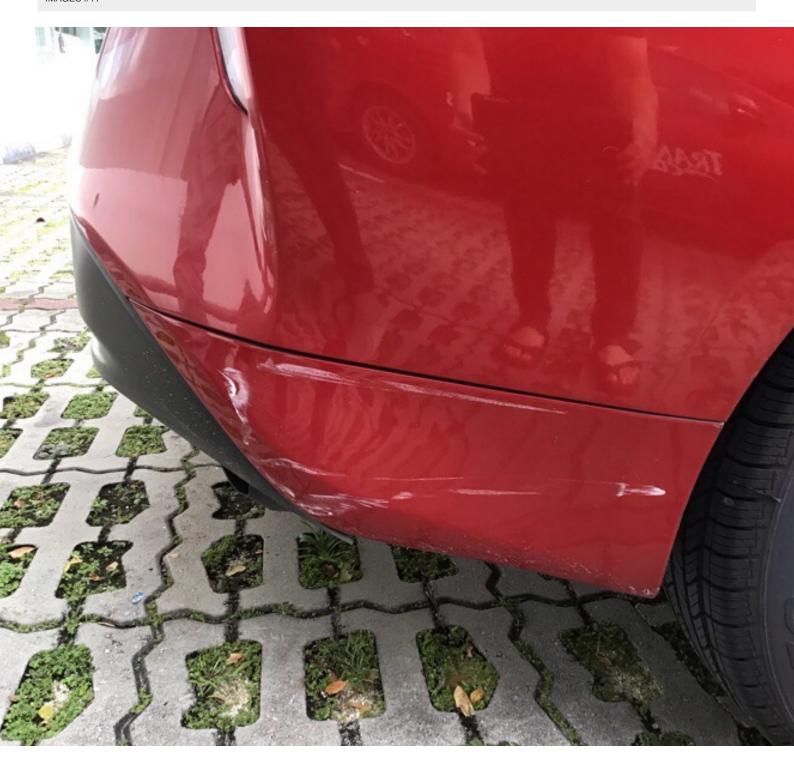






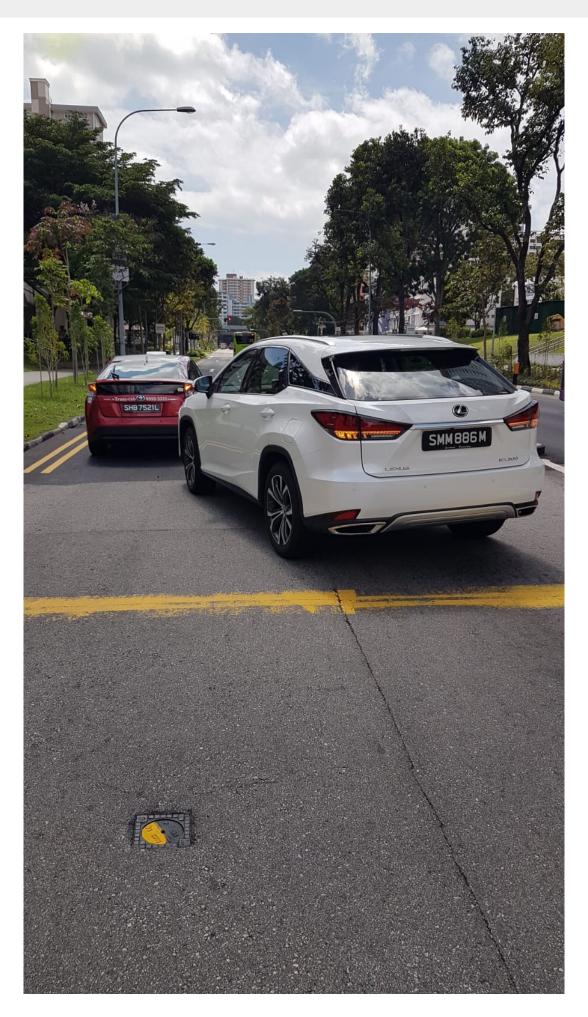


















No

1 of 3

Report No. T/20201228/2080

Station Diary No.:

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

		TRAFFIC	ACCIDENT
REPORT	OF A	IRAFFIC	ACCIDENT

Date/Time Report Made: 28/12/2020 15:53	Vide Report No.:	Station Diary No.: 20	
Informant's Particulars			
Name of Informant: LOW SHIOK TONG	Address: APT BLK 626 BEDOK RESERVOIR ROAD #07-1590		

SINGAPORE 470626 Contact No.: ID Type / ID No .: Mobile: 96719892 Home/Office: NRIC NO / S1641709B Nationality: Email: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 56 28/03/1964 Male

Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Taxi driver Class:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/12/2020 12:25	Type of Location: Straight Road
Location: BEDOK NOR	TH AVENUE 3			
Weather: Clear		Road Surface:		Road Speed Limit:
		Traffic Control:		Traffic Volume: Moderate
Traffic Flow: Two Way				Moderate

Details of V	ehicle Invo	lved				
Vehicle No.	THE RESIDENCE OF THE PARTY OF T	Make	Model	Color	Condition	No of Passenger
SHB7521L	TAXI				Slightly Damaged	2
SMM886M	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20201228/2080

Police Station Of Origin: Thomson NPP * 25 Sin Ming Road #01-180 SINGAPORE 570025 * 2 of 3 Report No. T/20201228/2080

Tel No: 1800-4529999

CONTINUATION OF REPORT

river		THE SECOND			
ame	LOW SHIOK TONG		ID No		S1641709B
Related Vehicle	SHB7521L (TAXI)		Conta	ct No.	96719892
Hospital/Clinic	SIN MIN CLINIC		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	28/12/2020	Date Disch	narge	28/12	2/2020
	ted Medical Leave 07	Degree of	Injury	Sligh	t
Driver					
Name	MALCOLM HON CHONG YEW		ID No		S9836817E
Related Vehicle	SMM886M (Car)		Conta	ct No.	98988886
Hospital/Clinic	NIL		Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gra	nted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On the 28./12/2020 at around 12.25pm, I was driving my taxi (SHB 7521 L) along Bedok North Avenue 3 (towards New Upper Changi Road) ferrying two passengers. I was driving on the leftmost lane of the 2-lane road at the time. Not long later, before the junction forming Bedok North Street 1, there was a car on my right which wanted to enter my lane to which I slowed down to allow it to enter. It was then out of a sudden, I felt an impact coming from the rear of my taxi. It was then I realized that another car (SMM 886 M) had hit me on my rear. The front left of the said car hit onto the rear right of my taxi at the time. We then alighted and exchanged particulars before driving off. It was earlier before going to my company's office when I felt pain from the rear of my neck and back area. I then went to see a doctor at a clinic and I was given 7 days of outpatient medical leave. I have installed a camera system in my taxi but however it is only focusing on the front. I am therefore lodging this report for subsequent insurance claim(s) and also to notify the Traffic Police of this accident too. That is all.



T/20201228/2080

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

3 of 3 Report No. T/20201228/2080

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy-of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

SI KWAN CHEE WENG	Der J
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHA SYED ABDUL WAHID ALHINDU Contact No gi 65476404 Authentication Stamp NP168	
SIGNATURE	

Signature Of Officer Recording The Report

Signature Of Informant:	
Date/Time: 28/12/2020 15:53	
Classification Of Case:	