



## 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	29/12/2020 23:43 (SGT)
Date of Accident	29/12/2020 14:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF WOODLANDS AVE 12 AND WOODLANDS AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5334M
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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	Toyota
Model	TOYOTA PRIUS 5 DR HATCHBACK (AUTO)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
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	PEK HOCK CHUAN
NRIC No	SXXXX110A
Date Of Birth	24/06/1967
Occupation	Outdoor

Date Of Driving Pass .....	20/11/1986
Driving experience .....	34 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-81336061
Alt. Phone Number .....	-
Email Address .....	claims@transcab.com.sg
Address .....	HDB Tampines, 219 Tampines Street 24
Address complement .....	#08-63
Postcode .....	520219
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	VIVIAN
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER 2
Gender .....	Female

#### 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 ALONG WOODLANDS AVE 12 TOWARDS SEMBAWANG ROAD .THERE WAS HEAVY TRAFFIC DURING THE ACCIDENT , VEHICLE IN FRONT OF MY VEHICLE CAME TO A STOP . I STOPPED IN TIME BUT VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . I WILL GO SEE A DOCTOR LATER.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLG8617P
Vehicle Manufacturer .....	Toyota



**SKETCH PLAN**

A: JHD5334M

B: SLG8617P

WOODLANDS  
Ave 5



WOODLANDS  
Ave 12

**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  
WONG JUN KEAT**

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