

SA0A211M0002 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 22/01/2021 12:45 (SGT)
SUBMITTED BY: Azaly
VERSION: 1 (22/01/2021 12:45 (SGT))

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	22/01/2021 12:45 (SGT)
Date of Accident	22/01/2021 10:23 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	JUNCTION OF TAMPINES AVE 9 AND TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9833Z
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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	+65-62866666

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	NG TIEN SAI
NRIC No	SXXXX358E
Date Of Birth	28/05/1965
Occupation	Outdoor

Date Of Driving Pass	12/02/1985
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88666696
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	470 FERNVALE LINK
Address complement	#11-426
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hlrer
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	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	2
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	SHWAN
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 ALONG TAMPINES AVE 9 TOWARDS TAMPINES AVE 10 . I STOPPED AT THE SLIP ROAD BEFORE TURNING LEFT INTO TAMPINES AVE 10 , VEHICLE B WAS DRIVING AT MY RIGHT LANE AND STARTED TURNING LEFT INTO MOST LEFT LANE OF TAMPINES AVE 10 . WHEN VEHICLE B TURNING , LEFT REAR SIDE OF VEHICLE B COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE . NO INJURIES INVOLVED

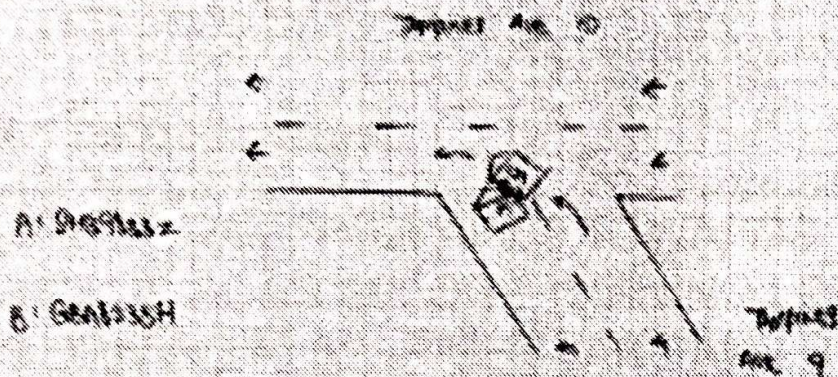
ATTACHMENT(S)

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	GBA8235H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

SWITCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

[illegible]

DECLARATION

~~We declare the foregoing particulars are true to the best of our knowledge.~~

~~XXXXXXXXXXXX~~

~~SECRET~~

2000

(If answer is not the polystyrolide)

Day & Time

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

Reporting Centre Person's Signature

Figure 1

44-38861-100