SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 3. Information provided must be as truthful and accurate as possible. Any wirtur misrepresentation or witholding of material lacts may allow insurance companies to reposition 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	30/01/2021 13:57 (SGT)
Date of Accident	29/01/2021 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY NEAR EXIT 11
Country/State of Loss	Singapore

Singapore DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5	5895K	K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXXX78K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666

VEHICLE PARTICULARS

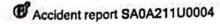
Manufacturer	Toyota
Model	PRIUS 5DR HATCHBACK (AUTO)
Variant	
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private hire
your vehicle?	No - Claiming third party
Vehicle Category	Taxi
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INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	•

DRIVER

Name of Driver	KOH HAI PIAU
NRIC No	SXXXX560D
Date Of Birth	17/07/1949
Occupation	Outdoor



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Date Of Driving Pass 23/06/1972 Driving experience 48 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-92204497 Alt. Phone Number Email Address claims@transcab.com.sg Address HDB Hougang, 655 Hougang Avenue 8 Address complement #14-401 Postcode 530655 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 was was a sure a su 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Tay aik Seng 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 travelling along CTE TOWARDS CITY it was a 5 lane traffic and my vehicle was positioned in the 1st lane suddenly vehicle ahead of me jammed brake and I also jam my brakes and came to an complete stop suddenly third party vehicle which was behind me collided onto my vehicle rear and my vehicle rolled forward and collided onto third party rear. Chain collision total of 3 vehicles involved. ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SKV6680B** Vehicle Manufacturer Honda **VEZEL 1.5X CVT** Vehicle Model Vehicle Variant Page 2 of 6

Accident report SA0A211U0004

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	X.
Contact Number	:=
Address	=
Address complement	
Postcode	TARREST
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

SLP1456K
Toyota
PRIUS HYBRID 1.8 CVT
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INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Tay aik Seng
Address	4 (# 14 K. T
Address Complement	-
Post Code	-
Approximate Age Years Old	a - with the state of
Injuries Sustained	4
Injured person in which vehicle?	SHD5895K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

