

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 18/12/2020 18:22 (SGT)
Date of Accident 18/12/2020 00:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG JURONG TOWN HALL ROAD TOWARDS JURONG EAST.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7784U

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 5 DR HATCHBACK (AUTO)
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 - Reporting only
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 CHAN KHA FOOK
NRIC No SXXXX659B
Date Of Birth 02/02/1953

Occupation	Outdoor
Date Of Driving Pass	25/06/1973
Driving experience	47 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97610317
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	NA
Address complement	NA
Postcode	-
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	Side Swipe
Weather Conditions	Clear
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?	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	PASSENGER 1
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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE THIRD LANE FROM THE LEFT, AS I WAS DRIVING I FELT A KNOCK ON THE REAR RIGHT SIDE IF MY VEHICLE AND NOTICED VEHICLE B, HAD GRAZED ON TO MY VEHICLE. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	PC7183D
Vehicle Manufacturer	Nissan
Vehicle Model	NV350 CARAVAN 2.5 5AT
Vehicle Variant	-
Vehicle Colour	-

