SA0A213N0002 / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 23/03/2021 12:03 (SGT)
SUBMITTED BY: Azaly
VERSION: 1 (23/03/2021 12:03 (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 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.
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	23/03/2021 12:03 (SGT)
Date of Accident	22/03/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GELYANG LORNG 29 TURNING LEFT TO SIMS AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5275A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	200303878K
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	NA

DRIVER

Name of Driver	TAN EK KHIANG
NRIC No	S1211102I

Date Of Birth	27/03/1956
Occupation	Outdoor
Date Of Driving Pass	30/08/1976
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84186628
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Tampines Starlight, 715 Tampines Street 71.
Address complement	#11-174
Postcode	520715
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	UPLOADED INTO AXA
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

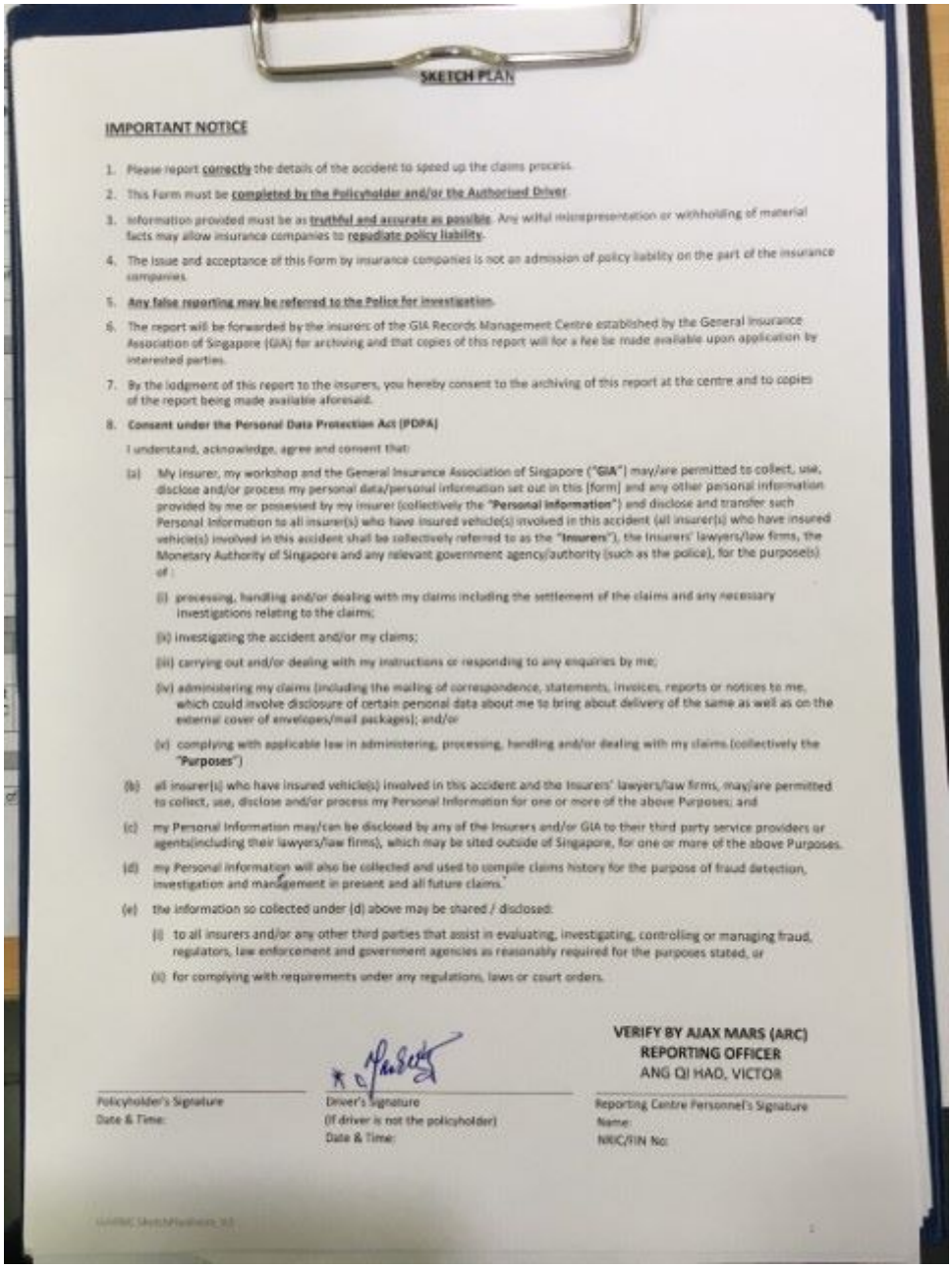
Vehicle Registration Number	FBR645X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR645X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



SKETCH PLAN

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**.
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7. 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 :

(i) 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.

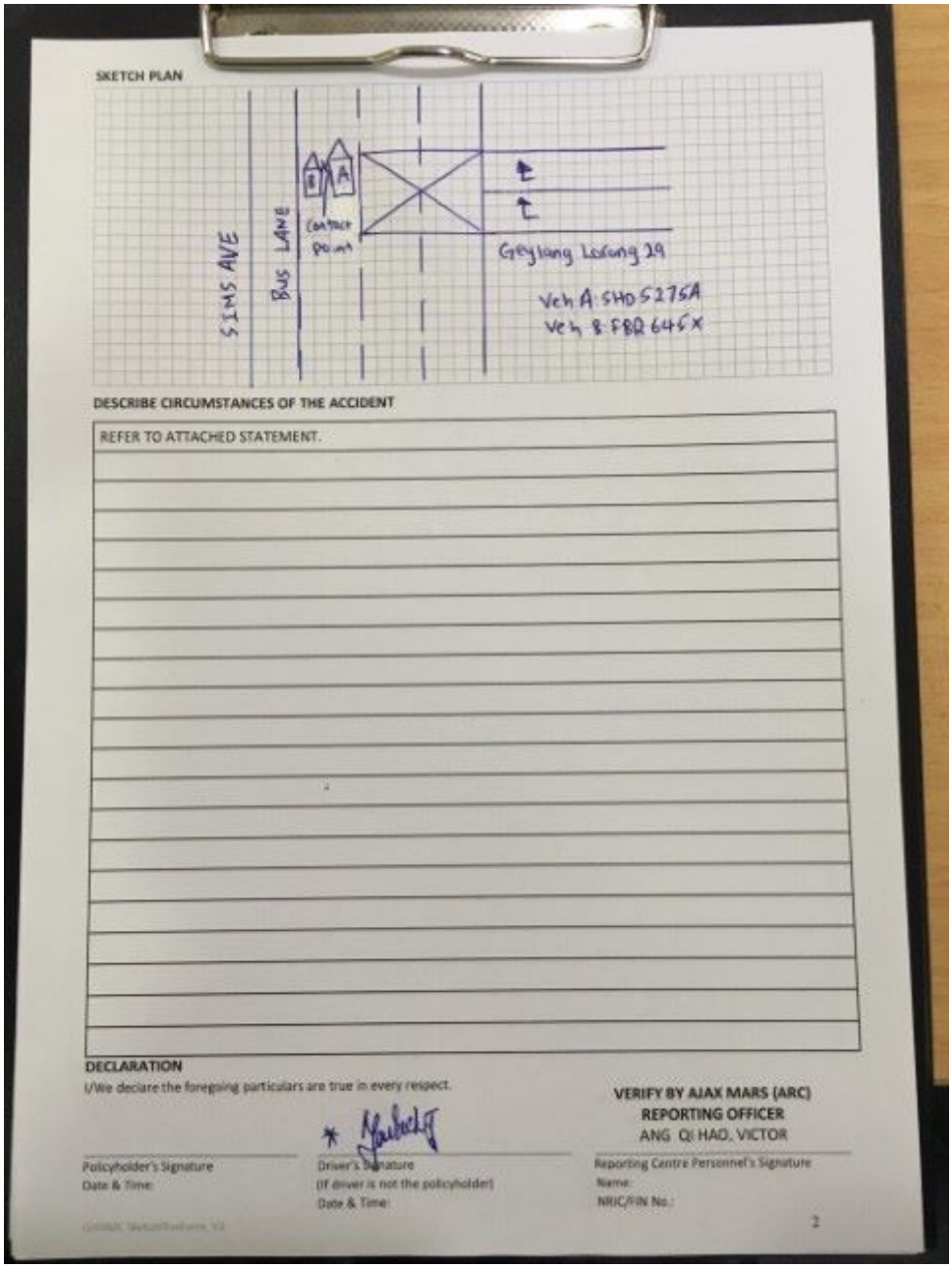
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
ANG QI HAO, VICTOR

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN #2



SKETCH PLAN

SIMS AVE
BUS LANE
B
A
Contact point
Geylang Lorong 29
Veh A: SHD5275A
Veh B: FBQ646X

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
ANG QI HAO, VICTOR

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

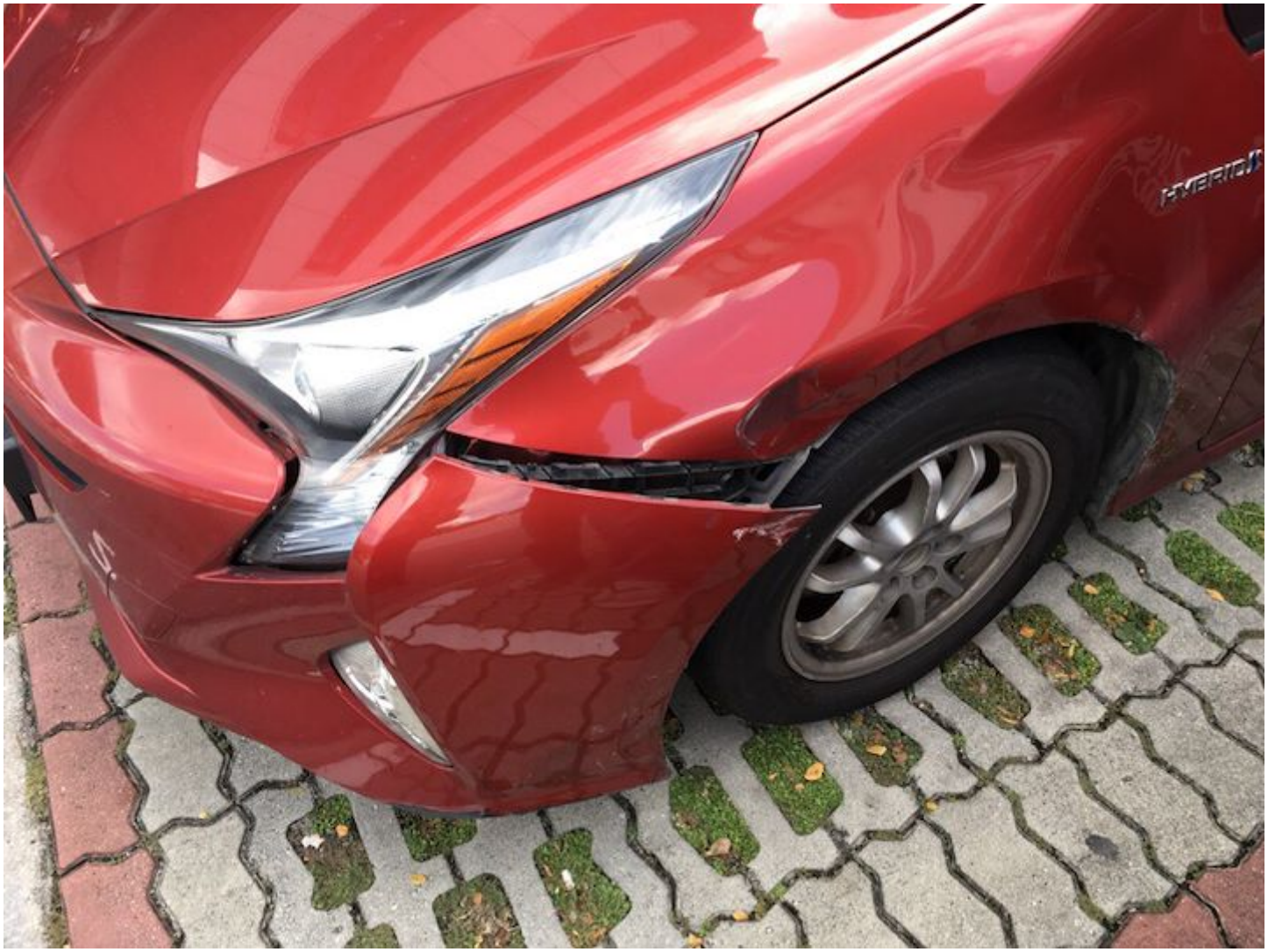
2

IMAGES

IMAGES #2

PRIUS
Trans-cab
6555-3333
SHD5275A
Trans-cab Services Pte Ltd
3M Solar Film
HYBRID

IMAGES #3



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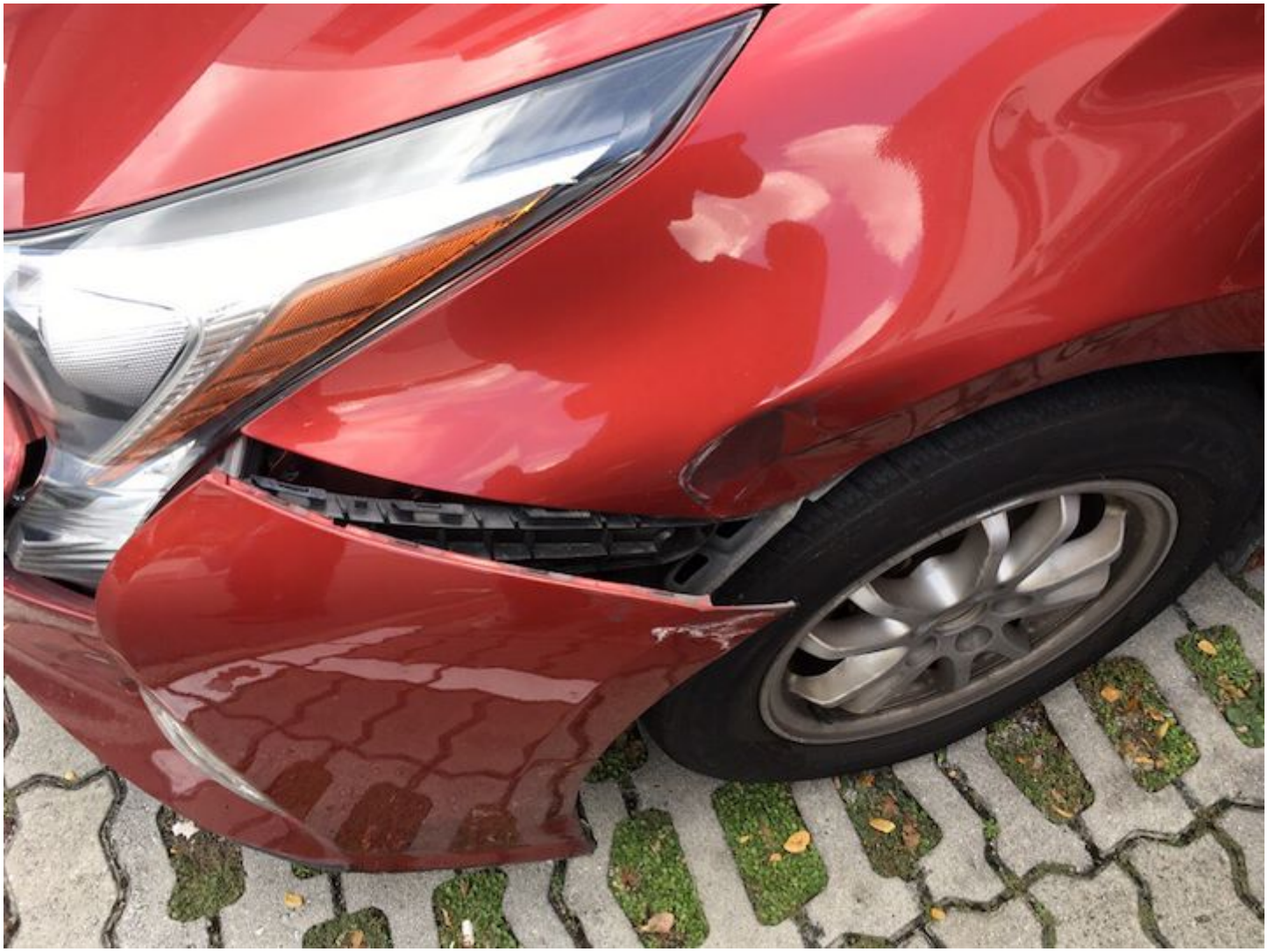

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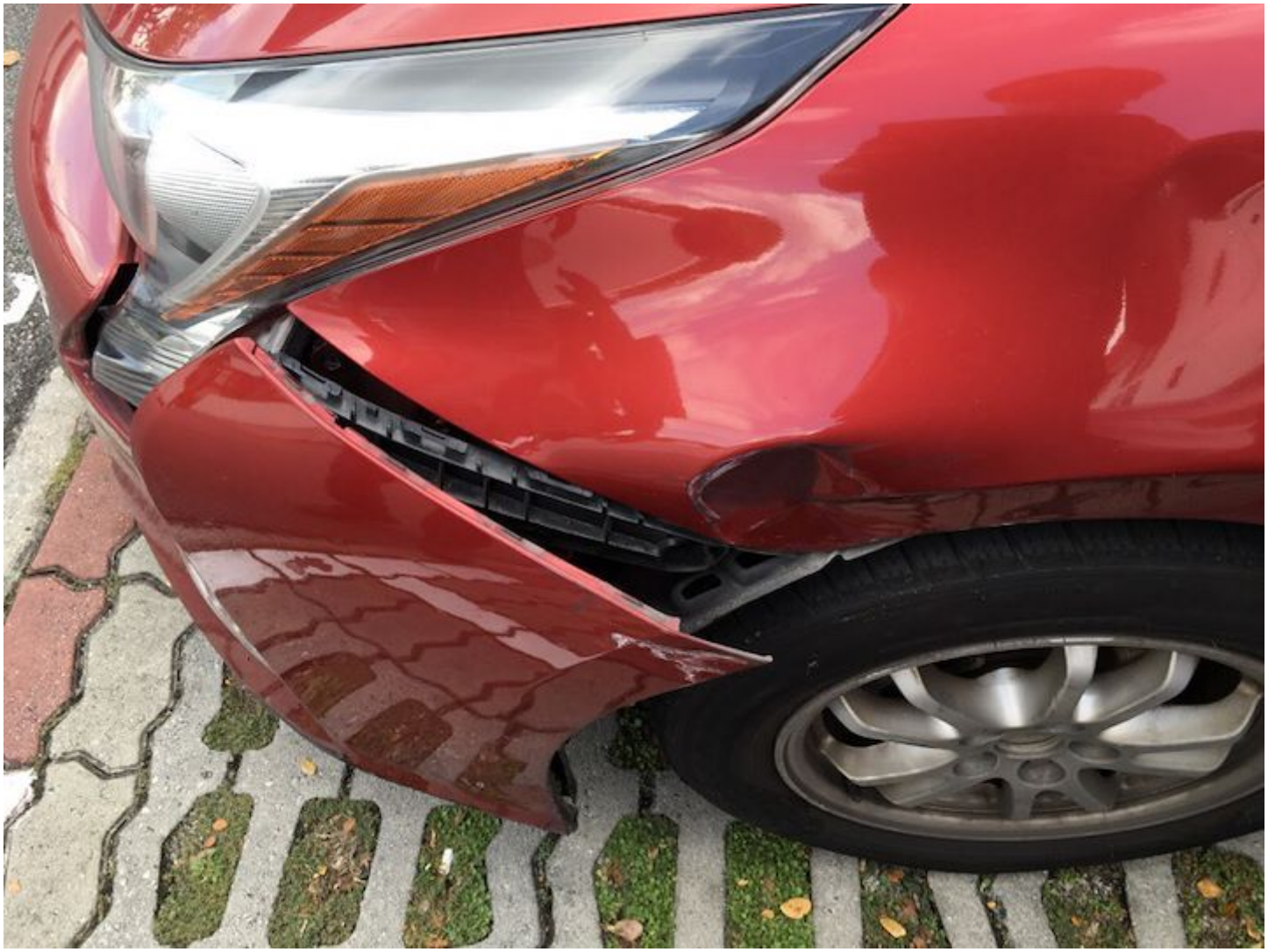

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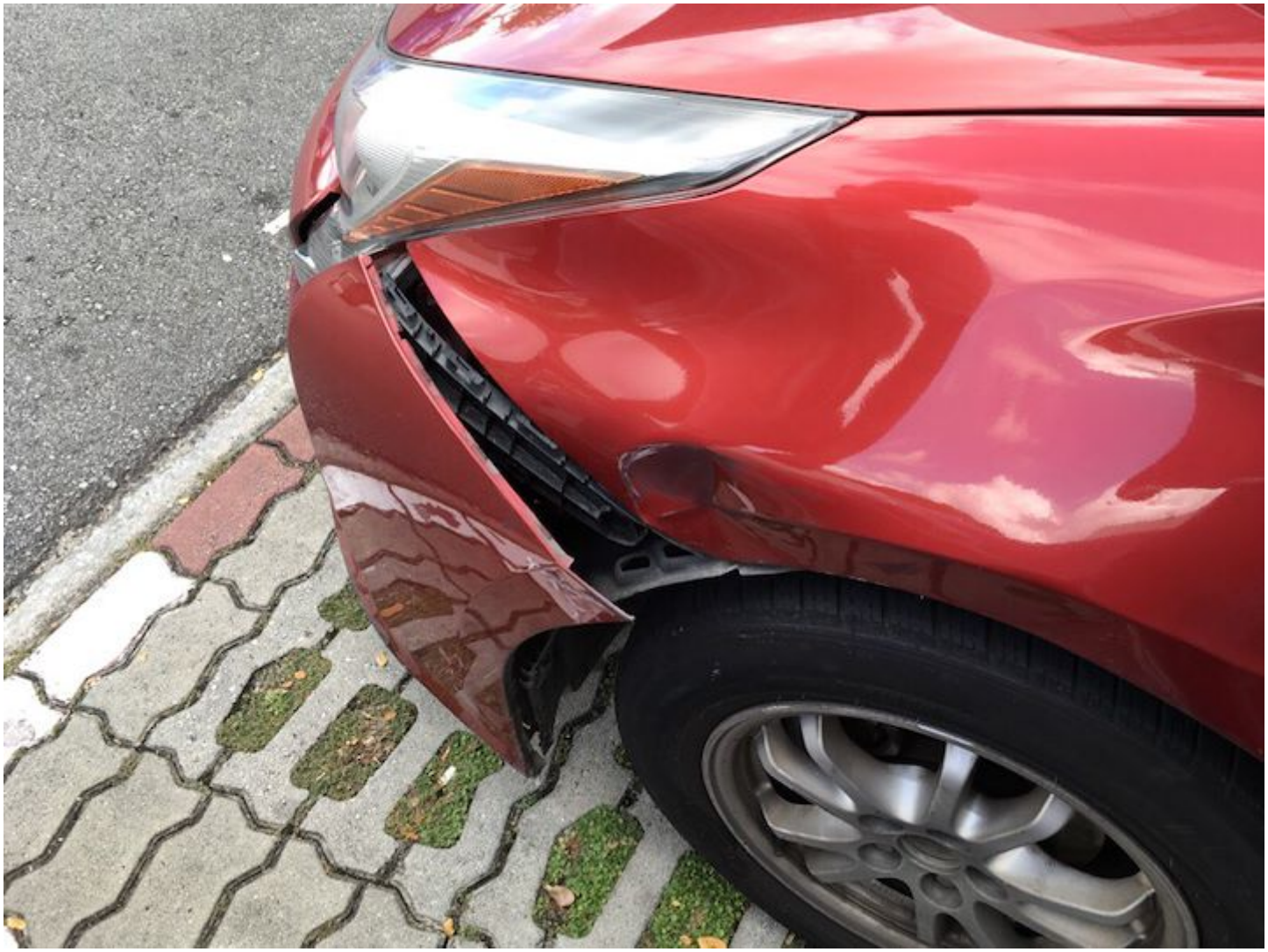

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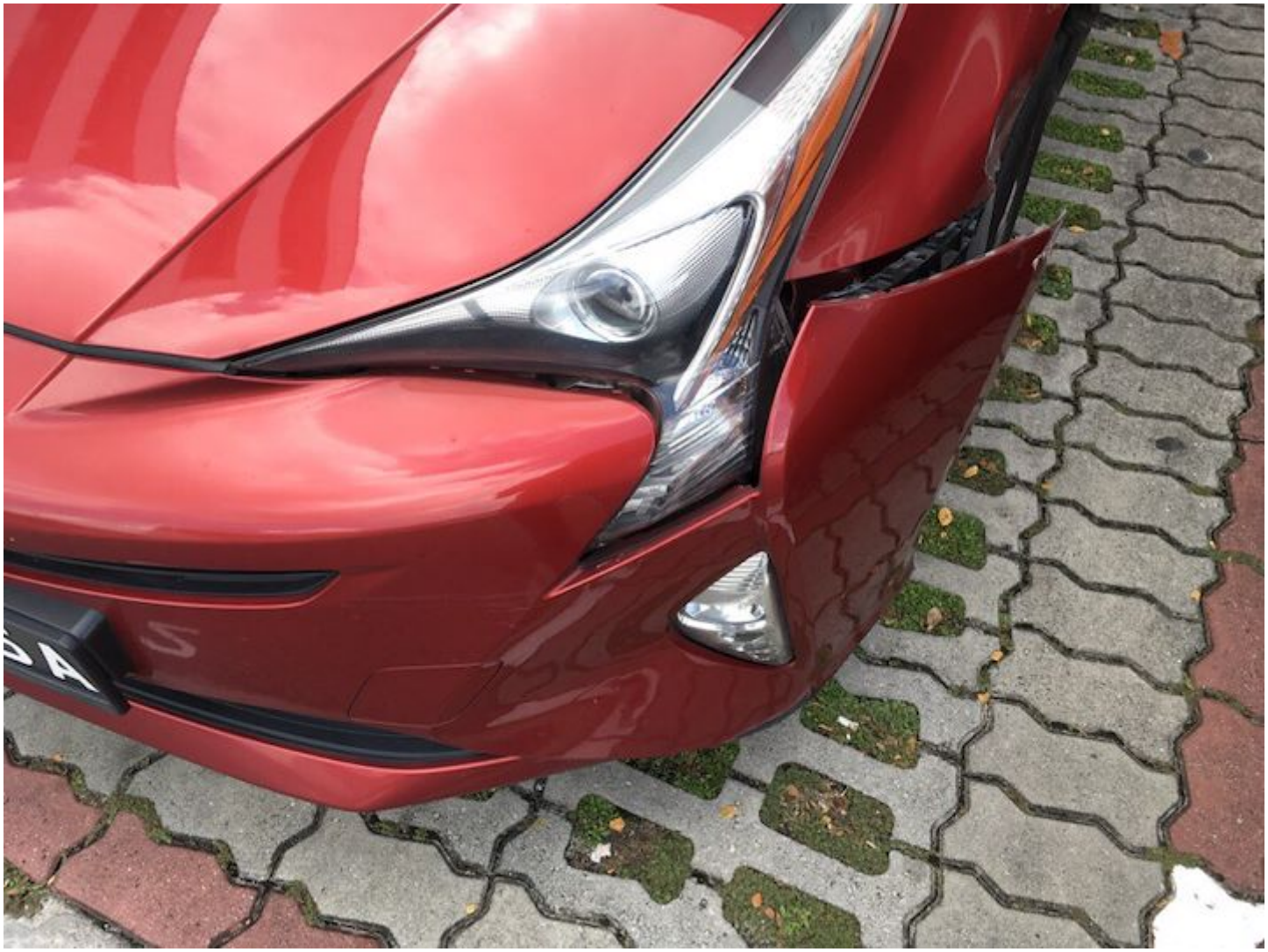

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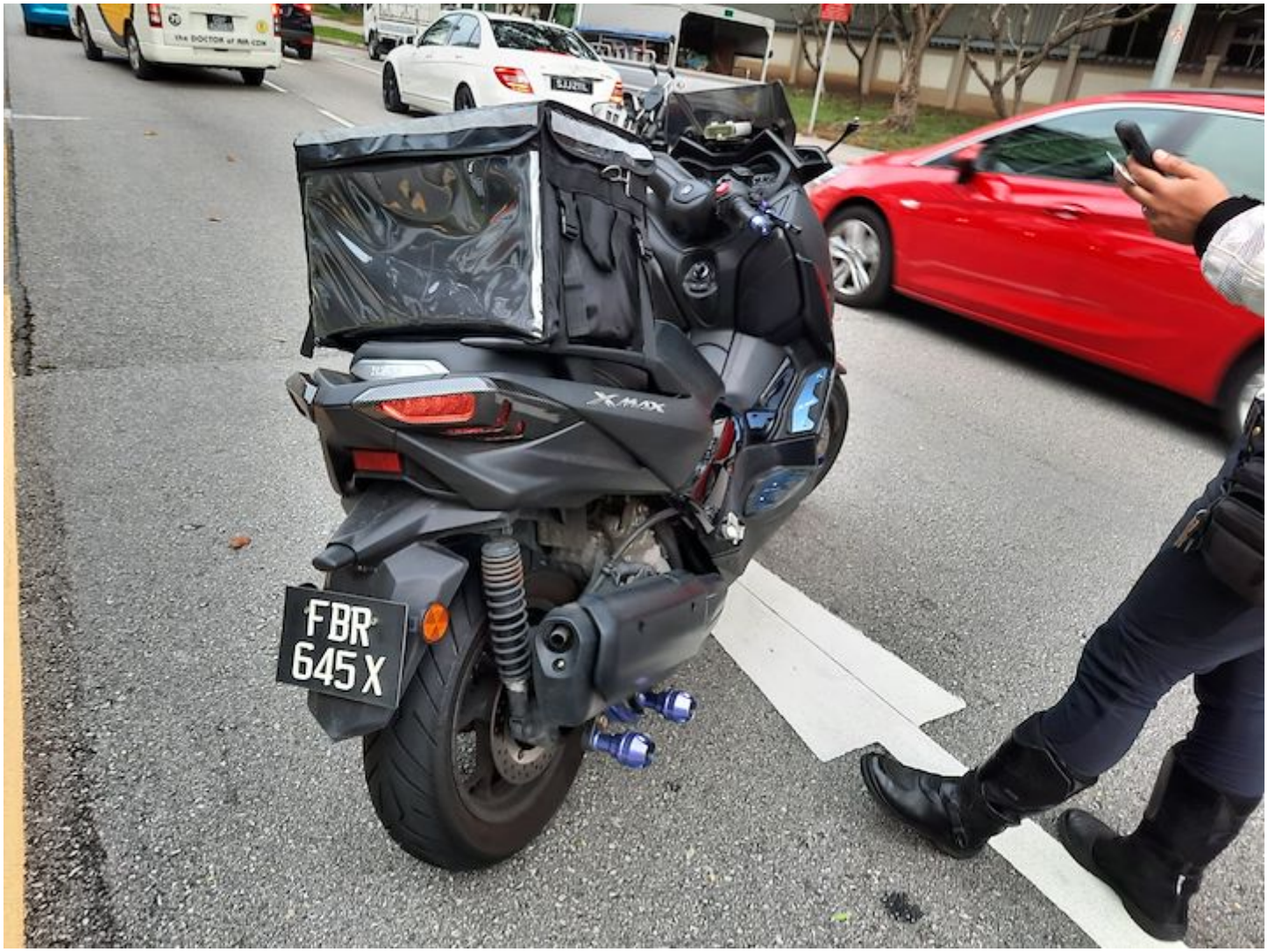
IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19



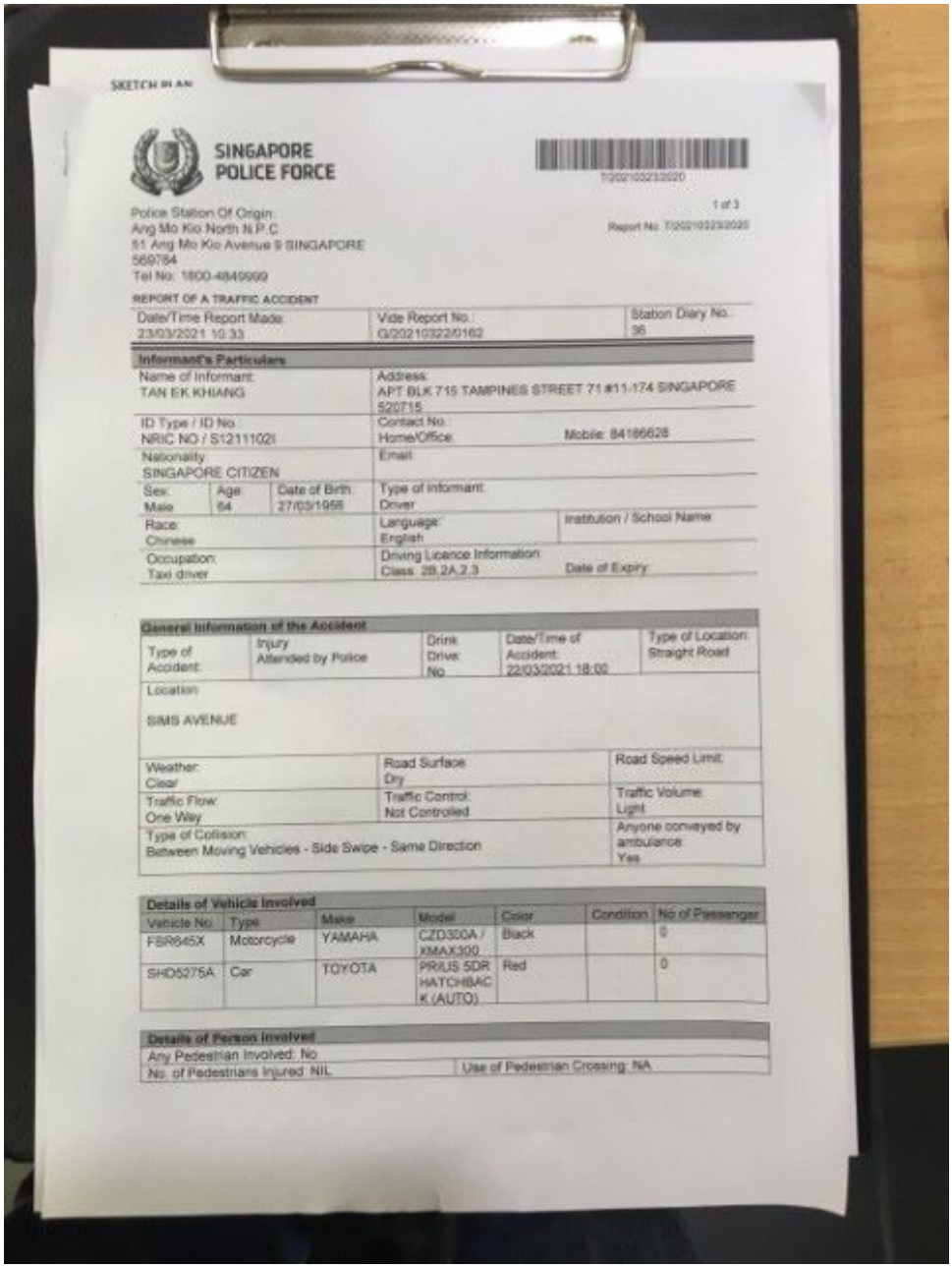
IMAGES #20

IMAGES #21

IMAGES #22

IMAGES #23

POLICE REPORT



SKETCH PLAN

SINGAPORE POLICE FORCE

T/2021032320

1 of 3

Report No: T/2021032320

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/03/2021 10:33	Q/2021032210162	36

Informant's Particulars

Name of Informant: TAN EK KHIANG			Address: APT BLK 715 TAMPINES STREET 71 #11-174 SINGAPORE 520715	
ID Type / ID No.: NRIC NO / S1211102I			Contact No.: Home/Office:	Mobile: 84186628
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 27/03/1956	Type of informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

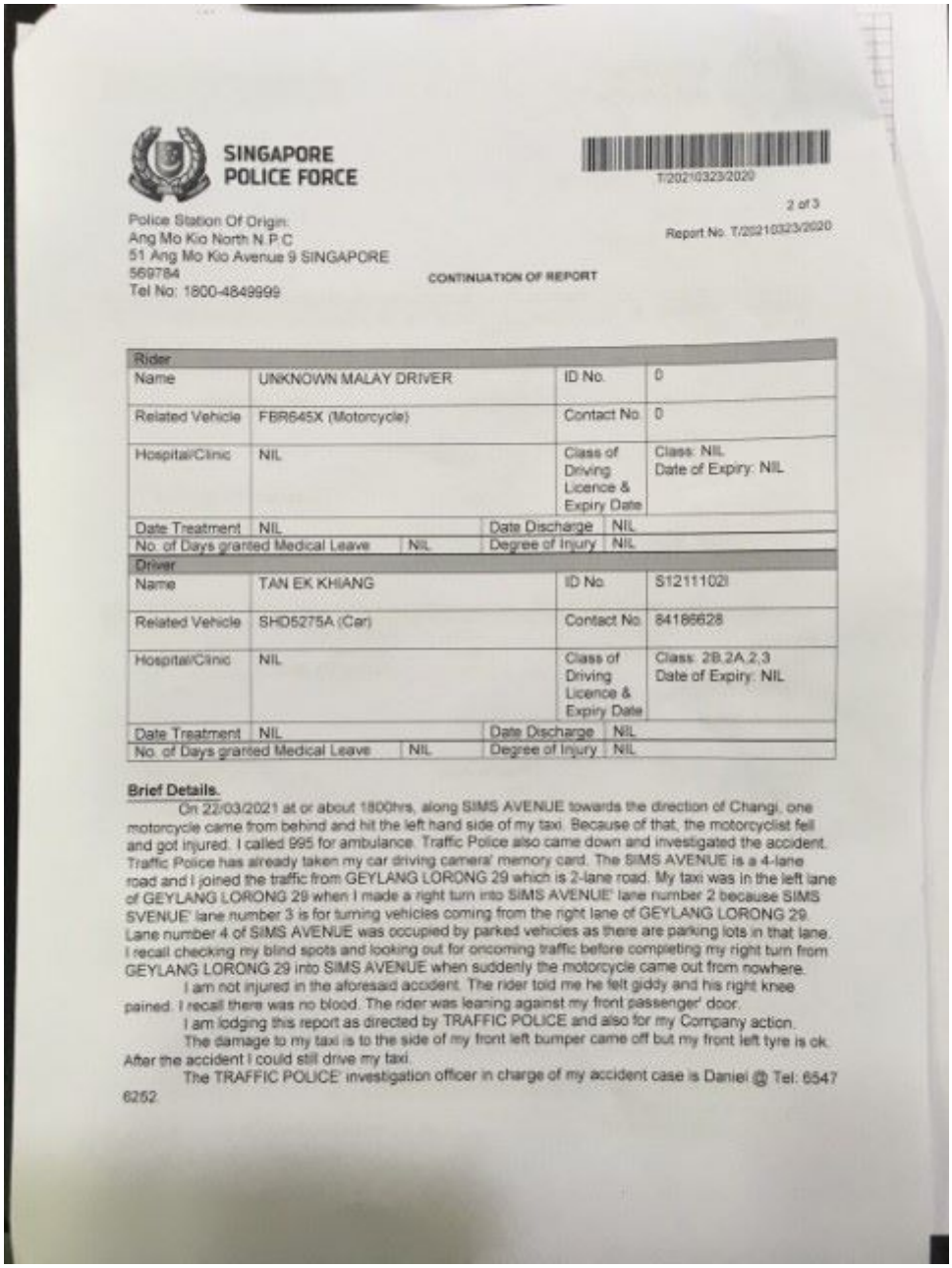
Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2021 18:00	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No:	Type:	Make:	Model:	Color:	Condition:	No of Passenger:
FSR645X	Motorcycle	YAMAHA	CZD300A / XMAX300	Black		0
SHD5275A	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red		0

Details of Person Involved

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



SINGAPORE POLICE FORCE

T/20210323/2020

2 of 3

Report No. T/20210323/2020

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Rider			
Name	UNKNOWN MALAY DRIVER	ID No.	0
Related Vehicle	FBR645X (Motorcycle)	Contact No.	0
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	TAN EK KHIANG	ID No.	S1211102I
Related Vehicle	SHD5275A (Car)	Contact No.	84186628
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

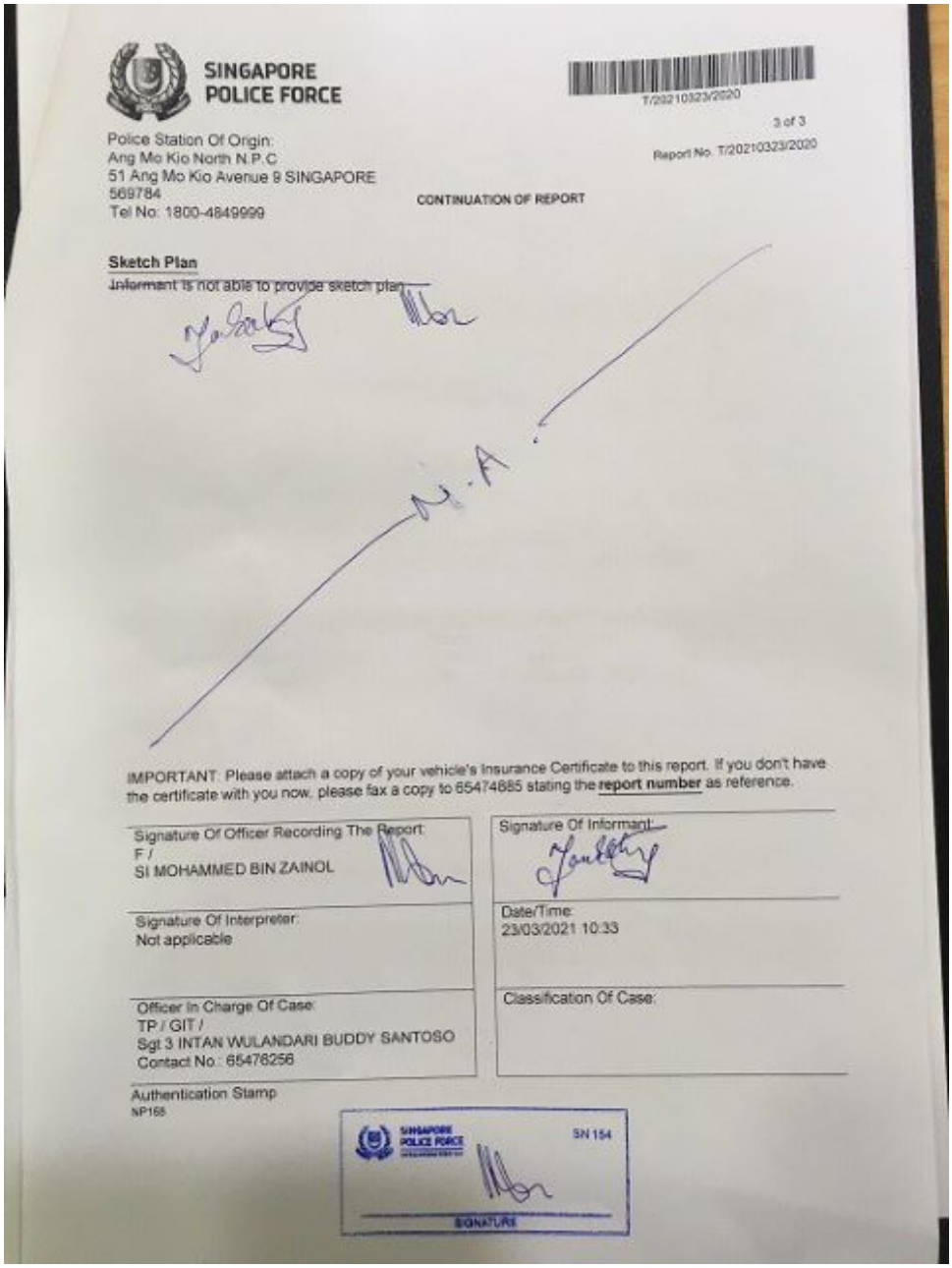
On 22/03/2021 at or about 1800hrs, along SIMS AVENUE towards the direction of Changi, one motorcycle came from behind and hit the left hand side of my taxi. Because of that, the motorcyclist fell and got injured. I called 995 for ambulance. Traffic Police also came down and investigated the accident. Traffic Police has already taken my car driving camera' memory card. The SIMS AVENUE is a 4-lane road and I joined the traffic from GEYLANG LORONG 29 which is 2-lane road. My taxi was in the left lane of GEYLANG LORONG 29 when I made a right turn into SIMS AVENUE' lane number 2 because SIMS SVENUE' lane number 3 is for turning vehicles coming from the right lane of GEYLANG LORONG 29. Lane number 4 of SIMS AVENUE was occupied by parked vehicles as there are parking lots in that lane. I recall checking my blind spots and looking out for oncoming traffic before completing my right turn from GEYLANG LORONG 29 into SIMS AVENUE when suddenly the motorcycle came out from nowhere.

I am not injured in the aforesaid accident. The rider told me he felt giddy and his right knee pained. I recall there was no blood. The rider was leaning against my front passenger' door.

I am lodging this report as directed by TRAFFIC POLICE and also for my Company action.

The damage to my taxi is to the side of my front left bumper came off but my front left tyre is ok. After the accident I could still drive my taxi.

The TRAFFIC POLICE' investigation officer in charge of my accident case is Daniel @ Tel: 6547 6252



SINGAPORE POLICE FORCE

T/20210323/2020

3 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20210323/2020

CONTINUATION OF REPORT

Sketch Plan

~~Informant~~ is not able to provide sketch plan

N.A

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 65474685 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
SI MOHAMMED BIN ZAINOL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/03/2021 10:33

Officer In Charge Of Case:
TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476256

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE SN 154

SIGNATURE