SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. 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 activities.

Intermediate interview in the part of the insurance companies is not an admission of policy liability on the part of the insurance companies.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. The issue and acceptance of this 1 of the yellocation of the Police for investigation.

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 o. This report will be forwarded by the insurers of the Cart records included 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	25/03/2021 15:30 (SGT)
Date of Accident	25/03/2021 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS KAKI BUKIT
Country/State of Loss	Singapore

Exact Location of Accident Additional Location Information	Singapore KPE TOWARDS KAKI BUKIT
Country/State of Loss	Singapore
199	
DETAILS OF	F OWN VEHICLE
Vehicle Registration Number	SHD717A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX78K
Email Address	Claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62866666
Alternative Phone No	(Office) +65-62866666
VEHICLE PARTICULARS	
Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Variant	→ 1
Exact purpose for which vehicle was being used at time of	Dutanta kilan
accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	0
INSURANCE COMPANY	
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	14
COVER MORE MARINES	
The state of the second	Market Programme Control of the Cont

YEO SUAN TECK Name of Driver SXXXX378J NRIC No

C Accident report SA0A213P0007

DRIVER

Page 1 of 32

Date Of Birth Outdoor Occupation 19/06/1984 Date Of Driving Pass 36 YEARS AND 9 MONTHS Driving experience Male Gender Mobile Number (Phone) +65-84286241 Alt. Phone Number Email Address Claims@transcab.com.sg Address HDB Bedok, 130 Bedok North Street 2 Address complement #15-65 460130 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Clear Road Surface 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? P1 Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Boon Teck Neighbourhood Police Post Police Station Phone No (Phone) +65-18002549999 Alt. Police Station Phone No (Fax) +65-63554310 Police Station Address Blk 207 Toa Payoh North #01-1231 Singapore 310207 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED POLICE REPORT 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 XD8095T Vehicle Manufacturer Isuzu Page 2 of 32

Accident report SA0A213P0007

23/11/1963

	CYH52T
Vehicle Model	OTTION.
Vehicle Variant	-
Vahida Colour	Commercial vehicle
Vehicle Category	QU YUAN MIN
Name of Driver	GXXXX476Q
Work Permit No	4 5 50
Contact Number	
Address	7 1 8 8 W
Address complement	•
Postcode	•
Insurance Company Name	• 4 (1) 1 (4)
Nature Of Damage	The great the se
Details of property damaged in accident	agenda Agendaria and Agendaria
Details of property damaged in accident No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD9146C
Vehicle Manufacturer	Honda
Vehicle Model	CIVIC 1.6 VTI CVT
Vehicle Variant	They also proved of the earth of a factor and the base
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	RAJARAMAN SUBRAMANIAM LAIGUDI
NRIC No	SXXXX247E
Contact Number	The state of the s
Address	The same of the formation of the same of t
Address complement	 The second of the second of the
Postcode	· · · · · · · · · · · · · · · · · · ·
Insurance Company Name	 A series of the contract of the c
Nature Of Damage :	·
Details of property damaged in accident	 A regular policy material of the part of the property materials and the property of the property
No. Of Passenger (Including Driver)	
and assessment of the consequent and are the consequence	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO SUAN TECK
Address	•
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SHD717A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
the second secon	

CH PLAN	
ste :	
8 A1: SH0717 A	RC 200 CONTACT
XD8095T	KAN B
SKD 9146C-	19 CONTACT.
,3KU1170	Khe us ratificu
CRIBE CIRCUMSTANCES OF TH	
FER TO ATTACHED STATEMEN	т.
7. 3 to 2 2-2-2 (1-1)	
DECLARATION /We declare the foregoing particular	VERIFY BY AJAX MARS (ARC) REPORTING OFFICER HASHIM BIN KAMARI
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time: NRIC/FIN No :





1 0 4

Report No. T/20210325/2052

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

25/03/202	Report M 21 13:03	ade.	Vide Report No.:	Station Diary No.:
Informan	d's Particu	dars	San	Common ally, the comparementation of the condition of the
Name of YEO SU/	Informant: AN TECK		Address: APT BLK 130 BEDOK NORTI SINGAPORE 460130	H STREET 2 #15-65
	0 / \$15733	78.3	Contact No.: Home/Office:	
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	Mobile: 84286241
Sex: Male	Age: 57	Date of Birth. 23/11/1963	Type of Informant:	No. 1
Race: Chinese			Language:	Institution / School Name:
Occupat Taxi driv			Driving Licence Information: Class: 3	Date of Expiry:

Type of	Injury	Drink	Date/Time of	
Accident: Location:	Others	Drive: No	Accident: 25/03/2021 10.45	Type of Location Straight Road
KALLANG PA	YA LEBAR EXPRE	SSWAY		
ACOR ICI		Road Surface:		
				Road Speed Li
Clear Traffic Flow:		Dry		Road Speed Limit:
Clear Traffic Flow: One Way Type of Collis	ion: le Against - Parked \	Dry Traffic Control:		Road Speed Limit: Traffic Volume: Heavy

Vehicle No. SHD717A	Car	Make	Model	Color	16	
					Condition	No of Passeng
SKD9146C	Car				Slightly Damaged	: 1
D8095T	Lorry		2 18 92		Slightly Damaged	0
					Slightly Damaged	O





T/20210325/2052

2014

Report No. T/20210325/2052

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 CONTINUATION OF REPORT

Tel No: 1800-2549999

Details of Person					
Any Pedestrian In	- Andrews - Andr				
Vo. of Pedestrians	s injured: NIL	Use of Pede	strian Cro	ssing: NA	
Driver					
Name	YEO SUAN TECK		D No.	S1573378J	
Related Vehicle	SHD717A (Car)		Contact No	84286241	
Hospital/Clinic	HORIZON MEDICAL CENTRE		lass of triving icence & xpiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	25/03/2021	***************************************			
No. of Days gran	Degree of In	e Discharge 25/03/2021 pree of Injury Slight			
Driver			ary ; Grigi	IA .	
Name	Rajaraman Subramani Lalgudi	ıc	No.	S6882247E	
Related Vehicle	SKD9146C (Car)	c	ontact No.	NIL	
Hospital/Clinic	NIL	D _i	lass of riving cence & cpiry Date	Class: NIL Date of Expiry: NIL	
	NIL	Date Dischar	ge NIL		
	ted Medical Leave NIL	Degree of Inju			
Driver	365	·			
Name	Qu Yuan Min	OI OI	No.	G8246476Q	
Related Vehicle	XD8095T (Lorry)	Co	ontact No.	NIL	
Hospita//Clinic	NIL		ass of iving cence & piry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Dischard	e NIL		
	ted Medical Leave NIL	Degree of Inju			

Brief Details.

On the above mentioned date, time and location, I was driving a taxi, SHD717A, on the third lane, outer most left lane, along KPE. Before the accident occurred, my vehicle was at a stationary position. Suddenly, I checked my rear mirror, a lorry, is traveling at high speed with no intention to stop. I decided to turn to the right lane to avoid the collusion. However it was too late, the lorry hit onto the rear of my taxi. My taxi then hit onto the left side of a car, SKD9146C, which is traveling along the second lane of KPE. I got down of my vehicle and managed to take a photo of their NRIC and left the scene. I went to see a doctor and was given 4 days MC. I wish to state that my passenger did not sustain any injuries.