

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 Authorized 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 03/04/2021 01:04 (SGT)
Date of Accident 02/04/2021 14:40 (SGT)
Exact Location of Accident Ang Mo Kio, Singapore
Additional Location Information ANG MO KIO AVE 5 BESIDE ITE ANG MO KIO BEFORE BUS STOP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB7686U
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 (Office) +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
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 -

DRIVER

Name of Driver LOW SOO TIONG

NRIC No	SXXXX142A
Date Of Birth	11/10/1960
Occupation	Outdoor
Date Of Driving Pass	09/10/1981
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91131456
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Rivervale Gateway, 188B Rivervale Drive
Address complement	#14-1062
Postcode	542188
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	Collision - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER 1- CHINESE
Gender	Female

PASSENGER 2

Name	PASSENGER 2 - CHINESE
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

After traffic junction, I was travelling on the left lane going straight in slow speed. Suddenly I felt an impact from behind and saw a vehicle had already hit onto my vehicle rear bumper. Me and my passengers will seek for medical attention.

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

SKETCH PLAN

Ang Mo Kio

ITE

Bus stop



Ang Mo Kio Ave 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 7686 U
B: SGL 5905 K

REFER TO ATTACHED STATEMENT.

Large section with horizontal lines, mostly crossed out with diagonal lines, intended for describing the accident circumstances.

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:

Reporting Centre Personnel's Signature
Name:

NRC/FIN No.:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

ACCIDENT STATEMENT (2000 characters)

After traffic junction, I was travelling on the left lane going straight in slow speed. Suddenly I felt an impact from behind and saw a vehicle had already hit onto my vehicle rear bumper. Me and my passengers will seek for medical attention.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

2 April 2021 at 8:00 PM

Date/Time:

2 April 2021 at 8:00 PM