

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	07/04/2021 18:46 (SGT)
Date of Accident	06/04/2021 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JERUJU ROAD TOWARDS SEMBAWANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD317X
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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	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
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	1998

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	TOH WEI BENG
NRIC No	SXXXX908C

Date Of Birth	27/04/1975
Circumstances	Outdoor
Date Of Driving Pass	05/05/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97638655
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	HDB Choa Chu Kang, 408 Choa Chu Kang Avenue 3
Address complement	#03-301
Postcode	680408
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 - Major/Minor Rd
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)	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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210407/2077 LODGED AT TAMPINES NPP

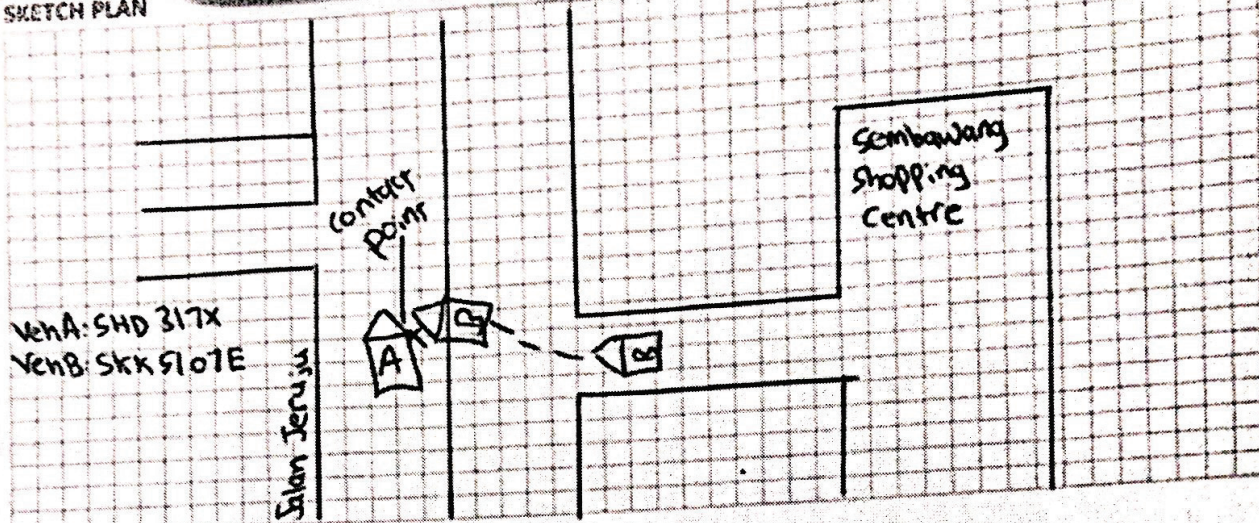
ATTACHMENT(S)

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 TRANS CAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK5107E
Vehicle Manufacturer	Honda
Vehicle Model	CIVIC IMA 1.5L CVT
Vehicle Variant	-
Vehicle Colour	White

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

[illegible]

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.:



SINGAPORE POLICE FORCE



T/20210407/2077

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Report No. T/20210407/2077

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520481
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2021 14:56		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: TOH WEI BENG			Address: APT BLK 408 CHOA CHU KANG AVENUE 3 #03-301 SINGAPORE 680408		
ID Type / ID No.: NRIC NO / S7510908C			Contact No.:		Mobile: 97638655
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 27/04/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2021 20:30	Type of Location: Straight Road
Location: JALAN JERUJU				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD317X	Car				Slightly Damaged	0
SKK5107E	Car					0

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



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Report No. T/20210407/2077

CONTINUATION OF REPORT

Driver			
Name	TOH WEI BENG	ID No.	S7510908C
Related Vehicle	SHD317X (Car)	Contact No.	97638655
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2021	Date Discharge	07/04/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 06/04/2021 at about 2029hrs, I was driving my company vehicle (Transcab, Registration Number: SHD317X) along Jeruju Road towards Sembawang Road and was alone.

As I was passing by the carpark entrance of Sembawang Shopping Centre, a white vehicle suddenly came out from the gantry and collided into the right side of my vehicle.

I stopped my vehicle and alighted from my vehicle. I noticed that my vehicle sustained dents and scratches at the right side of my vehicle. My driver door was also misaligned and had difficulty closing and opening.

I spoke to the driver and exchanged contact details. I took photos of my vehicle damage before subsequently moving off.

On 07/04/2021, I went to see a doctor as I felt numbness and pain on my back area. I was given 4 days of MC.

I wish to state that no police or ambulance was called in. I wish to further state that I have an in car camera (facing front and back) which was recording during the accident.