

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	26/04/2021 17:20 (SGT)
Date of Accident	24/04/2021 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9462A
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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	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	MOHAMED SALLEH BIN JUNID_
NRIC No	SXXXX974I

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	WILL UPLOADED INTO AXA
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR1732B
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM KIOK KEONG PHILIP
NRIC No	SXXXX720A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGB2575B
Vehicle Manufacturer	Honda
Vehicle Model	Crossroad
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	MOHAMED SALLEH BIN JUNID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9462A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

BOON LAY WAY.

REF ID: A5409463A

2. 352 17322

id: 480575B

J.N. BOON
1st
TOWARDS AVE



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

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210424/2078

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20210424/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2021 17:52	Vide Report No.:	Station Diary No.: 83
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Informant's Particulars			
Name of Informant: MOHAMED SALLEH BIN JUNID		Address: APT BLK 210 YISHUN STREET 21 #06-33 SINGAPORE 760210	
ID Type / ID No.: NRIC NO / S14989741		Contact No.: Home/Office: Mobile: 91874928	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 17/04/1961	Type of Informant: Driver
Race: Boyanese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2021 12:40	Type of Location: Straight Road
Location: JALAN BOON LAY				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGB2575B	Car					0
SHD9462A	Car					4
SJR1732B	Car					0



Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20210424/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED KASSIM S/O HASSAIN BEG	ID No.	S7148750D
Related Vehicle	SGB2575B (Car)	Contact No.	NIL
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	MOHAMED SALLEH BIN JUNID	ID No.	S1498974I
Related Vehicle	SHD9462A (Car)	Contact No.	91874928
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/04/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	LIM LIOK KEONG PHILIP	ID No.	S1810720A
Related Vehicle	SJR1732B (Car)	Contact No.	NIL
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

Brief Details.

On the 24/04/21 at about 12.40pm, I was travelling in my vehicle no: SHD9462A along Jalan Boon Lay towards AYE, before Boon Lay Way. As I was approaching the X-junction, I gradually slow down as there was traffic in front of me. Suddenly, I felt an impact from the rear. I came to a stop and realized that I was involved in a chain collision. The vehicle no: SJR1732B (V2) collided onto the rear of my vehicle and the vehicle no: SGB2575B (V3) collided onto the rear of V2's vehicle.

My vehicle sustained dents on the rear portion of my vehicle and I feel pain on my neck, back and hip area. I went to seek medical attention and a total of 4 days MC was given to me. I am lodging the police