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.

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 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 24/05/2021 08:27 (SGT) Date of Accident 22/05/2021 16:15 (SGT) Exact Location of Accident Singapore Additional Location Information **TAMPINES AVE 10** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHF585C

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 2XXXXX878K **Email Address** claims@transcab.com.sq Mobile Phone No (Phone) +65-62866666 Alternative Phone No (Office) +65-62866666

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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 **NELSON NG PENG SHEAN** NRIC No. SXXXX123G

Date Of Birth 03/09/1966 Occupation Outdoor Date Of Driving Pass 02/03/1993 Driving experience 28 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-97922907 Alt. Phone Number Email Address Ngnelson66@gmail.com Address 290B COMPASSVALE CRESCENT Address complement #05-48 Postcode 542290 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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? Nο PASSENGER 1 Name PAASENGER 1 Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20210522/2070 LODGED AT PAYA LEBAR N P P 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 SJT7130M

Hyundai

AVANTE 1.6 AT ABS D/AB 2WD 4DR

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR ONG
Contact Number	(Phone) +65-94376614
Address	-
Address complement	_
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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? Were seat belts worn?	NELSON NG PENG SHEAN 290B COMPASSVALE CRESCENT #05-48 542290 SHF585C Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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.
- The 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.
- 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:
 - 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

MOHAMED SAIFULLAH S/O SYED MASOOD

Reporting Centre Personnel's Signature Name:

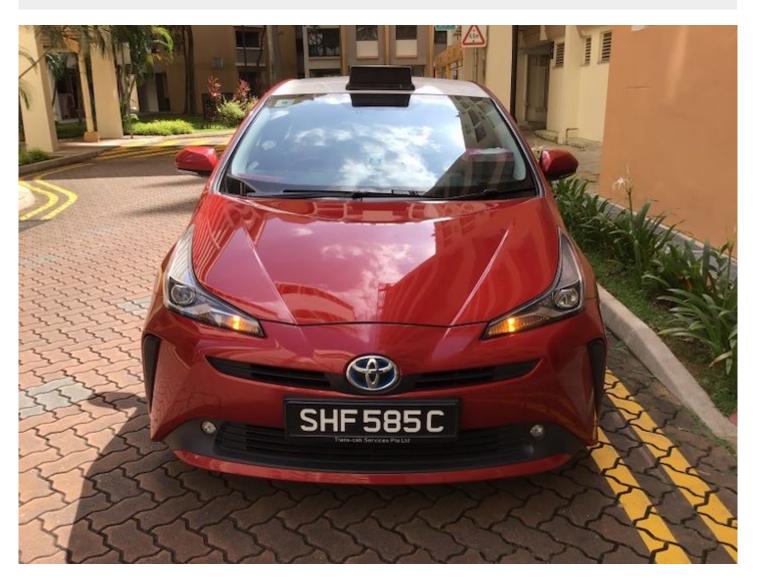
NRIC/FIN No.:

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

23 May 2021

GIARMC SketchPlanForm V3





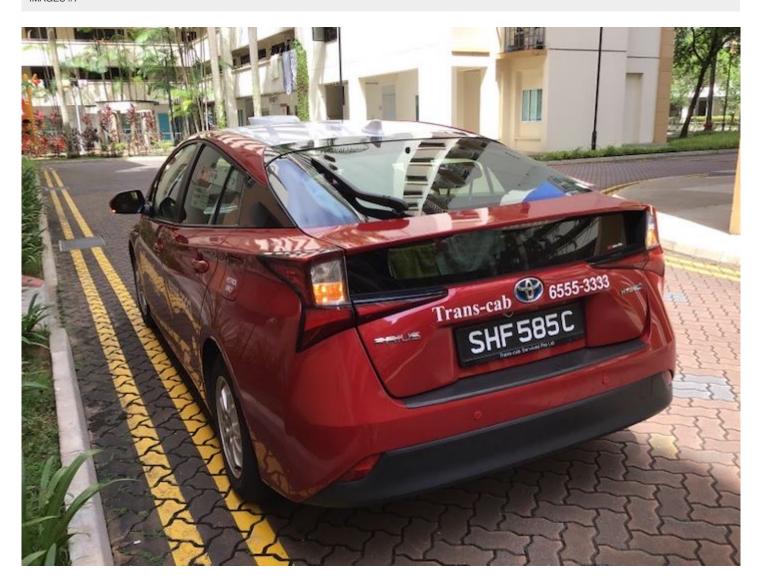














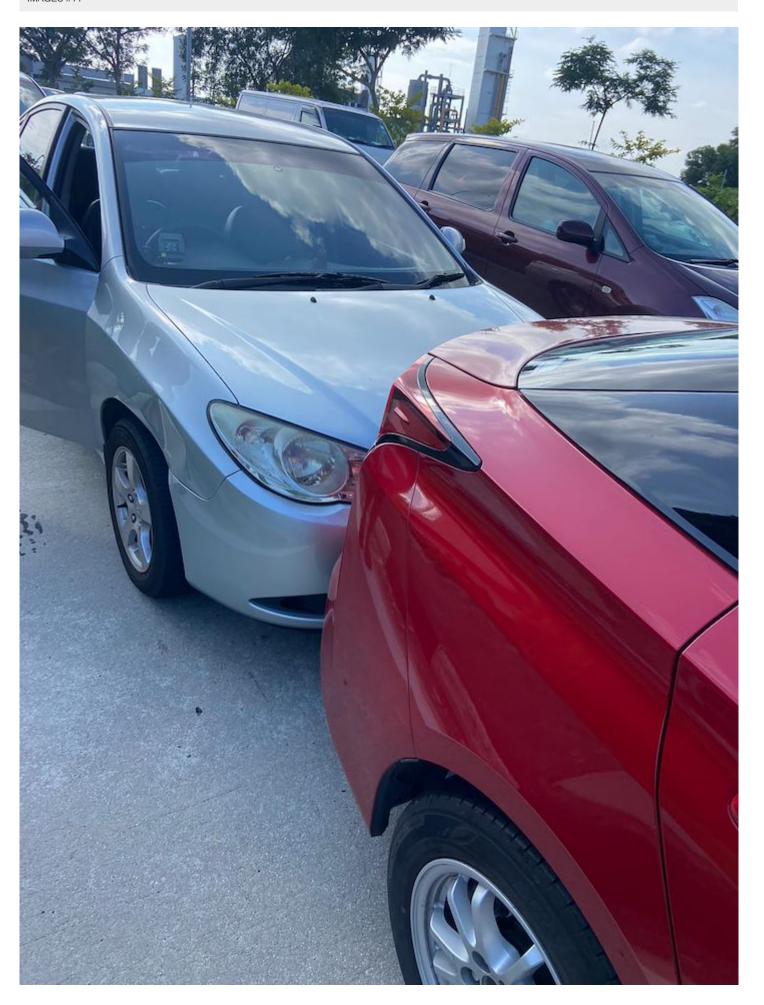




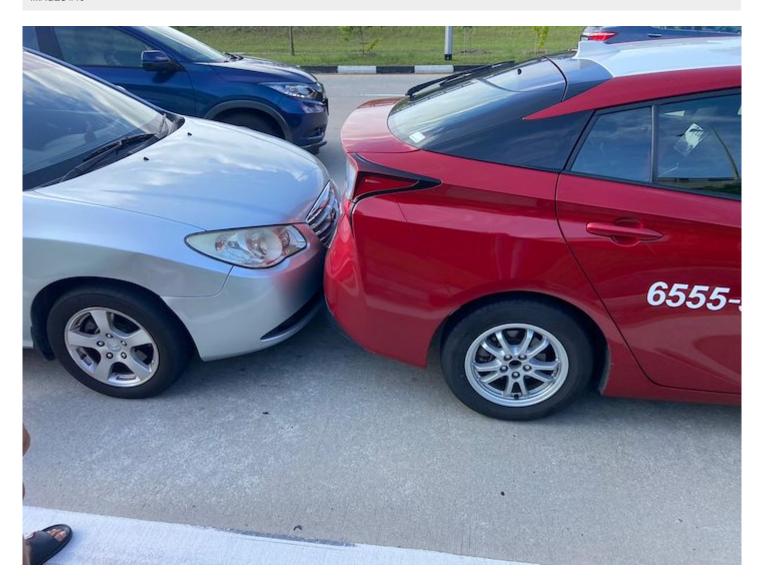


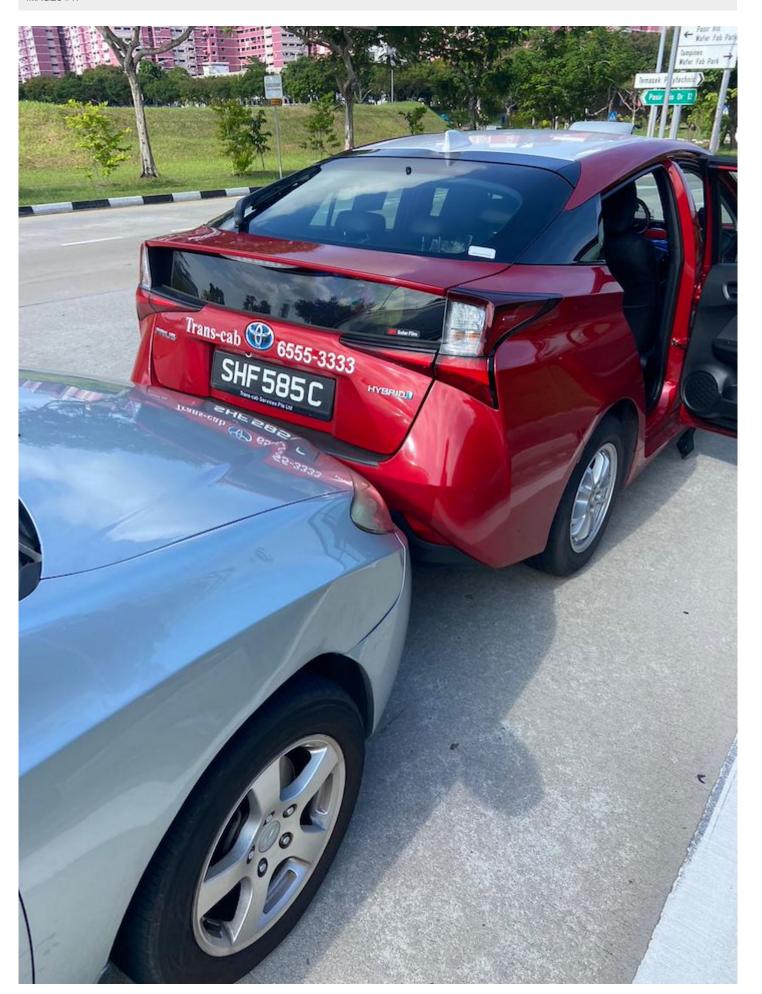


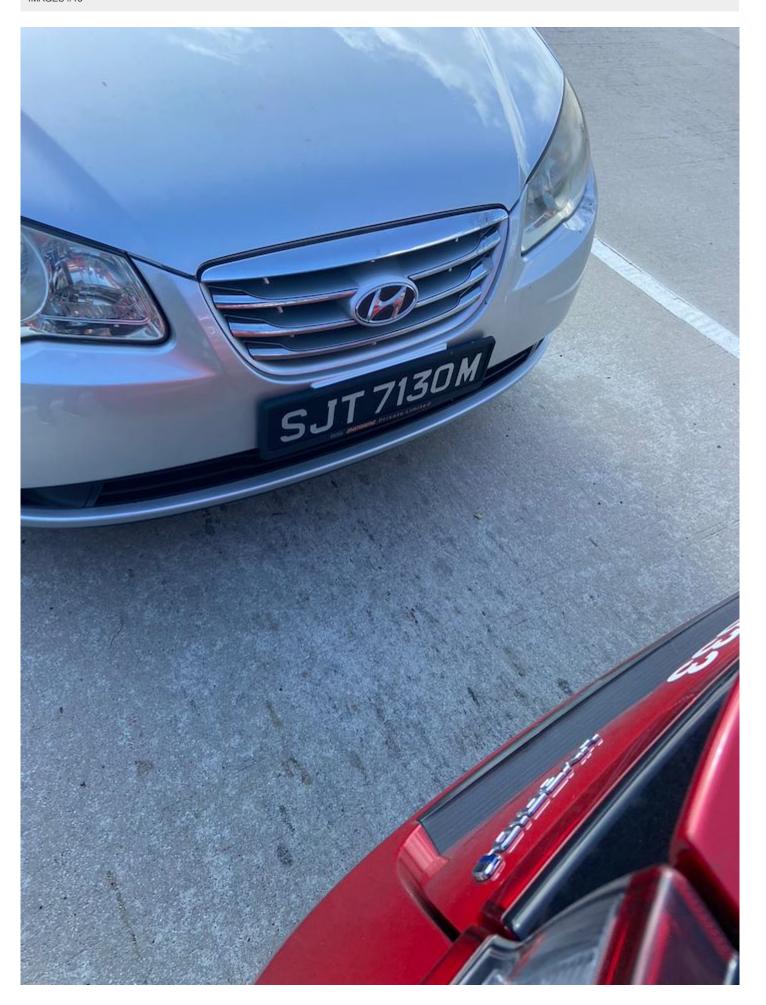


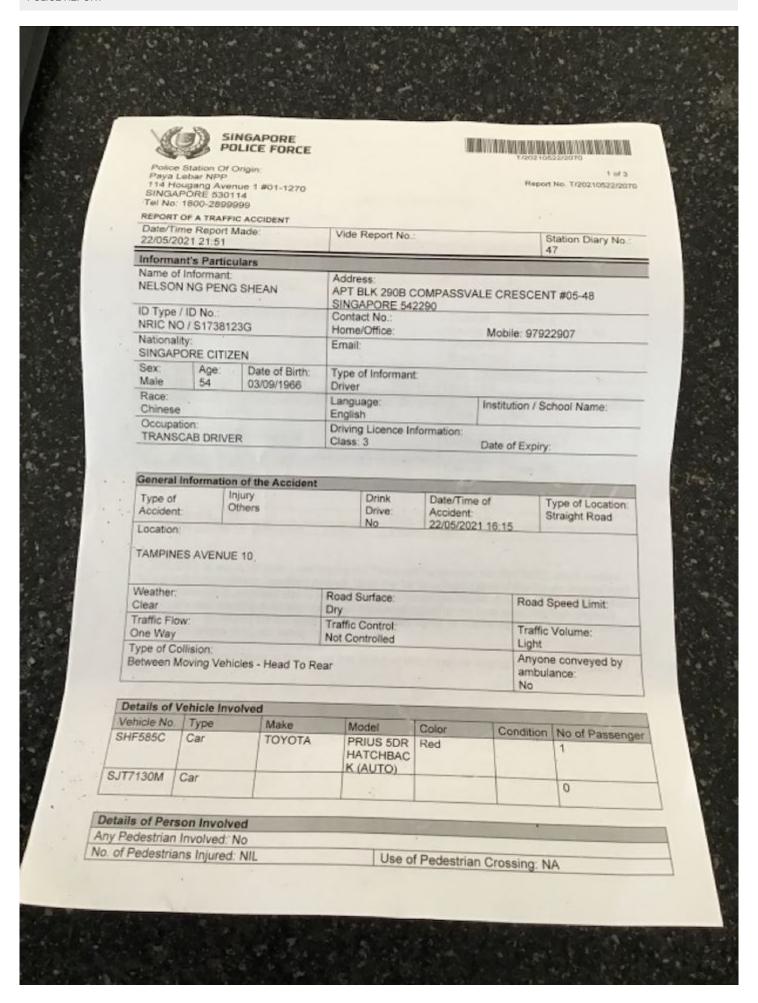


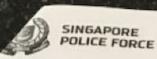




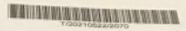








Police Station Of Origin: Paya Leber NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No. 1800-2899999



2 of 3 Report No. T/20210622/2070

CONTINUATION OF REPORT

Driver			Contract of the last	-	-	
Name	NELSON NG PENG SHEAN		ID No.		S1738123G	
Related Vehicle	SHF585C (Car)		Contact No		97922907	
Hospital/Clinic	NORTHEAST MEDICAL GROUP		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	22/05/2021	- 1	Date Disc	scharge 22/05		
No. of Days granted Medical Leave NIL D		Degree o	ee of Injury NIL			
Driver			a care o	- myuny	TAIL	
Name	ONG SJT7130M (Car)			ID No. Contact No. Class of Driving Licence & Expiry Date		NIL
Related Vehicle						94376614
Hospital/Clinic	NIL		Class: NIL Date of Expiry: NIL			
Date Treatment			Date Disc			
No. of Days granted Medical Leave NIL		1	Degree of Inju		NIL	

Brief Details.

On 22/05/2021 at about 1615hrs, I was driving my Transcab(Registration No. SHF585C) when I exited TPE wanting to turn right to Tampines Avenue 10 on the 1st lane(Right Lane) of the 3lanes straight road when my Transcab is stationary due to traffic. Suddenly another car(Registration No. SJT7130M) collided onto my car's rear resulting in scratch damages. I suffered impact on my back area. We then alighted from our vehicle to inspect the damages, exchange contact, agree on Insurance Claim and left location. There is dashcamera in my car facing front.

I later went to Northeast Medical Group and has 3days of MC, therefore lodging this Traffic Accident report.

