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.

- 4. The issue and acceptance of this is form by instrained 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 20/08/2021 10:56 (SGT) Date of Accident 20/08/2021 08:30 (SGT) Exact Location of Accident Near TPE, Singapore Additional Location Information SELETAR WEST LINK TOWARDS CTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5814A

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) +65-62876666 Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Renault Model Latitude Variant 2.0L DCI AUTO D/AB 4DR 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 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 NA

DRIVER

Name of Driver ANG KIM CHEN NRIC No. SXXXX982J

Date Of Birth 15/09/1961 Occupation Outdoor Date Of Driving Pass 08/08/1985 Driving experience 36 YEARS Gender Male Mobile Number (Phone) +65-96640800 Alt. Phone Number Email Address claims@transcab.com.sg Address 324B SENGKANG EAST WAY Address complement #08-581 Postcode 542324 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 Raining Road Surface Wet 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name MONY APRIL MACA TULAD Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 (Fax) +65-63548749 Alt. Police Station Phone No Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO.T/20210820/2036 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMJ4145H

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	Honda Airwave
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	ANG KIM CHEN Male (Phone) +65-96640800 SHC5814A Yes No
Name of injured person Gender Phone No	MONY APRIL MACA TULAD Female -

Name of injured person	MONY APR
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC5814A

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

WONG JUN KEAT

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

Date & Time:

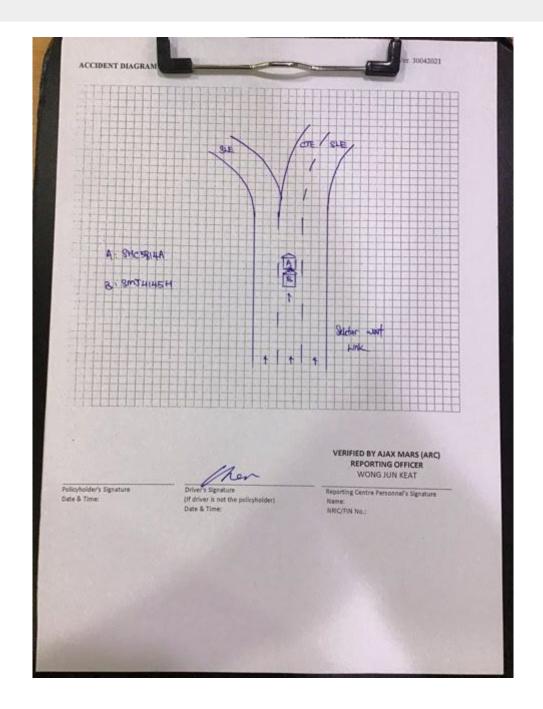
20/8/2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

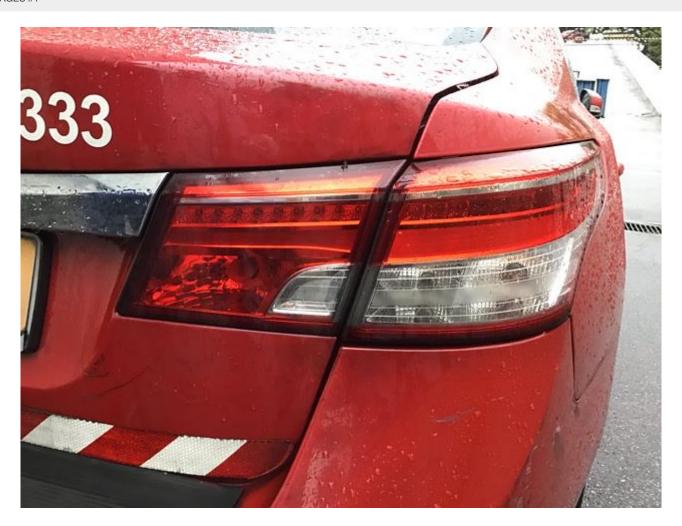
GIABME SketchPlanForm V3



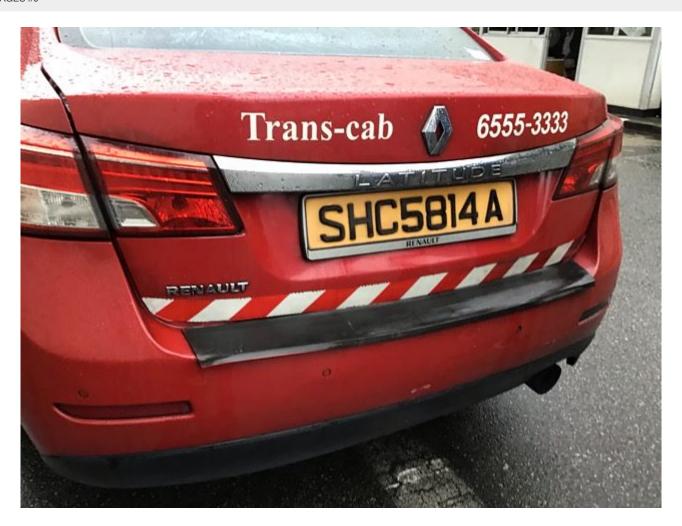








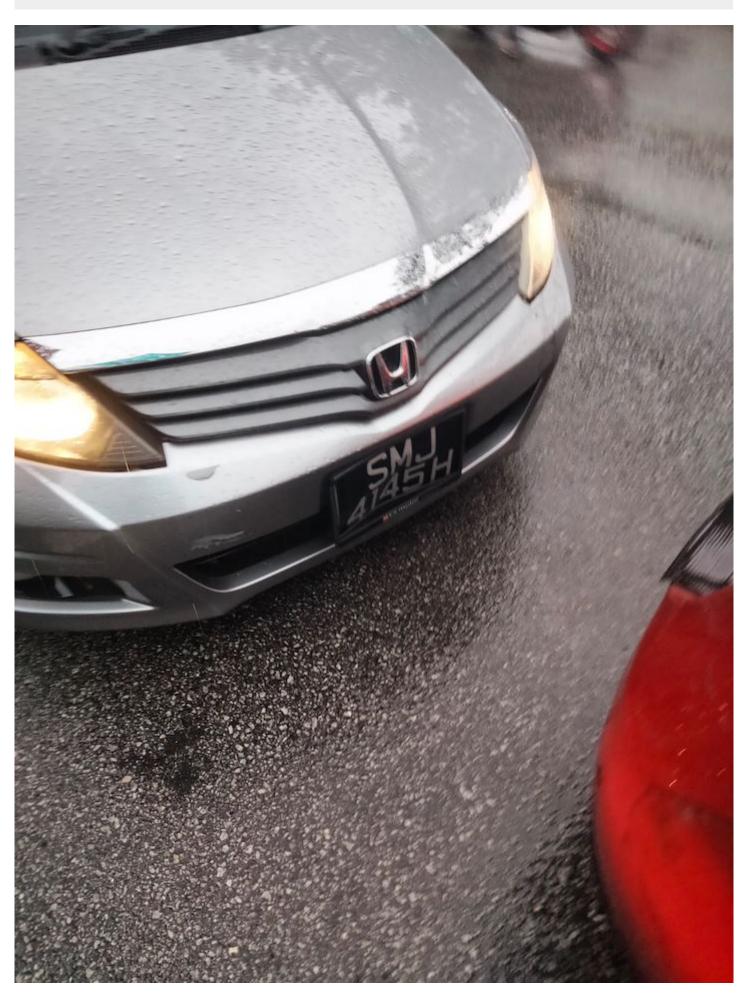


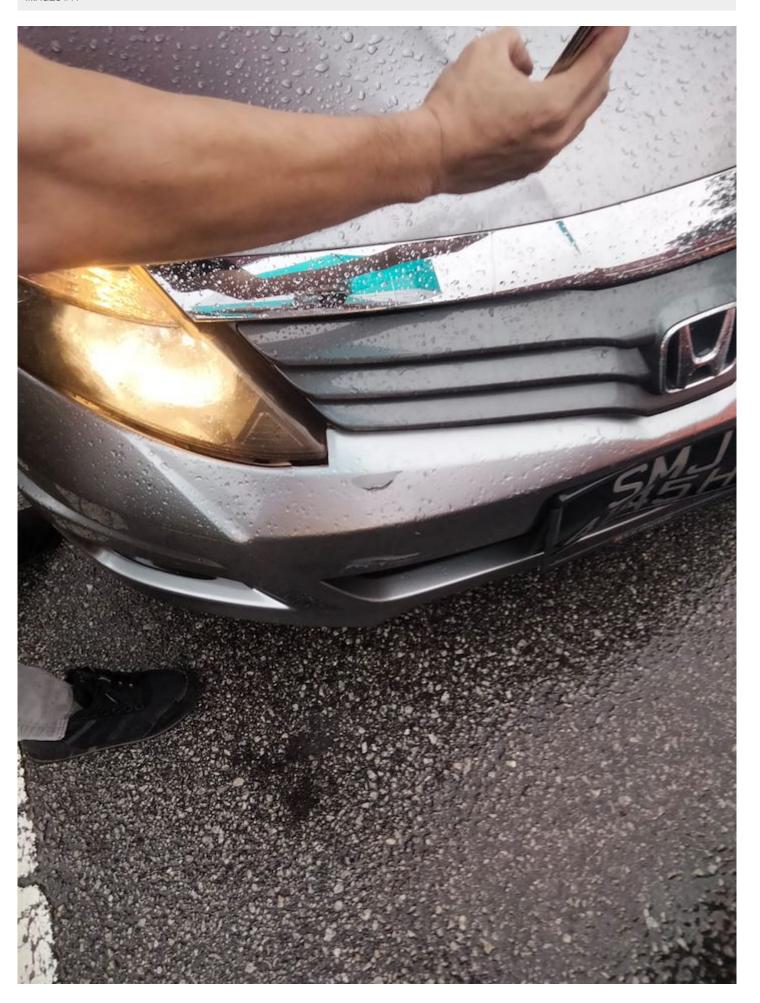


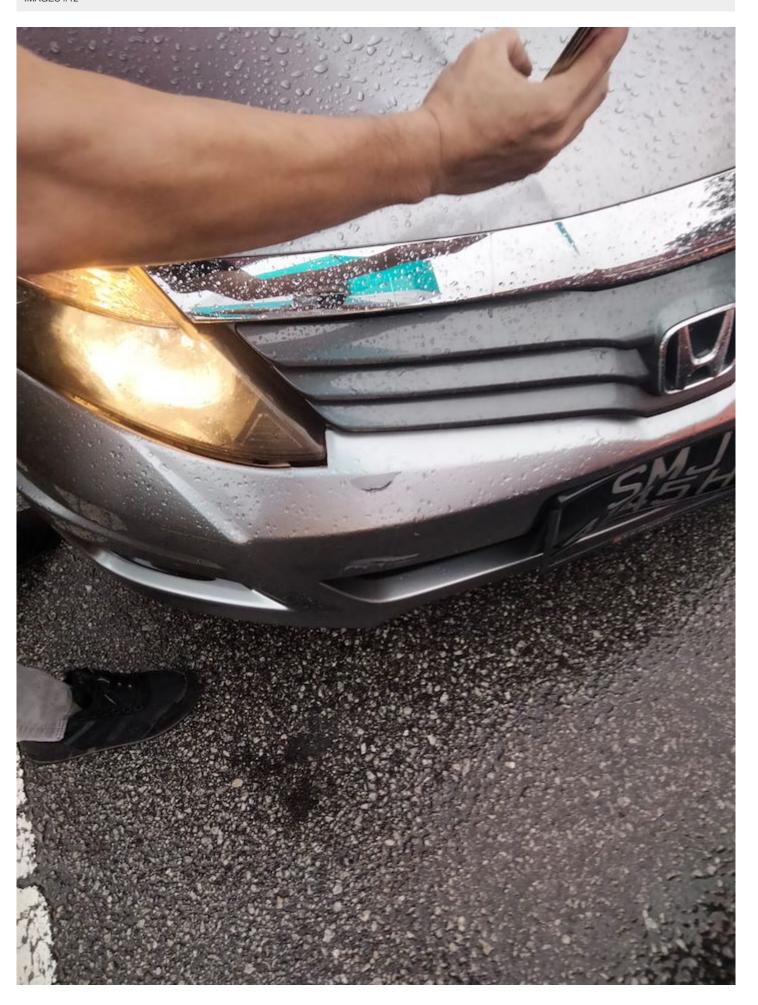
















Heavy

No

ambulance:

Anyone conveyed by

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 3 Report No. T/20210820/2036

REPORT OF A TRAFFIC ACCIDENT

20/08/20	e Report M 21 12:54	ade:	Vide Report No.:			Station Diary No.: 30
	nt's Particu	llars				
ANG KIN			Address: APT BLK 324B S SINGAPORE 542	ENGKANG E	EAST WAY#	08-581
ID Type NRIC N	D Type / ID No.: NRIC NO / S1478982J		Contact No.: Home/Office: Mobile: 96640800			640800
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 59	Date of Birth: 15/09/1961	Type of Informant Driver	:		
Race: Chinese			Language: Institution / Sch			School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Exp			piry:
General I	Information	of the Accident				
Type of	Injuny		Drink Drive: No	Date/Time of Accident: 20/08/2021 08:30		Type of Location: Straight Road
Location: SELETAR	WEST LINI	к .				
/eather:			Road Surface: Wet	4	F	Road Speed Limit:
affic Flow:						Fraffic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SHC5814A	Car				Slightly	
SMJ4145H	Car					
Details of	f Person Investrian Involv	volved				

Not Controlled

One Way

Type of Collision:

Between Moving Vehicles - Head To Rear



T/20210820/2036

2 of 3

Report No. T/20210820/2036

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

CONTINUATION OF REPORT

Driver		Control of the State of the Sta	A STATE OF THE PARTY OF THE PAR	and the same	CHURLING IS	Marie Carlotte Control of the Contro
Name	ANG KIM CHEN			ID No.		S1478982J
Related Vehicle	SHC5814A (Car)			Contact No.		96640800
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		DUP	Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL
Date Treatment	20/08/2021	Date Disc	Date Discharge 20/08/2		/2021	
No. of Days gran	ted Medical Leave	03	Degree of			
Passenger					10000	
Name	MARY APRIL			ID No.		G6446942U
Related Vehicle	SHC5814A (Car)			Contact No.		98307454
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	nted Medical Leave	NIL	Degree of	Name and Address of the Owner, where	NIL	

Brief Details.

On 20.08.2021, at about 0830hrs, I was driving my vehicle bearing reg no SHC5814A together with a female passenger along Seletar West Link towards CTE. As it was raining, the traffic was heavy, and I was travelling in a slow speed.

However, when I slowed down my vehicle and came to a stop, I felt an impact from the rear. I immediately came down of my vehicle and noticed that it was another vehicle bearing reg no SMJ4145H had collided onto my vehicle.

The other driver came down of his vehicle and took photos of the accident scene. We did exchange our contact details, but I have forgotten his contact number. Due to the accident, I felt pain on my upper back and went to consult a doctor. I was given 03 days of MC dated 20.08.2021 to 22.08.2021.

My passenger also informed that she felt pain however, I am unsure if she did go to consult a doctor. I wish to state that I have a camera installed within my vehicle.



police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh



Report No. T/20210820/2036

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-2519999

Informant is not able to provide sketch plan

Community Building SINGAPORE 319194

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Sgt 2 DARREN TAN YUANJIE Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant:

Date/Time: 20/08/2021 12:54

Classification Of Case:

SN 168

Authentication Stamp NP168

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SA0A218K0008 _Vehicle Registration No: SHC5814A Name(as shown in NRIC) : ANG KIM CHEN _NRIC/FIN/Passport No: SXXXX982J (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(_____Mobile No.: 96640800 Contact (Tel) **Email Address** . 20/08/2021 ____Time of Accident : ____08:30 Date of Accident . SELETAR WEST LINK TOWARDS CTE Place of Accident Insurance Company: AXA Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 1.ATTACH ACCIDENT POLICE REPORT.

	1/00		
	1º		
	3.		

Name: MEERA NRIC/FIN No.: Date: 20/08/2021

GIARMC addendumform_V3

Date:

Policyholder / Driver's Signature