

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 27/09/2021 11:38 (SGT)
Date of Accident 26/09/2021 17:25 (SGT)
Exact Location of Accident Near 709 Geylang Rd, Singapore 389624
Additional Location Information JUNCTION OF GEYLANG ROAD AND LOR 37 GEYLANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP7146D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS LEASING PTE LTD
Company Reg No 2XXXXX575K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-65552222
Alternative Phone No (Office) +65-65552222

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant ALTIS 1.6 STANDARD (AUTO)
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 Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number VFX/P2440417
Cover Note Number -

DRIVER

Name of Driver TAN SIEW CHYE
NRIC No SXXXX204G

Date Of Birth	05/09/1962
Occupation	Outdoor
Date Of Driving Pass	16/02/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90067372
Alt. Phone Number	-
Email Address	Siewchye62@gmail.com
Address	509 ANG MO KIO AVE 8
Address complement	#08-2750
Postcode	560509
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	P1
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

I WAS TRAVELLING ALONG GEYLANG ROAD TOWARDS LOR 37 GEYLANG . AFTER I TURNED RIGHT INTO LOR 37 GEYLANG , SUDDENLY VEHICLE B DRIVING OUT FROM HER PARKING LOT AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE . WHEN THE ACCIDENT HAPPENED , LEFT FRONT SIDE OF MY VEHICLE HIT ONTO THE CURBS OF THE ROAD .

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	SLN3770A
Vehicle Manufacturer	Volvo
Vehicle Model	V40
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	YEONG WEI LING , NATALIE
NRIC No	SXXXX431A
Contact Number	(Phone) +65-92956471
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	TAN SIEW CHYE
Gender	Male
Phone No	(Phone) +65-90067372
Address	509 ANG MO KIO AVE 8
Address Complement	#08-2750
Post Code	560509
Approximate Age Years Old	-
Injuries Sustained	NA
Injured person in which vehicle?	SMP7146D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 :
 - (i) 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

27/9/2021

ACCIDENT DIAGRAM

A: SINGAPORE
B: SINGAPORE

LOR 37 GELANGA

MELAYANG ROAD

VERIFIED 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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: 27/9/2021

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



































