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 04/10/2021 14:56 (SGT) Date of Accident 04/10/2021 08:35 (SGT) Exact Location of Accident Near 478 Yishun Street 44, Singapore 763478 Additional Location Information YISHUN AVE 8 TOWARDS SELETAR BEFORE YISHUN ST 44 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3266A

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer

Toyota 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 Private hire Transmission Auto CC 1767

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 **GOH CHOH HUAT** NRIC No. SXXXX790E

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	13/08/1969 Outdoor 13/10/1989 32 YEARS Male (Phone) +65-96611993 - claims@transcab.com.sg 466 ANG MO KIO AVE 10 #13-1046 560466 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 4 Yes Yes Yes 2 No
Name	ERNIE NUR LESDA BINTE SAZALI
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Hougang Neighbourhood Police Centre (Phone) +65-18004890999 (Fax) +65-63128989 60 Hougang Ave 9 Singapore 538775 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes SD CARD WITH TP No
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBF6665L

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN KIM MING
NRIC No	SXXXX970B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD615G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMASAMY PANDIARAJAN
NRIC No	GXXXX633N
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 3

Vehicle Registration Number	GBE4890X
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	CHIA WEE KIANG
NRIC No	SXXXX324A
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	ERNIE NUR LESDA BINTE SAZALI Female
Phone No	(Phone) +65-90150192
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?	- SMX3266A Yes Yes
INJURED 2	
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?	GOH CHOH HUAT Male (Phone) +65-96611993 SMX3266A Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 7. 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:
 - (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.
- 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.

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

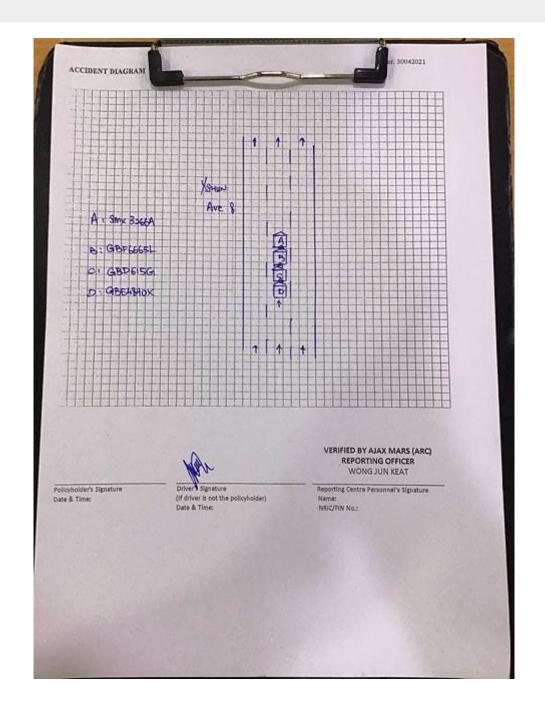
4/10/2021

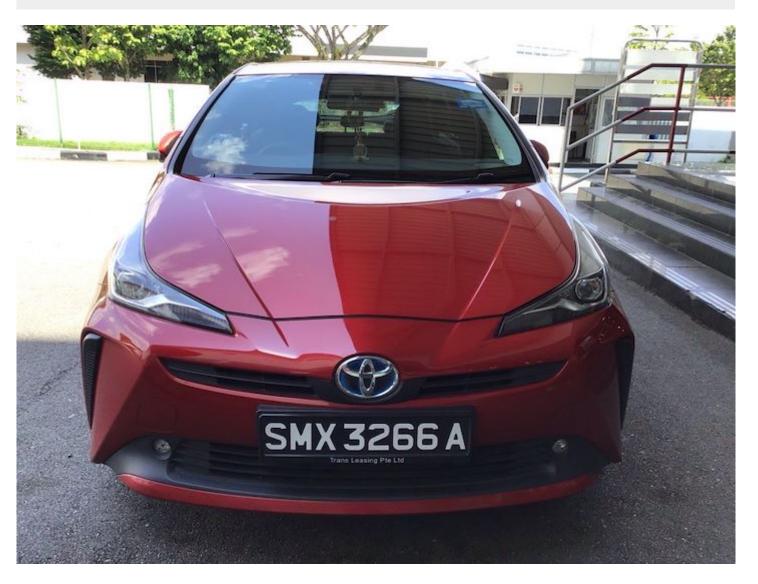
VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT

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

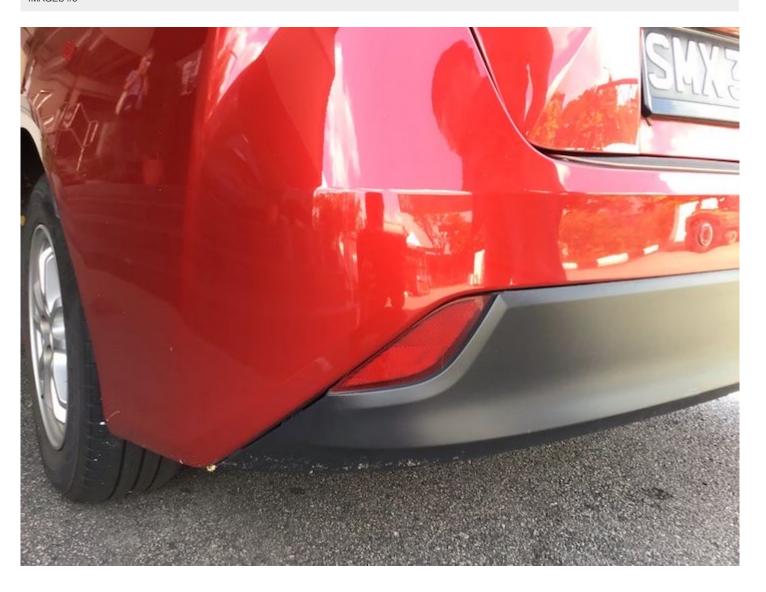
Policyholder's Signature

Date & Time:







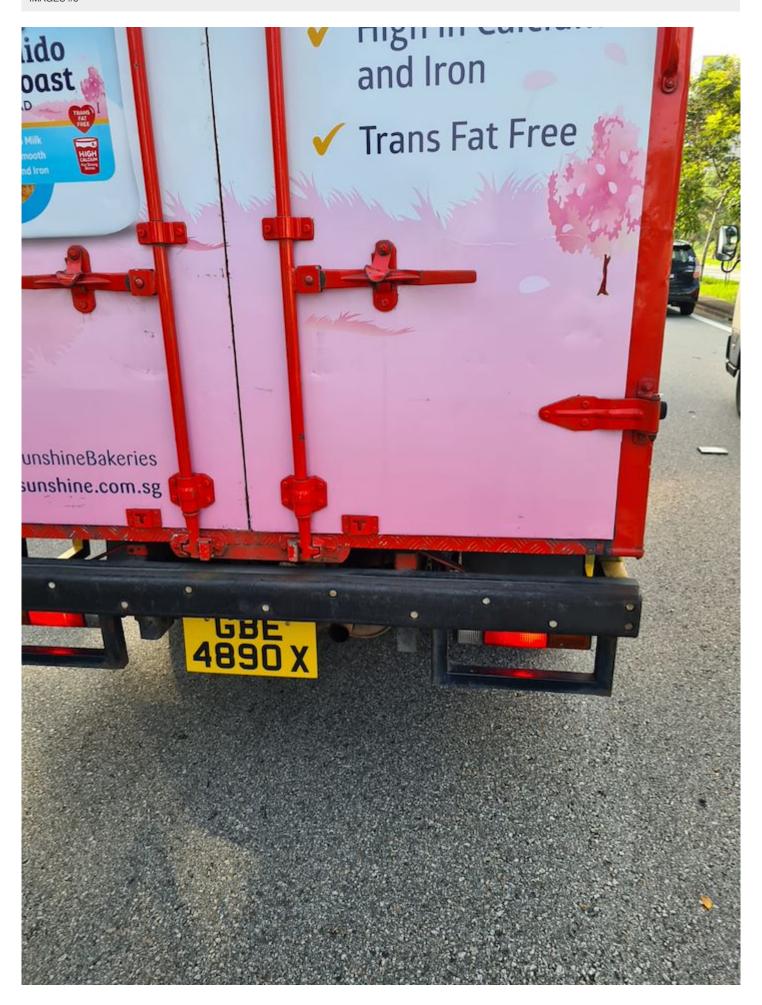






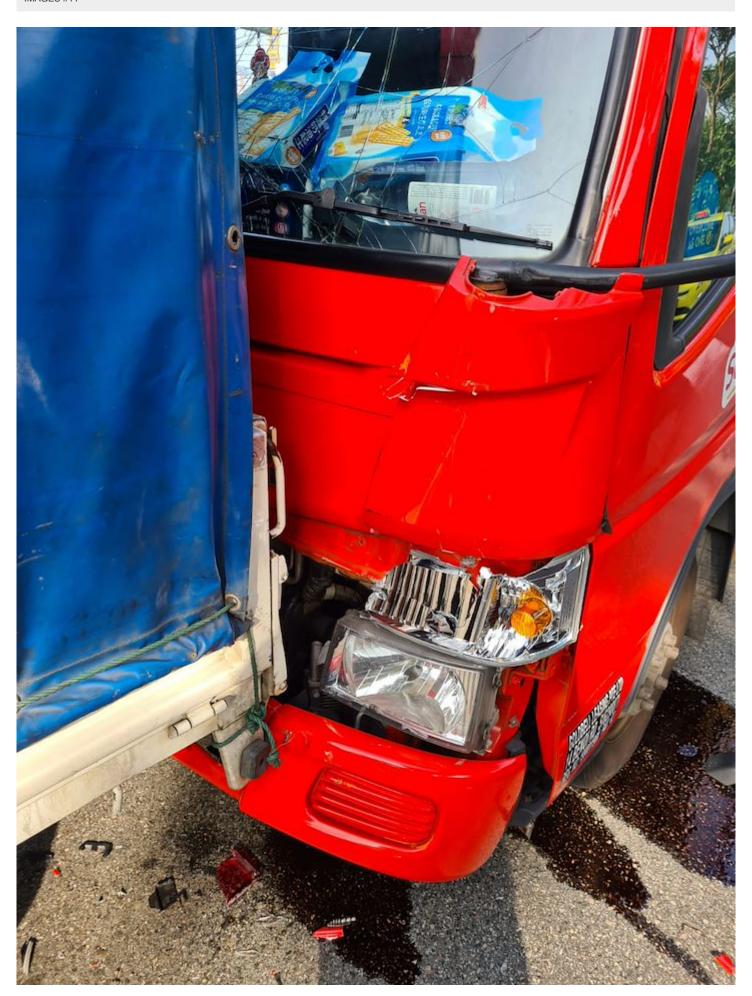


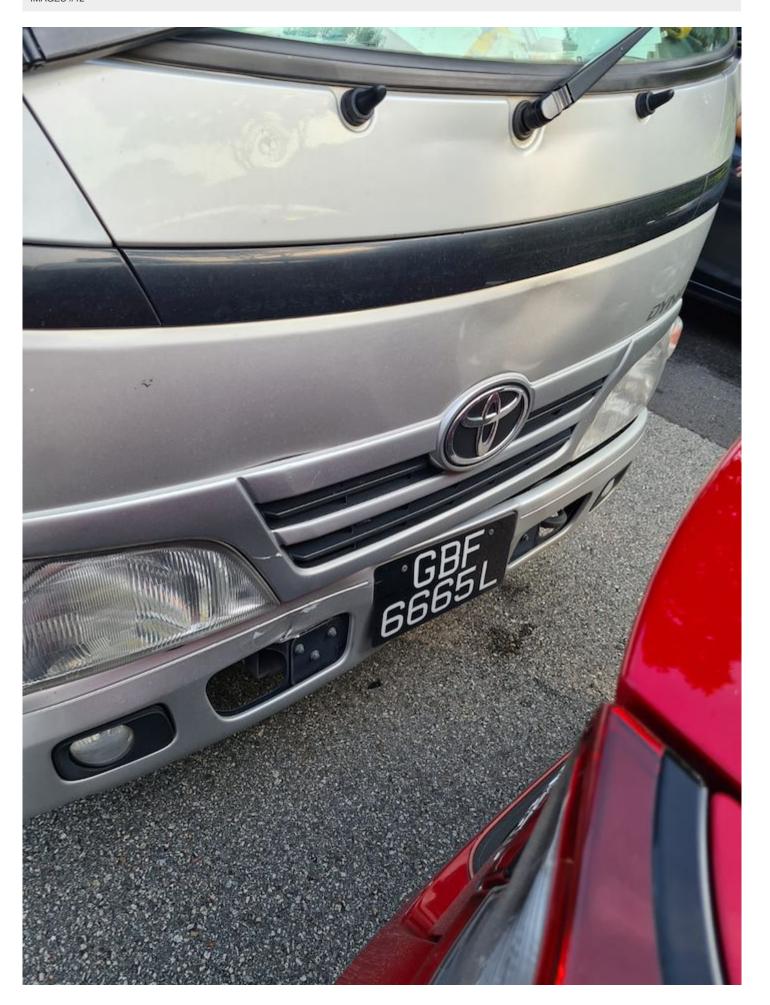


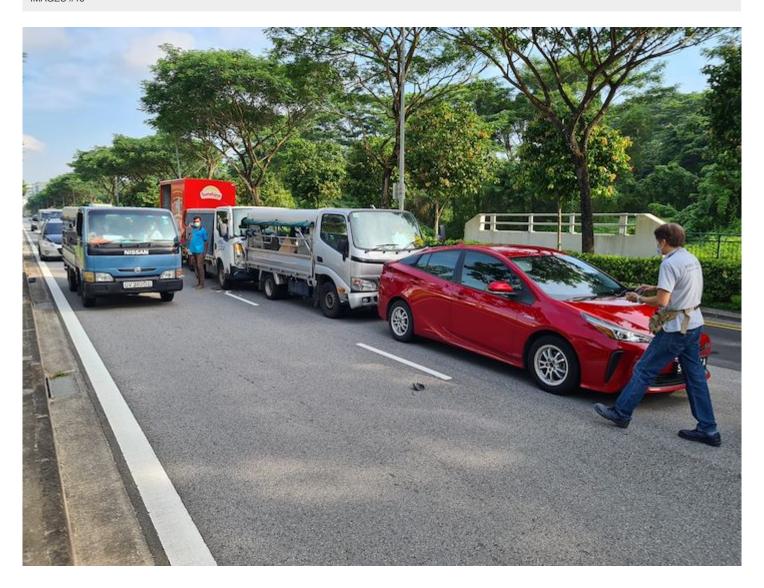
















T/20211004/2042

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20211004/2042

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: Vide Report No.: Station Diary No. 1/10/2021 13:27 L/20211004/0054 81				
Informa	int's Partic	ulars	- The State of the	Market State of the State of th	
	f Informant: HOH HUAT		Address: 466 ANG MO KIO AVENUE	10 #13-1046 SINGAPORE 560466	
	/ ID No.: O / S69287	90E	Contact No.: Home/Office:	Mobile: 96611993	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 52	Date of Birth: 13/08/1969	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 04/10/2021 08:35	Type of Location Straight Road
VISHUN AVE	NUE 8			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear		10000		
Clear Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy

Details of V	ehicle Invo	lved			W. Called St.	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD615G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	White		0
GBE4890X	Lorry	MITSUBISHI	CANTER FEA01BR2S DEB (CBU	White		0
GBF6665L	Lorry	ТОУОТА	DYNA 3.0 MANUAL	Silver		0



T/20211004/2042

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

2 of 3 Report No. T/20211004/2042

Details of V	ehicle Invo	lved	and the last of th	OTHER PARTY		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMX3266A	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Red	Slightly Damaged	1

Details of Pers Any Pedestrian					
No. of Pedestria	ns Injured: NIL	Use of P	edestriar	Cross	ing: NA
Driver				-	
Name	GOH CHOH HUAT		ID No		S6928790E
Related Vehicle	SMX3266A (Car)		Conta	ict No.	96611993
Hospital/Clinic	CARE MEDICAL PTE LTD	***	Class Drivin Licend Expiry	g	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Dis		NIL	
No. of Days gran	ted Medical Leave 05		of Injury	NIL	

Brief Details.

On 04/10/2021 at around 0835hrs, I was driving my vehicle SMX3266A along Yishun Ave 8.

I came to a stop as the traffic light was red. Suddenly vehicles from the rear collided into my vehicle.

I alighted to make a check and realized that there was three other vehicles (GBF6665L,GBF615G,GBE4890X) involved in the accident. My passenger was conveyed by the ambulance.

On 04/10/2021, I went to seek medical treatment and I was given 5 days of medical leaves.

I have a front camera installed in my vehicle and the SD card was handed to the traffic police.

I am lodging this report as a record to submit to my insurance company.



SINGAPORE POLICE FORCE



Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999 CONTINUATION OF REPORT

3 of 3 Report No. T/20211004/2042

Sketch Plan

Informant is not able to provide sketch plan

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 Offi F /	cer Recording The Rep	ort
Sgt 2 CHUA ZI I	IUA	
Signature Of Intellement Not applicable	rpreter:	
Officer In Charge	of Case:	
Staff Sgt MOHAI JUNID	MED SUFIAN BIN MOH	AMED
Contact No.: 654	76247	
SINGAPORE POLICE FORCE	5	

SIGNATURE

Signature Of Informant:	
Date/Time: 04/10/2021 13:27	
Classification Of Case:	

