

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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: 15/10/2021 23:08 (SGT)
Date of Accident: 15/10/2021 13:36 (SGT)
Exact Location of Accident: Singapore
Additional Location Information: DUNEARN ROAD TURNING RIGHT TOWARDS CLEMENTI ROAD
Country/State of Loss: Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SMX3929X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner: TRANS LEASING PTE LTD
Company Reg No: 200000X575K
Email Address: Claims@transcab.com.sg
Mobile Phone No: (Phone) +65-65552222
Alternative Phone No: (Office) +65-65552222

VEHICLE PARTICULARS

Manufacturer: Toyota
Model: Prius
Variant: 5DR HATCHBACK (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 - Reporting only
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: NA

DRIVER

Name of Driver: TAN KOK HENG

IC No	SXXXX189H
Date Of Birth	01/12/1968
Occupation	Outdoor
Date Of Driving Pass	05/04/1999
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91857797
Alt. Phone Number	-
Email Address	tankokleong5670@gmail.com
Address	818, JELAPANG ROAD
Address complement	#04-267
Postcode	S670518
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	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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE RIGHT, WITH THE INTENTIONED OF TURNING RIGHT AT THE SAID JUNCTION. AS THE LIGHT WAS GREEN, IN MY FAVOUR, I PROCEEDED AND AS I WAS NEGOTIATING THE RIGHT TURN, SUDDENLY ONE VEHICLE COMING FROM THE LEFT SLIP ROAD, MADE A STOP AFTER THE GIVEWAY LINE AND WHEN I SAW THAT VEHICLE HAD STOPPED PASSED THE GIVEWAY LINE AND WAS PROTRUDING INTO MY LANE, I STOPPED MY VEHICLE AND THAT WAS WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

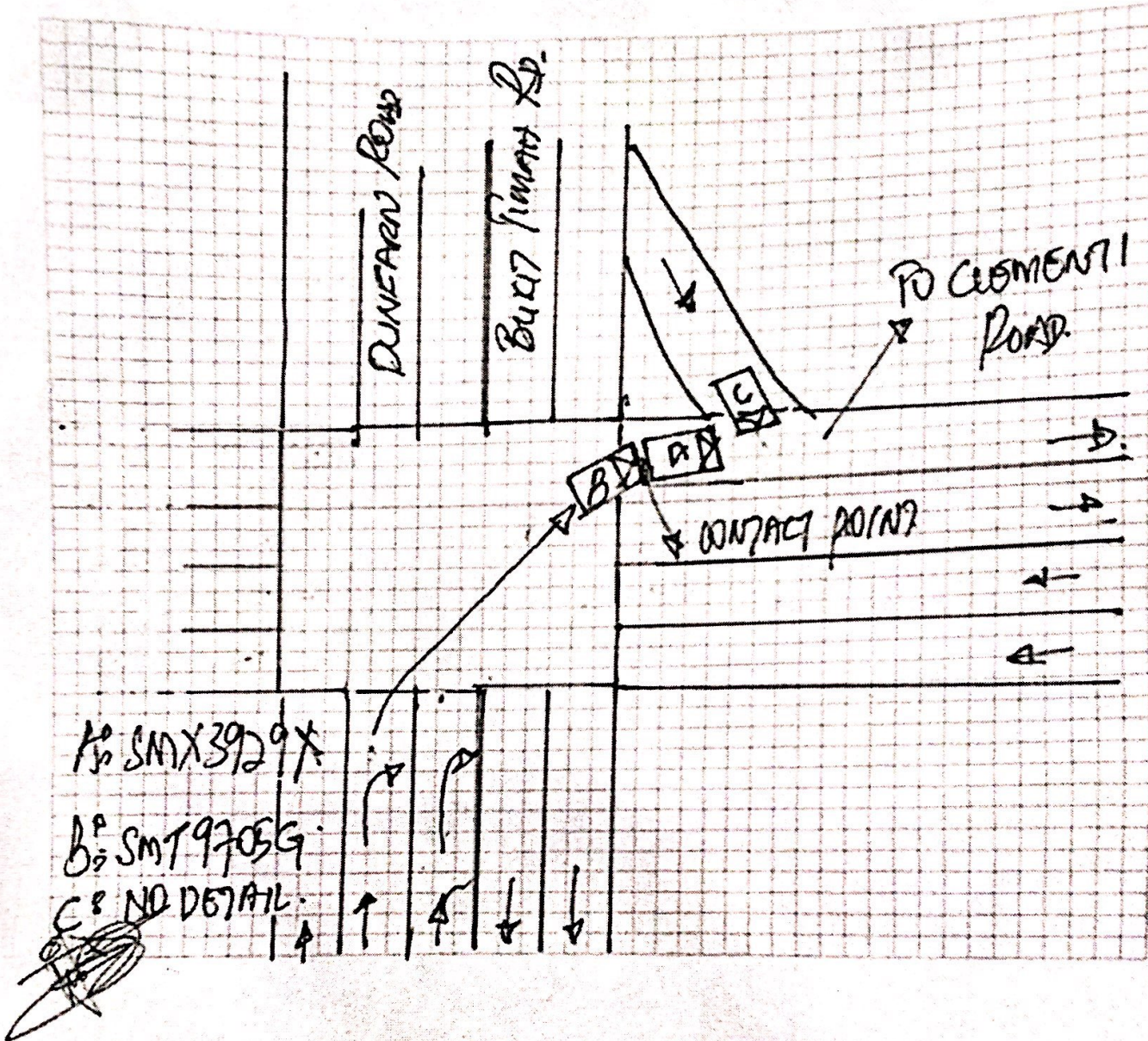
ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

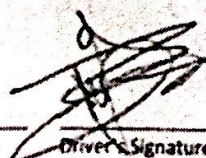
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7905G
Vehicle Manufacturer	Nissan
Vehicle Model	Qashqai
Vehicle Variant	-
Vehicle Colour	Black

ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:


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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

HASHIM BIN KAMARI

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: