

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 05/11/2021 19:12 (SGT)
Date of Accident 05/11/2021 15:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF SEMBAWANG DR AND ADMIRALTY LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5127A
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXX878K
Email Address Claims@transcab.com.sg
Mobile Phone No (Phone) +65-62876666
Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
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 -

DRIVER

Name of Driver KOH SEOK KIM
NRIC No SXXXX489G

Date Of Birth	11/05/1970
Occupation	Outdoor
Date Of Driving Pass	18/02/1993
Driving experience	28 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87514592
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	180C MARSILING ROAD
Address complement	#23-2236
Postcode	733180
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 - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

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)	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

I WAS TRAVELLING ALONG SEMBAWANG DR TOWARDS ADMIRALTY ROAD WEST . WHEN THE TRAFFIC TURNING LIGHT TURNED TO GREEN , I STARTED TO MAKE A U TURN AT THE JUNCTION . SUDDENLY VEHICLE B BEAT THE RED LIGHT AND COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE646S
Vehicle Manufacturer	Toyota
Vehicle Model	COROLLA ALTIS 1.6 AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KASMAN BIN SAMAT

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG SEMBAWANG DR TOWARDS ADMIRALTY ROAD WEST . WHEN THE TRAFFIC TURNING LIGHT TURNED TO GREEN , I STARTED TO MAKE A U TURN AT THE JUNCTION . SUDDENLY VEHICLE B BEAT THE RED LIGHT AND COLLIDED ONTO RIGHT FRONT SIDE OF MY VEHICLE .

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



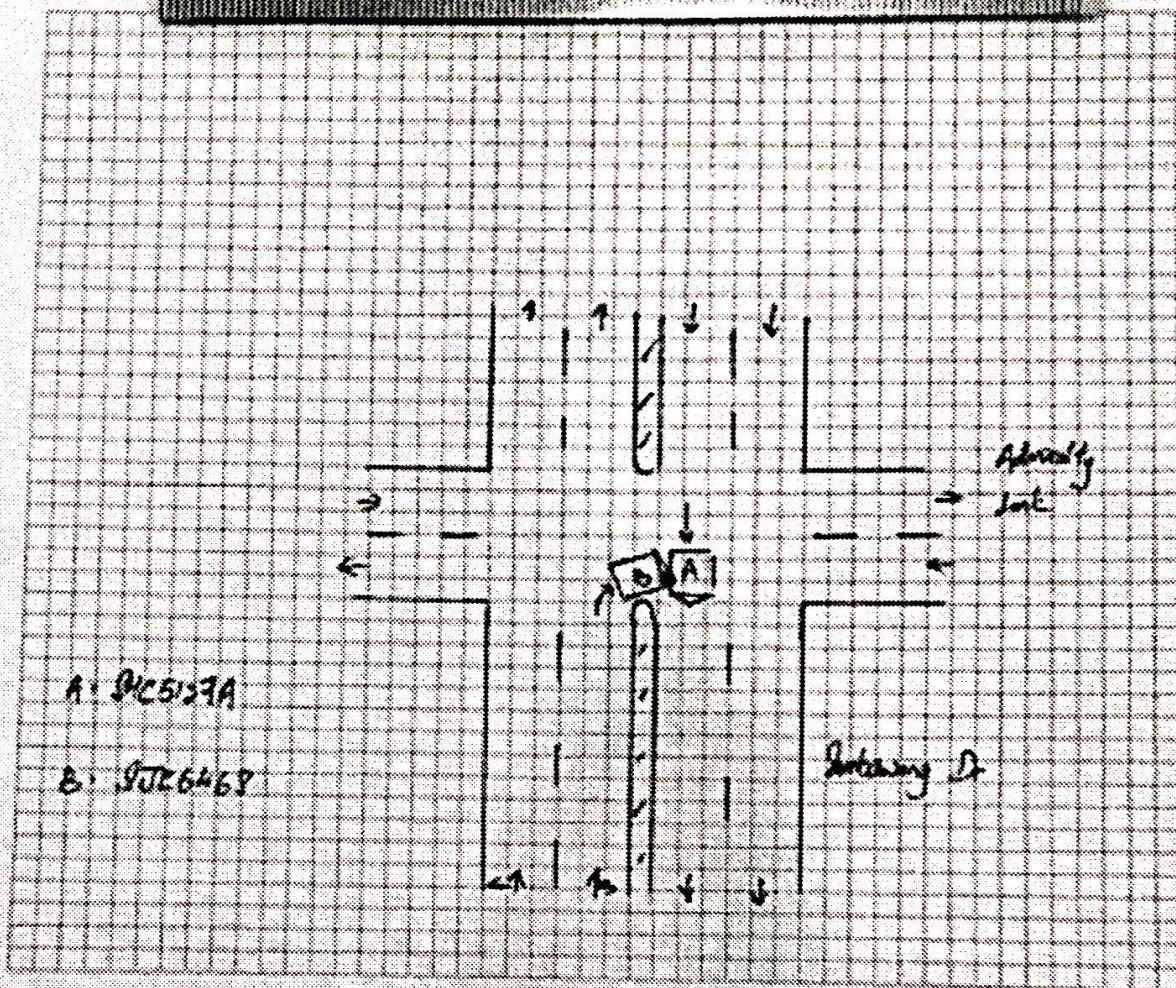
Driver's Signature
(If driver is not the policyholder)
Date & Time:

5/11/2021

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

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

ACCIDENT



Policyholder's Signature
Date & Time:

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

VERIFIED BY ALIAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name
REC/TIN No.: