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 withit misrepresentation or witholding of material facts may allow insurance companies to repudiate

A. 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 Date of Accident Exact Location of Accident Additional Location Information

31/10/2021 12:04 (SGT) 30/10/2021 21:47 (SGT)

Cuscaden Rd, Singapore

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD9910Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

TRANS-CAB SERVICES PTE LTD 2XXXXX878K

Email Address Mobile Phone No Alternative Phone No

claims@transcab.com.sg (Phone) +65-62876666 (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Model Exact purpose for which vehicle was being used at time of

Toyota process and and analy a term and analy in the second secon Prius

excellent road better each right of my vehicle **5DR HATCHBACK (AUTO)**

accident

Private hire

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

No - Claiming third party

Transmission

Auto 1767

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

AXA Insurance Pte Ltd

ThirdParty

Fleet Policy Policy Number

Yes VFX/P2413997

Cover Note Number NA

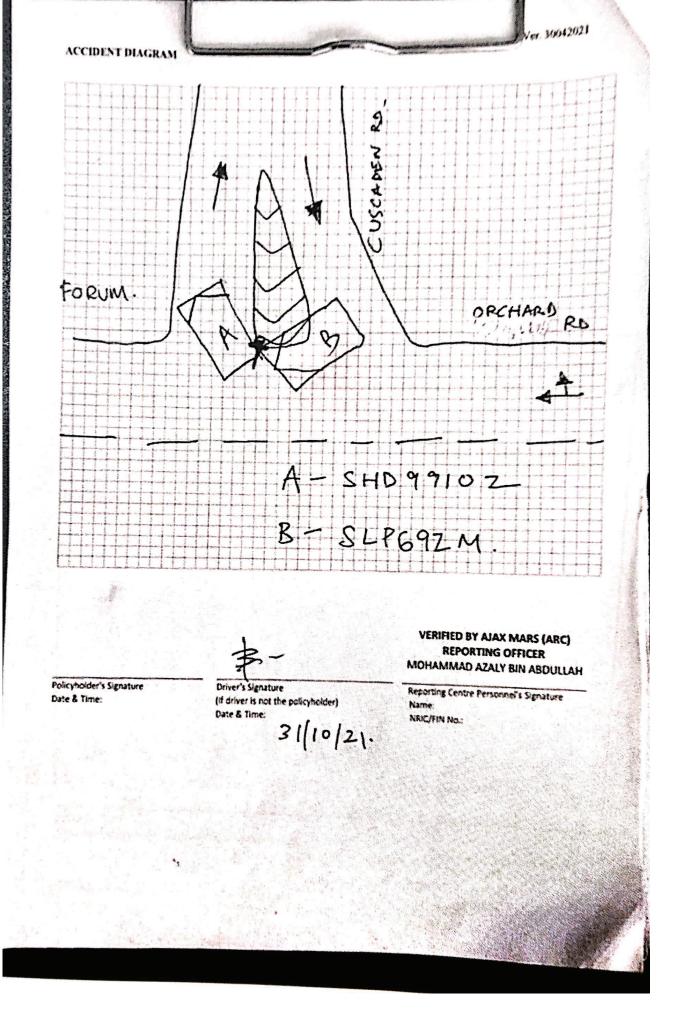
DRIVER

Name of Driver at the transmission of the contract of the con HUANG JUN JIA , BENSON SXXXX625H

Accident report SA0A21AV0001

Page 1 of 27

Occupation Date Of Driving Page	
D-1	07/09/1983
or Dilving Fass	Outdoor
	10/09/2004
	17 YEARS AND 1 MONTH
- Conc (tallibe)	Male
Alt. Phone Number	(Phone) +65-94555448
Email Address	•
Address	ben83ben@hotmail.com
Address complement	86 DAWSON RD
Postcode	12-11
	141086
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	
Time of Academy	ran 1989 - Andri Threataidh a bhleataidh an marainn a mhaill an tha tha an tha air the coile chaill
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	5.,
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?	•
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1.
soliciting/offering accident claims assistance?	N -
solidating officing accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
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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: 31102021

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMMAD AZALY BIN ABDULLAH

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