SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

- Any false reporting may be referred to the Police for investigation.
 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.
 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

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHD5916J ************************

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	+65-62876666

VEHICLE PARTICULARS

Manufacturer

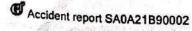
Model	Prius
Variant	29
Exact purpose for which vehicle was being used at time of	3
accident	Private hire
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	THE RESERVE OF THE PARTY OF THE

DRIVER

Name of Driver	W. Carrier Company	KWAN MENG KHEONG
NRIC No		SXXXX994J



Page 1 of 17

Date Of Birth 15/05/1956 Occupation Outdoor Date Of Driving Pass 10/10/1996 Driving experience 25 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-81832529 Alt. Phone Number Email Address Claims@transcab.com.sg Address 441D FERNVALE ROAD Address complement #19-337 Postcode 794441 Is the driver the policyholder? No 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 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? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ANG 97169599 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 LOR 2 TOA PAYOH TOWARDS PIE (CHANGI). WHEN I STOPPED MY VEHICLE AT THE STOP LINE FOR CHECKING THE ONCOMING TRAFFIC , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE. 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 Vehicle Manufacturer Vehicle Model Vehicle Variant C Accident report SA0A21B90002 Page 2 of 17

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