

# 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 ..... 09/11/2021 13:03 (SGT)  
Date of Accident ..... 08/11/2021 15:30 (SGT)  
Exact Location of Accident ..... Near Lor 6 Toa Payoh, Toa Payoh Town Park, Singapore  
Additional Location Information ..... LOR 2 TOA PAYOH SLIP ROAD TOWARDS PIE CHANGI  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD5916J

### 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 ..... +65-62876666

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
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 - 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 ..... -

### DRIVER

Name of Driver ..... KWAN MENG KHEONG  
NRIC No ..... SXXXX994J



Date Of Birth	15/05/1956
Occupation	Outdoor
Date Of Driving Pass	10/10/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ANG 97169599
Gender	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	SMX516Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



PE (CING)



A: SH05916J

B: SH0516Z

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

Policyholder's Signature  
Date & Time:

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

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