

# 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 ..... 04/11/2021 17:44 (SGT)  
Date of Accident ..... 03/11/2021 18:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE/SLE AFTER PUNGGOL WAY EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX6857A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Trans Leasing Pte Ltd  
Company Reg No ..... 2XXXXXX75K  
Email Address ..... claims@transcab.com.sg  
Mobile Phone No ..... (Phone) +65-65552222  
Alternative Phone No ..... (Office) +65-65552222

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... PRIUS 5 DR HATCHBACK (AUTO)  
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 ..... 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 ..... -

### DRIVER

Name of Driver ..... LIM CHOK YONG  
NRIC No ..... SXXXX108C

Date Of Birth ..... 02/04/1963  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 15/05/2012  
 Driving experience ..... 9 YEARS AND 6 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-90828383  
 Alt. Phone Number ..... -  
 Email Address ..... alimcy@hotmail.com  
 Address ..... HDB Stirling Rise, 181 Stirling Road  
 Address complement ..... #02-216  
 Postcode ..... 140181  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Wet

**OTHER INFORMATION**

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 4  
 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) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

**PASSENGER 1**

Name ..... Monica Ng  
 Gender ..... Female

**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**

Travelling on the extreme right lane going straight. Front vehicle suddenly jammed and i managed to stop in time. Few seconds,i heard aloud bang from behind and followed by an impact. Saw a vehicle had already hit onto my vehicle rear portion. Due to the impact,my vehicle moved forward and bumped onto front vehicle rear portion.

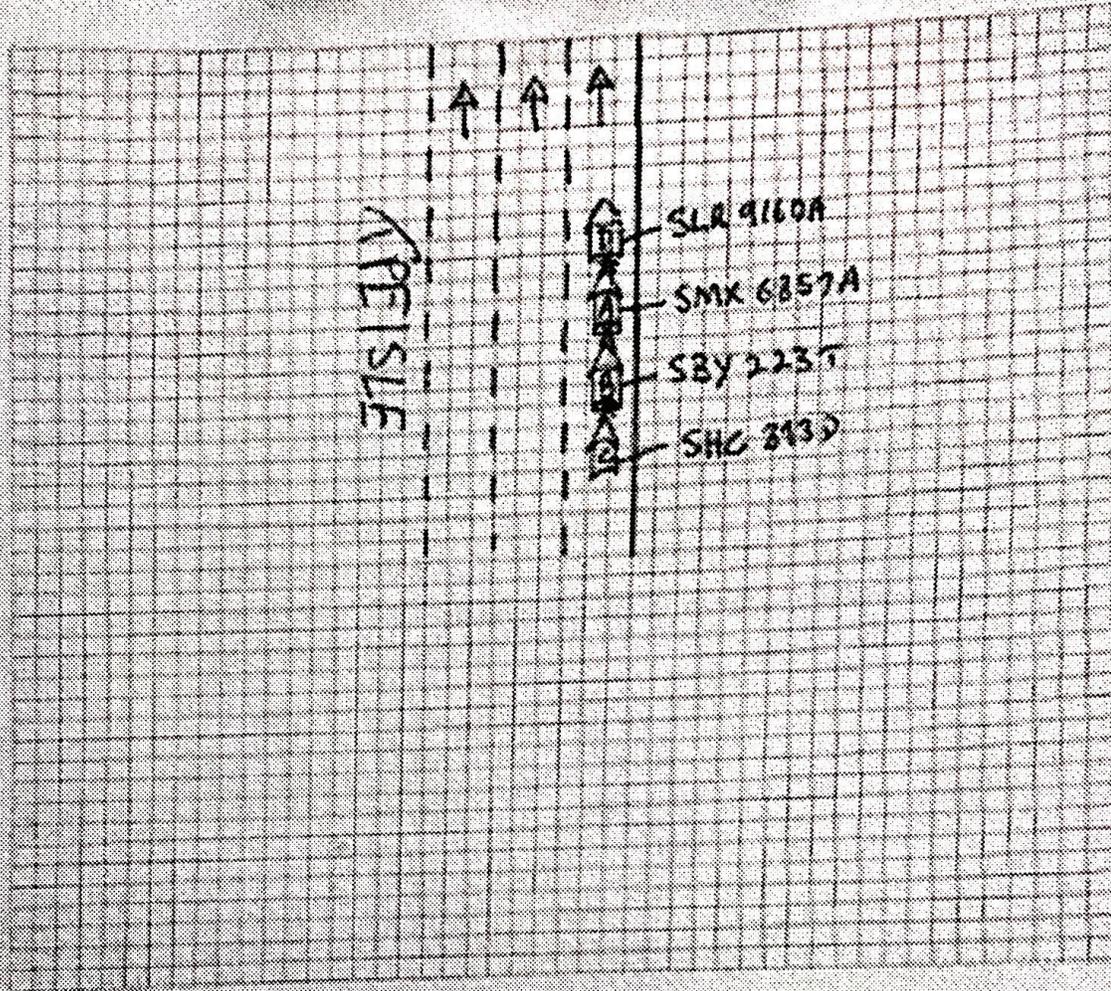
**ATTACHMENT(S)**

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 ..... VIDEO FOOTAGE UPLAUDE INTO TRANS CAB OFFICE BOX  
 Was there any audio recorded? ..... No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SBY223T  
 Vehicle Manufacturer ..... BMW  
 Vehicle Model ..... X3 SDRIVE20I

ACCIDENT DIAGRAM



Police Officer's Signature  
Date & Time:

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

VERIFIED BY AJAN MARS (ARC)  
REPORTING OFFICER  
AJZAM BIN ATAN

Reporting Officer's Signature  
Name:  
NOC/ID No.: