

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 15/12/2021 15:25 (SGT)
Date of Accident 15/12/2021 12:30 (SGT)
Exact Location of Accident Near Rochor, Singapore
Additional Location Information PRINSEP ST TOWARDS ROCHOR CANAL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ7720T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS LEASING PTE LTD
Company Reg No 2XXXXX575K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-65552222
Alternative Phone No (Office) +65-65552222

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 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 TEO WEI KIAT DESMOND
NRIC No SXXXX658A

Date Of Birth	13/07/1986
Occupation	Outdoor
Date Of Driving Pass	05/05/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92349801
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	571 ANG MO KIO AVE 3
Address complement	#08-3273
Postcode	560571
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

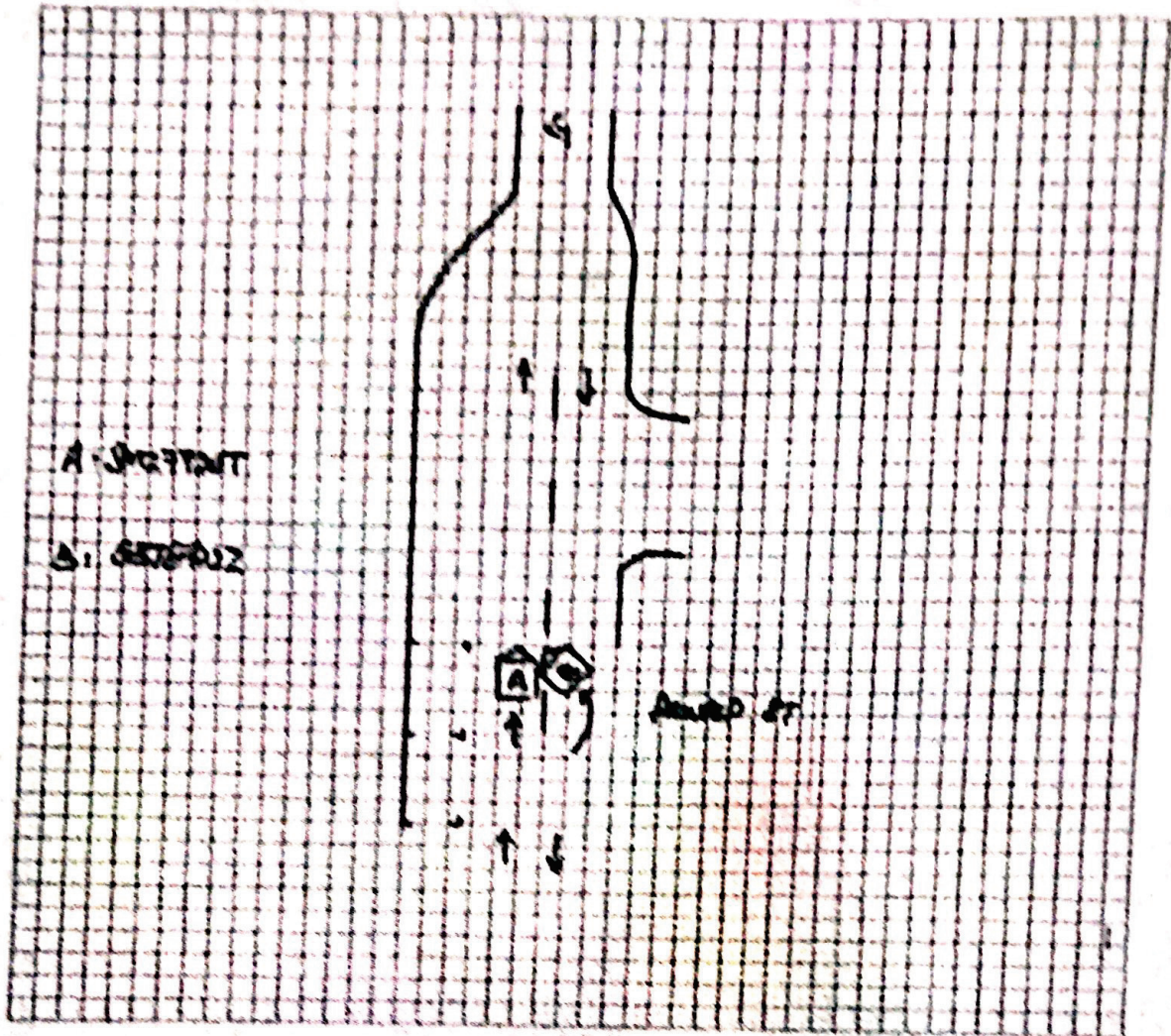
ON 15/12/2021 AT ABOUT 1230HOURS , I WAS TRAVELLING ALONG PRINSEP ST TOWARDS ROCHOR CANAL ROAD . WHEN I DRIVING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B FROM MY RIGHT SIDE MAKING U TURN WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

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	WILL UPLOAD INTO AXA
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6922Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN MING JIE



Policyholder's Signature
Date & Time:

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

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 15/12/2021 AT ABOUT 1230HOURS , I WAS TRAVELLING ALONG PRINSEP ST TOWARDS ROCHOR CANAL ROAD . WHEN I DRIVING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B FROM MY RIGHT SIDE MAKING U TURN WITHOUT CHECKING AND COLLIDED ONTO RIGHT 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:

15/12/2021

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

WONG JUN KEAT

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: