- 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 witholding of material facts may allow insurance companies to repudiate notice liability. 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material racts may also material racts may also material racts may also material racts may be referred to the police for investigation.

 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 Accident	
Date of Accident	27/12/2021 13:12 (SGT)
Exact Location of Applicant	25/12/2021 17:00 (SGT)
Additional Location Information	Near 631 Woodlands Ring Rd, Block 631, Singapore 730631 JUNCTION OF WOODLANDS DR 65 AND WOODLANDS RING
Country/State of Loss	ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SHB9901K

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes TRANS-CAB SERVICES PTE LTD 2XXXXX878K claims@transcab.com.sg (Phone) +65-62876666 (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer

Vehicle Registration Number

Maridiacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK
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	1767

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	4.30
	4.00

Name of Driver KEE AH CHUAN



Page 1 of 18

THE STREET STREET STREET

MDION	
NRIC No Date Of Righ	0)000
	SXXXX646A
Occupation Date Of Driving Pass	04/11/1962
Date Of Driving Pass Driving experience	Outdoor
Driving experience Gender	21/12/1982
Gender Mobile Number	39 YEARS
Mobile Number Alt. Phone Number	Male
Alt. Phone Number	(Phone) +65-83168365
	127 171
	claims@transcab.com.sg
	632 WOODLANDS RING ROAD
	#07-173
	730632
is the driver the policyholder?	No
in the included and the briver with the included	Hirer
Does Driver Own Other Vehicles?	No
verticle Registration Number of Other Vehicle Owned by Driver	INO
The state of the s	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Cross Junction
Weather Conditions	
Road Surface	Raining
TABLE TO SERVICE THE SERVICE T	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N.
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to be	No
Was any injured conveyed to hospital by ambulance?	The first of the second of the
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	
Medical configuration and a second	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
ON 25/12/2021 AT ABOUT 1700HOURS , I WAS TRAVELLING A ROAD . WHEN I TURNING AT THE ROUNDABOUT TOWARDS OUT FROM HIS LANE WITHOUT CHECKING AND COLLIDED O	WOODI ANDS RING ROAD CURDENLY VELLOUES THE THE
ATTACHMENT(S)	
Are accident photos available for attachment?	Mari
Was there any video continued by O. O.	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH TRANSCAB
Was there any audio recorded?	No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	
/ehicle Registration Number	SMZ9532G
ehicle Manufacturer	Toyota
ehicle Model	YARIS CROSS HYBRID ACTIVE (AT) (2WD)
ehicle Variant	THE ONOS THE ME ACTIVE (AT) (2000)
	•
200 CONTRACTOR CONTRAC	T.
ehicle Category	Private car
	to contract the contract to th

Accident report SA0A21CQ0004

Page 2 of 18

