

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 10/03/2022 17:03 (SGT)
Date of Accident 08/03/2022 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD OF CTE, TURNING LEFT INTO YIO CHU KANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHF570U

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 (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant 5DR HATCHBACK (AUTO)
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 - Reporting only
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 NA

DRIVER

Name of Driver LEE CHOON HOCK

NRIC No	SXXXX685I
Date Of Birth	10/10/1965
Occupation	Outdoor
Date Of Driving Pass	08/01/1986
Driving experience	36 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91802953
Alt. Phone Number	-
Email Address	Leechoonhock65@gmail.com
Address	596C ANG MO KIO STREET 52
Address complement	#16-335
Postcode	S563596
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?	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 THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID SLIP ROAD AND MADE A STOP AT THE GIVE WAY LINE TO GIVE WAY TO TRAFFIC FROM MY RIGHT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SLX7761Y
Vehicle Manufacturer	Honda
Vehicle Model	HRV 1.5 DX CVT
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	EVELYN LOCK

NRIC No	SXXXX147E
Contact Number	-
Address	648, JALAN TENAGA
Address complement	#13-143
Postcode	S410648
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

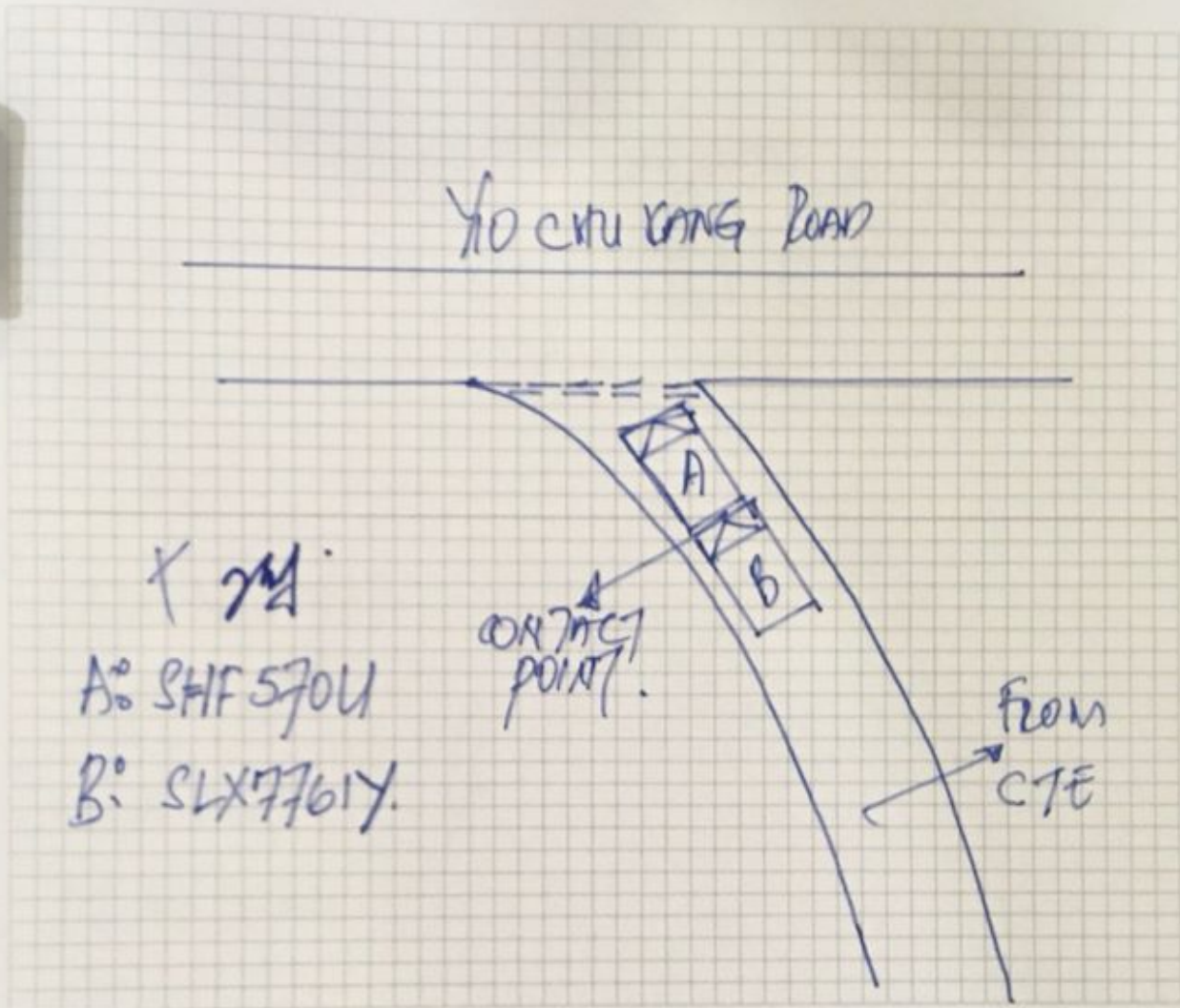
Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER

Policyholder's Signature
Date & Time:

X 24
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *HASHIM*
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

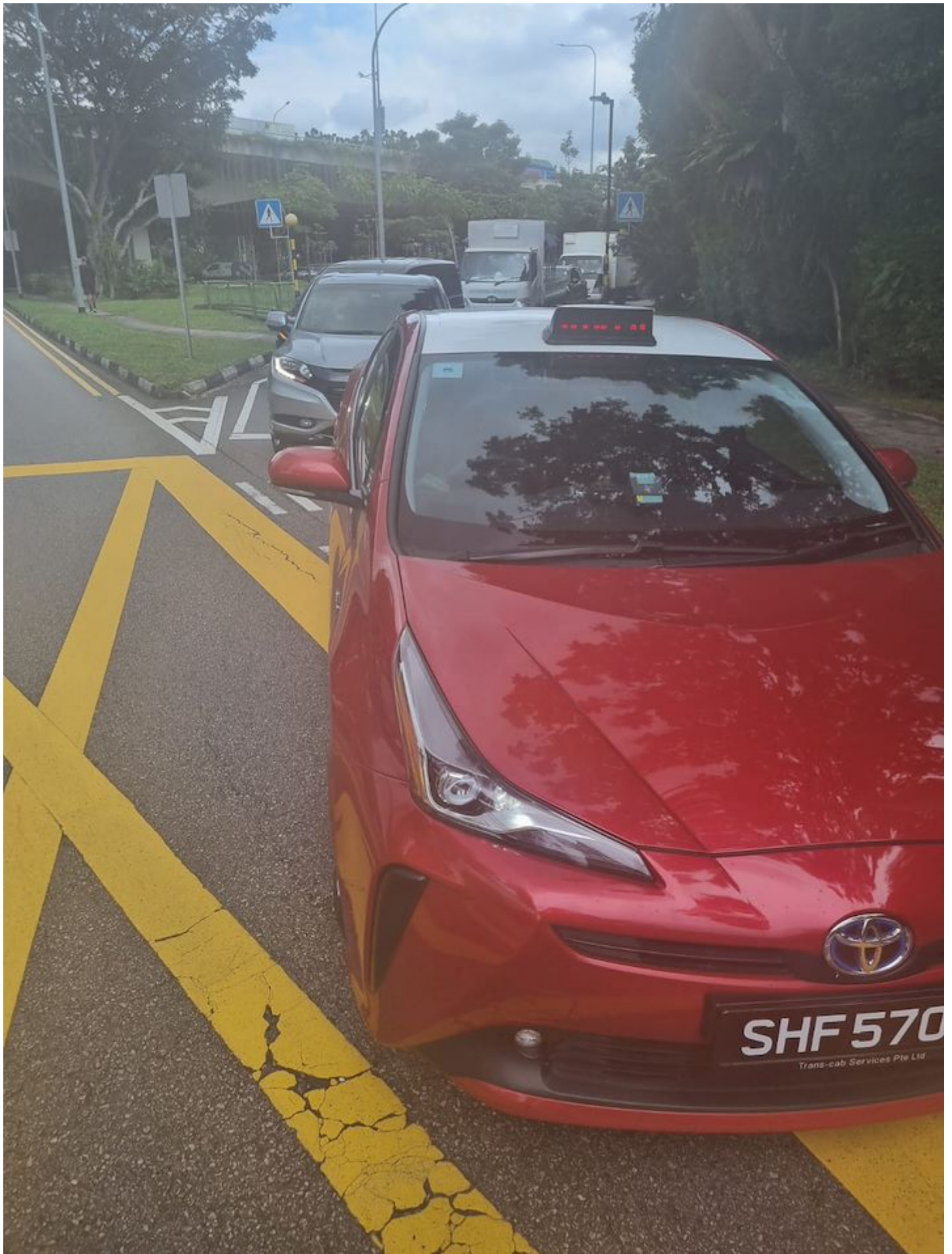

Driver's Signature
(If driver is not the policyholder)
Date & Time:

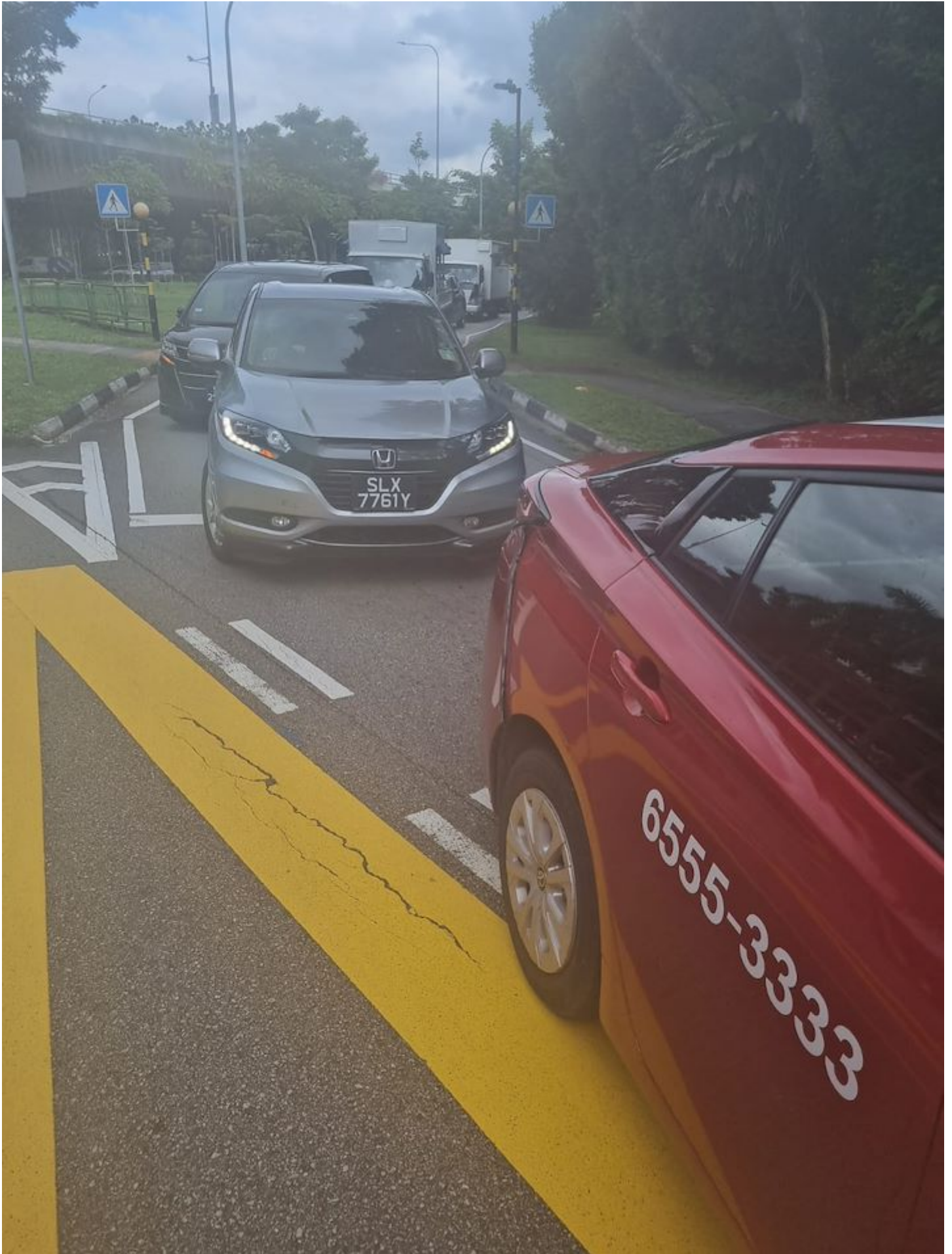
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

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















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA0A223A0004 Vehicle Registration No: SHF570U
 Name (as shown in NRIC): LEE CHOON HOCK NRIC/FIN/Passport No: S1716685I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91802953
 Email Address: Leechoonhock65@gmail.com
 Date of Accident: 08/03/2022 Time of Accident: 14:20
 Place of Accident: SLIP ROAD OF CTE, TURNING LEFT INTO YIO CHU KANG ROAD 08/03/2022
 Insurance Company: AXA INSURANCE SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

 ATTACH PICS BY DRIVER

 Policyholder / Driver's Signature
 Date:

Sabitra

 Reporting Centre Personnel's Signature
 Name: SABITRA
 NRIC/FIN No.:
 Date: 10/03/2022