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 witholding 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.

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 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 29/03/2022 13:59 (SGT) Date of Accident 28/03/2022 18:10 (SGT) Exact Location of Accident Near 9VR5+GF Singapore Additional Location Information JUNCTION OF TPE SLIP ROAD AND YIO CHU KANG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHD9225T

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? 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

DRIVER

Name of Driver HO BIN HUAT NRIC No. SXXXX691D

Date Of Birth 09/12/1971 Occupation Outdoor Date Of Driving Pass 14/07/1997 Driving experience 24 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-93882566 Alt. Phone Number Email Address claims@transcab.com.sg Address 436D FERNVALE ROAD Address complement #09-156 Postcode 794436 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name P1 Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Changkat Neighbourhood Police Post Police Station Phone No (Phone) +65-18007819999 Alt. Police Station Phone No (Fax) +65-67832722 Police Station Address Blk 109 Tampines Street 11 #01-261 Singapore 521109 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Reasons for not uploading a video of the accident WILL UPLOAD INTO FILEZILLA Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ7093D

Vehicle Manufacturer	Toyota
Vehicle Model	PREVIA AERAS 2.4 CVT MR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CONNOLLY ANNA-MARIE FAIRHURST
NRIC No	GXXXX484P
Contact Number	(Phone) +65-98237546
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	HO BIN HUAT Male (Phone) +65-93882566 -
Post Code Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD9225T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the lodgment 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.
- 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.
- 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.

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

29/3/2022

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

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

Date & Time:



SKETCH PLAN REFER TO ATTACHED ACCIDENT DIAGRAM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO POLICE REPORT DECLARATION I/We declare the foregoing particulars are true in every respect. VERIFY BY AJAX MARS (ARC) REPORTING OFFICER WONG JUN KEAT Driver's Signature Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder)

Date & Time: 29/3/2022

NRIC/FIN No.:

2







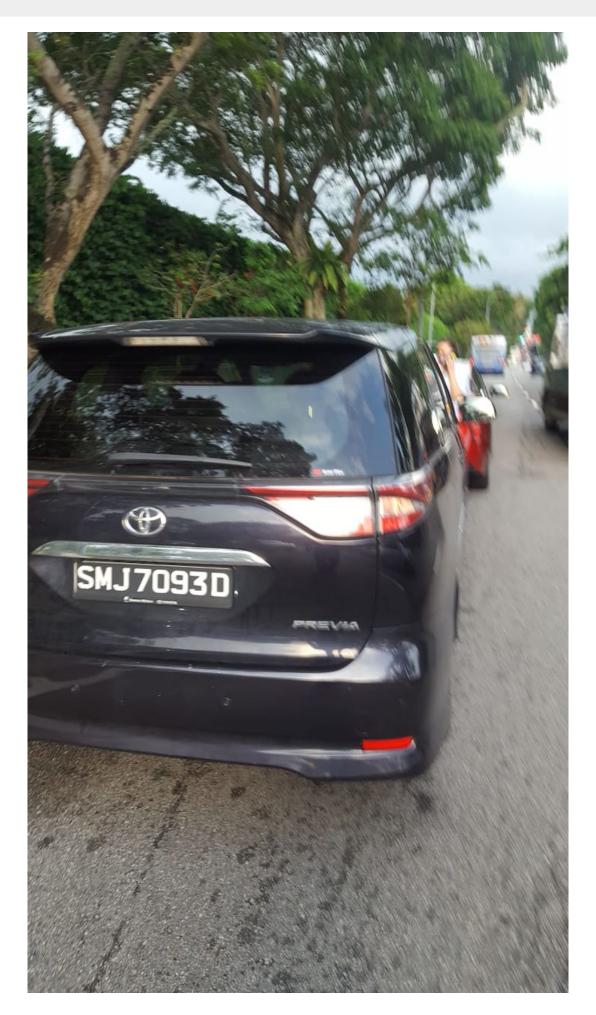


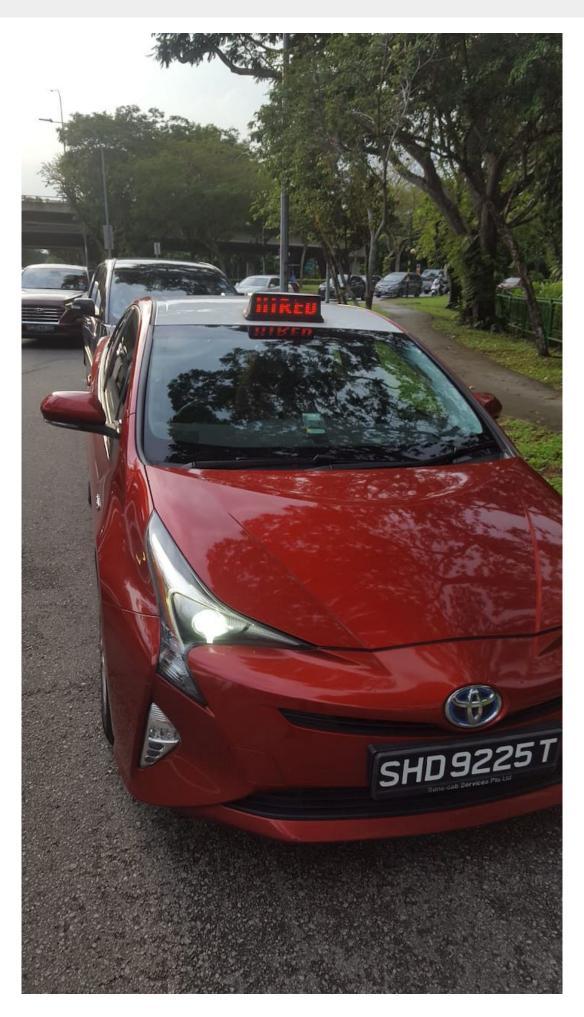


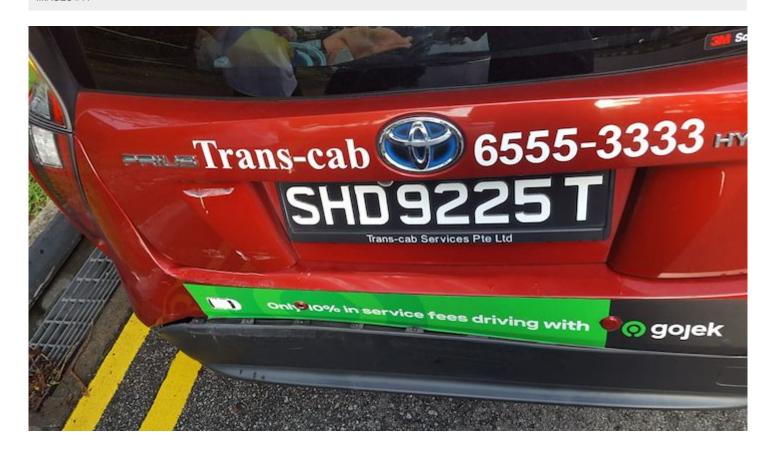


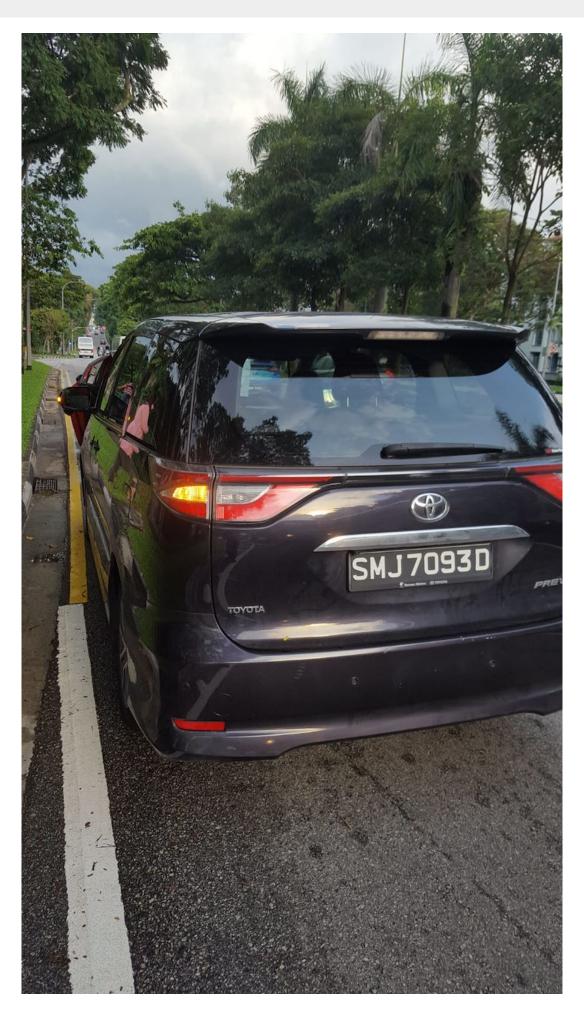
















Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 1 of 3 Report No. T/20220328/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 28/03/2022 21:23

Informant's Particulars Name of Informant: Address: APT BLK 436D FERNVALE ROAD #09-156 SINGAPORE HO BIN HUAT 794436 Contact No.: ID Type / ID No.: Mobile: 93882566 Home/Office: NRIC NO / S7146691D Nationality: Email: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 50 09/12/1971 Driver Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,3 Taxi driver

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/03/2022 18:10	Type of Location: Filter Lane
Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Clear Dry Traffic Flow: Traffic Control:			Traffic Volume:	
Type of Collision: Rear hit on Vehicle			Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved		100000	Total Control	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD9225T	Car				Slightly Damaged	1
SMJ7093D	Car				Slightly Damaged	1

Details of Person Involved	TO THE WIND WAS A PROPERTY OF THE PROPERTY OF THE PARTY O
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20220328/2095

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 2 of 3 Report No. T/20220328/2095

CONTINUATION OF REPORT

Driver		72 17 18 18 18 18 18		F/1 18 F	100	
Name	HO BIN HUAT		ID No.		S7146691D	
Related Vehicle	SHD9225T (Car)		Contact No.		93882566	
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	28/03/2022		Date Disc	harge	28/03	3/2022
No. of Days gran	ted Medical Leave	05	Degree o	fInjury	Sligh	t

Brief Details.

On the above mentioned date, time and location, I was driving on TPE and exiting to Yio Chu Kang road (exit 1A) and as I was exiting the expressway at the filter lane waiting for the on-coming road to clear as i was waiting a car (SMJ7093D) hit me from the rear, we got out and exchanged particular. I made a check on my passenger and was informed that she had a back pain due to the accident. I exchanged particulars with the driver and we drove off.



Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999



3 of 3

Report No. T/20220328/2095

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:
G / SGT 2 MUHAMMAD
HAIRULNIZAM BIN HAMRAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Date/Time: 28/03/2022 21:23

Classification Of Case:

NP168