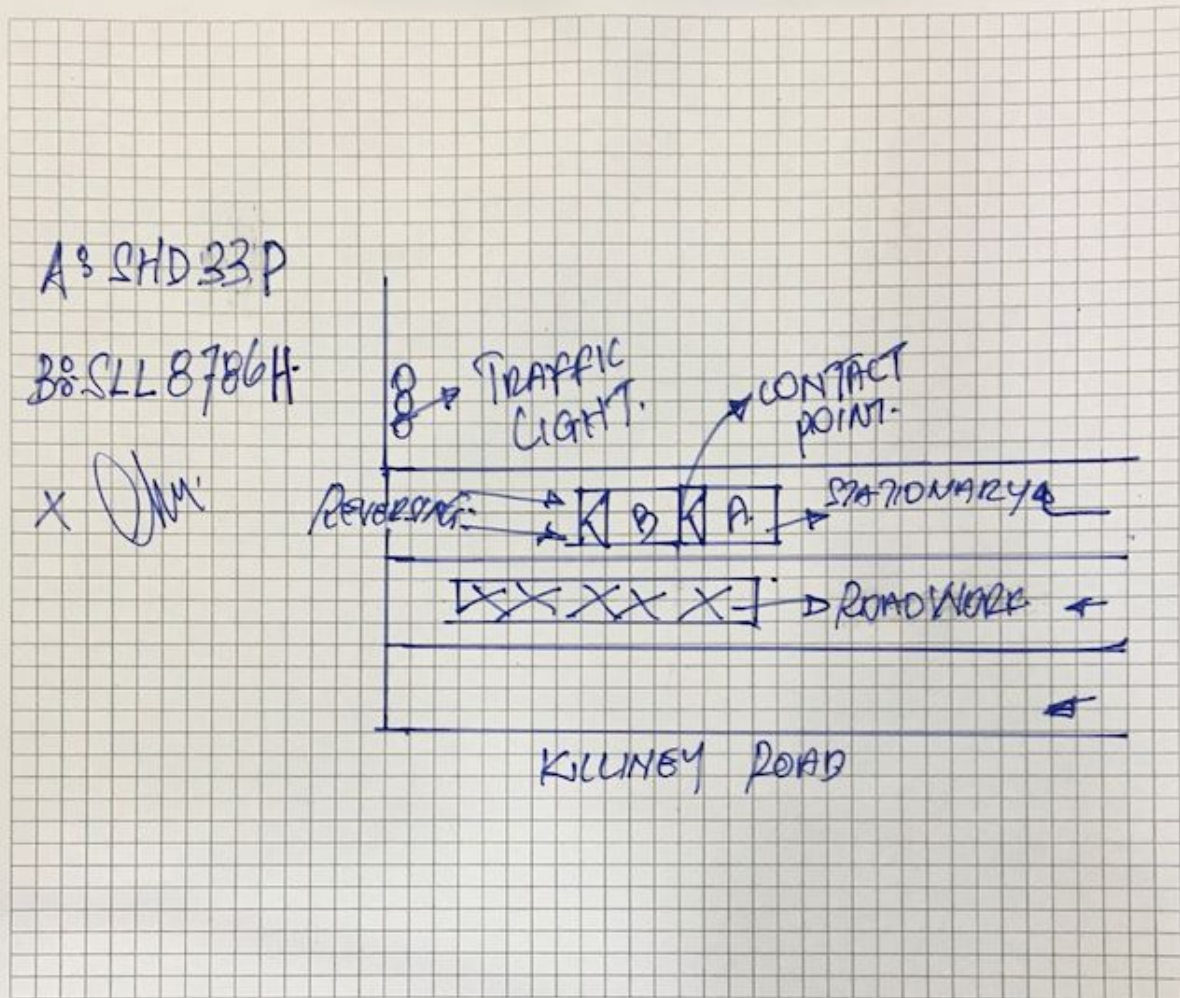


ACCIDENT DIAGRAM



Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE. VEHICLE B WAS IN FRONT OF ME. I THEN STOPPED BEHIND VEHICLE B AT THE TRAFFIC LIGHT AS THE LIGHT WAS RED. SUDDENLY, I SAW VEHICLE B REVERSING AND SEEING THAT I HONK AT THE DRIVER BUT VEHICLE B KEPT ON REVERSING UNTIL ITS REAR SIDE CAME IN CONTACT WITH THE FRONT LEFT SIDE OF MY VEHICLE. THIS INCIDENT WAS CAPTURED IN MY IN-CAR VIDEO THAT I WILL BE SUBMITTING TO TRANSCAB. NO ONE WAS INJURED. STATEMENT WAS READ TO ME NAD I ACKNOWLEDGED IT.

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: SA0A2246000B Vehicle Registration No: SHD33P

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 06/04/2022 Time of Accident: _____

Place of Accident: ALONG KILLINEY ROAD

Insurance Company: AXA Insurance 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:

1.AMEND ACCIDENT TIME

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 07042022