

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 Actual 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 | 16/08/2022 18:34 (SGT) |
| Reported by | Driver |
| Date of Accident | 16/08/2022 11:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | AFTER SLIP ROAD OF JALAN SEAVIEW AND TANJONG KATONG ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB9573Z |
|-----------------------------|----------|

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 | - |

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 | Taxi |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Policy Number / Cover Note Number | VFX/P2413997 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LIM KOK HONG |
| NRIC No | SXXXX129J |
| Date Of Birth | 02/06/1970 |

Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

Outdoor
 12/03/1998
 24 YEARS AND 5 MONTHS
 Male
 (Phone) +65-91284594
 -
 delon34.dl@gmail.com
 376A HOUGANG STREET 32
 #08-12
 531376
 No
 Hirer
 No
 -
 -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
 Weather Conditions Clear
 Road Surface Wet

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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

PASSENGER 1

Name Passenger 1
 Gender Male

PASSENGER 2

Name Passenger 2
 Gender Female

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

After exit slip road of Jalan seaview there was roadworks on Tanjong Katong road therefore I inched out so I am able to see the traffic on the major road then suddenly third party vehicle which was behind me collided onto my vehicle rear left area.
 Might be seeing a doctor as driver feels pain at the lower back.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-----------------------|
| Vehicle Registration Number | SLF5291U |
| Vehicle Manufacturer | LandRover |
| Vehicle Model | Discovery |
| Vehicle Variant | - |
| Vehicle Colour | Red |
| Vehicle Category | Private car |
| Name of Driver | MALANCHIA CHAKRAVARTY |
| NRIC No | SXXXX050A |
| Contact Number | - |
| 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 | LIM KOK HONG |
| Gender | Male |
| Phone No | (Phone) +65-91284594 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | driver feels pain at the lower back |
| Injured person in which vehicle? | SHB9573Z |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

Describe Circumstances of the Accident

After exit slip road of Jalan seaview there was roadworks on Tanjong Katong road therefore I inched out so I am able to see the traffic on the major road then suddenly third party vehicle which was behind me collided onto my vehicle rear left area.

Might be seeing a doctor as driver feels pain at the lower back.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

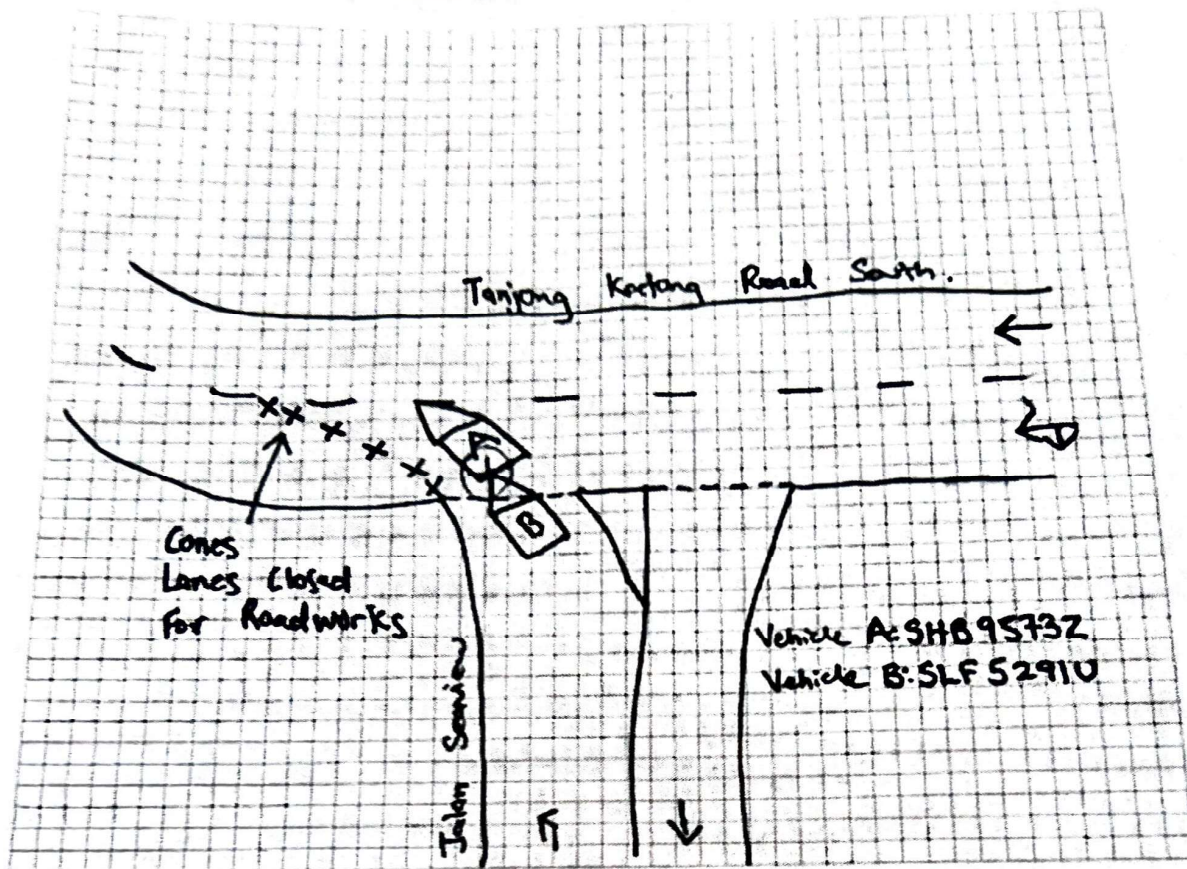
Driver's Signature (if driver is not the policyholder) / Date
& Time 16 Aug 2022

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022



[Signature]

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood
Witnessed by Reporting Centre
Personnel