

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 13/09/2022 15:22 (SGT)
Reported by Driver
Date of Accident 13/09/2022 09:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information Asia Square Tower 1, 8 Marina View 018960 Drop off point
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD332B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
Company Reg No 2XXXXXX78K
Email Address claims@transcab.com.sg
Mobile Phone No (Phone) +65-62876666
Alternative Phone No (Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer Renault
Model LATITUDE 2.0L DCI AUTO D/AB 4DR
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 1998

INSURANCE COMPANY

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

DRIVER

Name of Driver NG CHOON BENG
NRIC No SXXXX692G
Date Of Birth 04/01/1961
Occupation Outdoor

Date Of Driving Pass	04/11/1998
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91255907
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Queen's View, 23A Queen's Close
Address complement	#05-187
Postcode	140023
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 - Opening Door of Vehicle
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	P1
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

I WAS DROPPING OFF MY PASSENGER AT ASIA SQUARE TOWER DROP OFF POINT AT THE LEFT SIDE WHILE PASSING BY THIRD PARTY VEHICLE SUDDENLY THIRD PARTY'S PASSENGER OPEN THE DOOR ON THEIR LEFT AND COLLIDED ONTO MY RIGHT FRONT PORTION, RIGHT SIDE MIRROR AND RIGHT FRONT DOOR. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRANSCAB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW6583G
Vehicle Manufacturer	Hyundai
Vehicle Model	AE IONIQ HEV 1.6 DCT SR
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire
Name of Driver	TAN KOK HUI
NRIC No	SXXXX091J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	P1
Gender	Female

SKETCH PLAN

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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.

 Policyholder's Signature / Date & Time



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

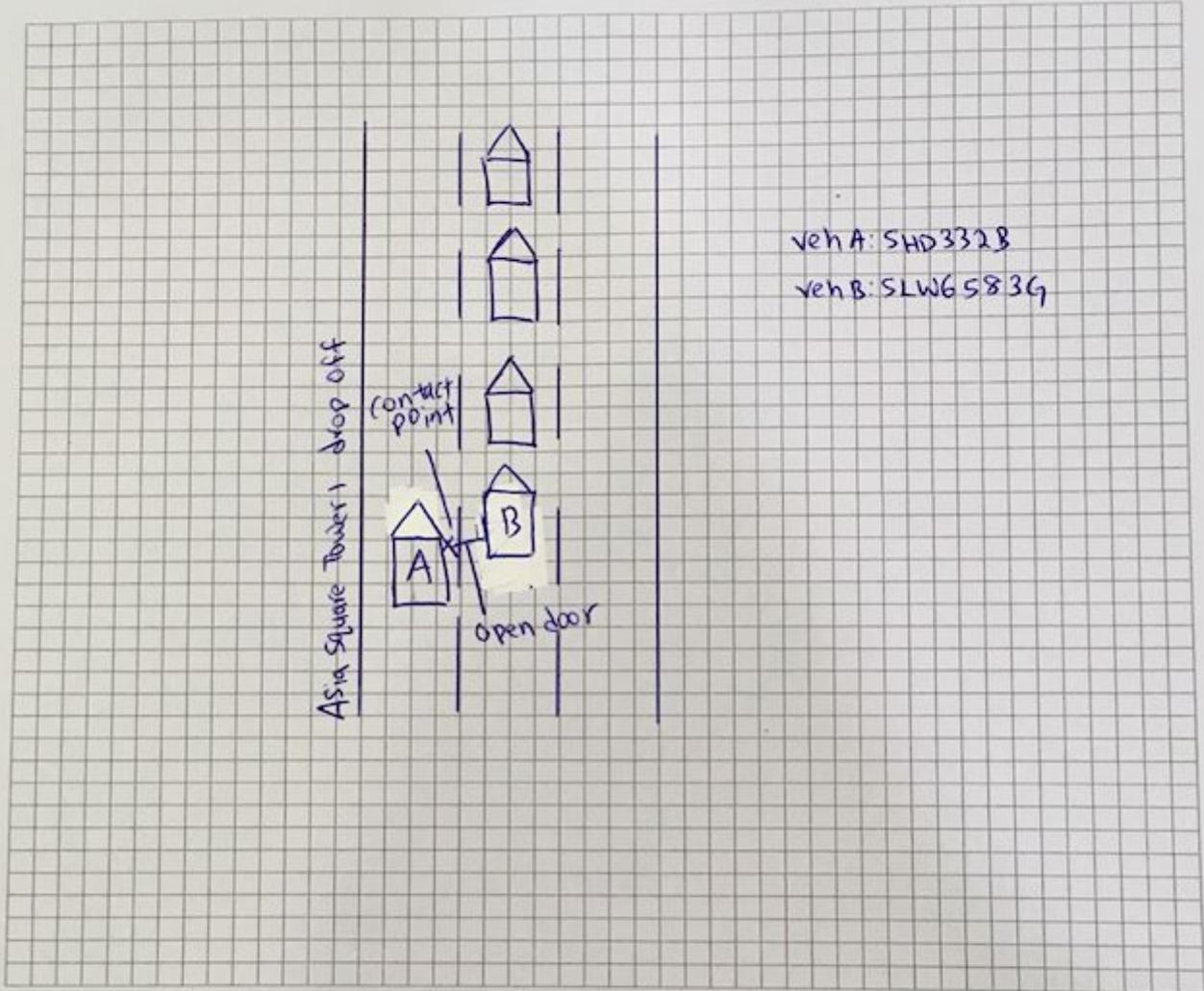
 Witnessed By Reporting Officer
 Ang Qi Hao, Victor

 Witnessed by Reporting Centre
 Personnel

Sketch Plan

<p>REFER TO ATTACHED ACCIDENT DIAGRAM</p>
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ACCIDENT DIAGRAM



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre
Personnel

Describe Circumstances of the Accident

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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

Witnessed By Reporting Officer
Ang Qi Hao, Victor

Witnessed by Reporting Centre Personnel



















