

## 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	30/09/2022 20:19 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 15:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Blk 153 Ang Mo Kio Avenue 5 560153 Open Space Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD9968H

#### 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 5DR HATCHBACK (AUTO)
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	TAN KWANG JOONG
NRIC No	SXXXX420B
Date Of Birth	31/07/1954
Occupation	Outdoor

Date Of Driving Pass	06/11/1978
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89525438
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Yio Chu Kang Grove, 153 Ang Mo Kio Avenue 5
Address complement	#09-3090
Postcode	560153
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 AT THE MENTIONED LOCATION OPEN SPACE CARPARK GOING STRAIGHT WHEN SUDDENLY THIRD PARTY REVERSED AND COLLIDED ONTO MY VEHICLE LEFT SIDE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

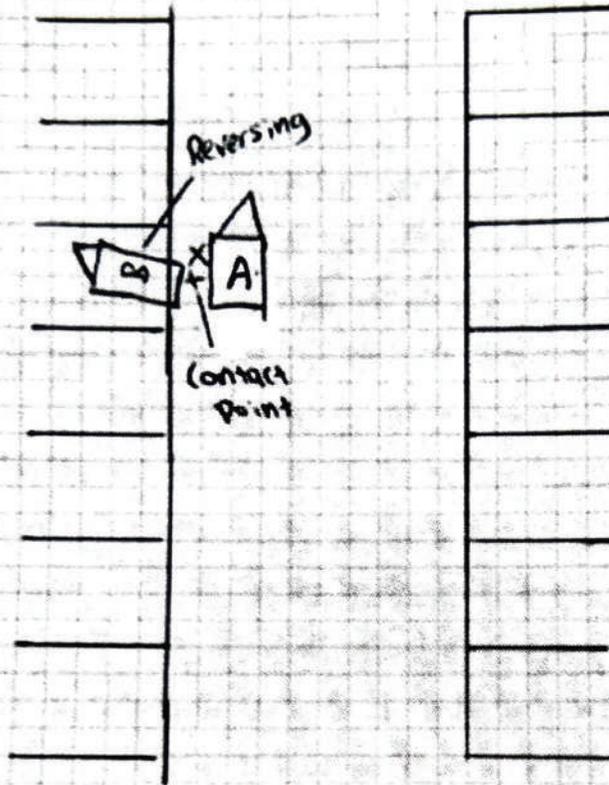
ATTACHMENT(S)

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	GX4979R
Vehicle Manufacturer	Toyota
Vehicle Model	DYNA 150 D
Vehicle Variant	-
Vehicle Colour	White

ACCIDENT DIAGRAM



Veh A: SHD9968H

Veh B: GX4979R

Blk 153 Ang Mo Kio Aves  
Open Space Carpark

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 Officer  
Personnel