

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	06/11/2022 08:02 (SGT)
Reported by	Driver
Date of Accident	05/11/2022 03:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ORCHARD ROAD NEAR HANDY ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5442P
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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	5DR HATCHBACK (AUTO)
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	TONG SHIANG BOON
NRIC No	SXXXX503B
Date Of Birth	10/09/1971
Occupation	Indoor

Date Of Driving Pass	06/02/1995
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97533373
Alt. Phone Number	-
Email Address	freddytsb@gmail.com
Address	2 KITCHENER ROAD
Address complement	#06-75
Postcode	200002
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 - 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	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)	5
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
Gender	Male

PASSENGER 2

Name	Passenger 2
Gender	Female

PASSENGER 3

Name	Passenger 3
Gender	Female

PASSENGER 4

Name	Passenger 4
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 stationary along orchard road near handy road junction waiting for traffic to turn green suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

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 SMD4193A
Vehicle Manufacturer Hyundai
Vehicle Model Elantra
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver KOH SEE KIAT
NRIC No SXXXX927I
Contact Number (Phone) +65-97248898
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

Describe Circumstances of the Accident

I was stationary along orchard road near handy road junction waiting for traffic to turn green suddenly third party vehicle collided onto my vehicle rear. No injuries involved.

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 5 Nov 2022

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

ACCIDENT DIAGRAM Ver. Jun2022

Vehicle A: SHC5442P
Vehicle B: SMD4193A

Orchard Road.

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

AJAX MARS PTE LTD

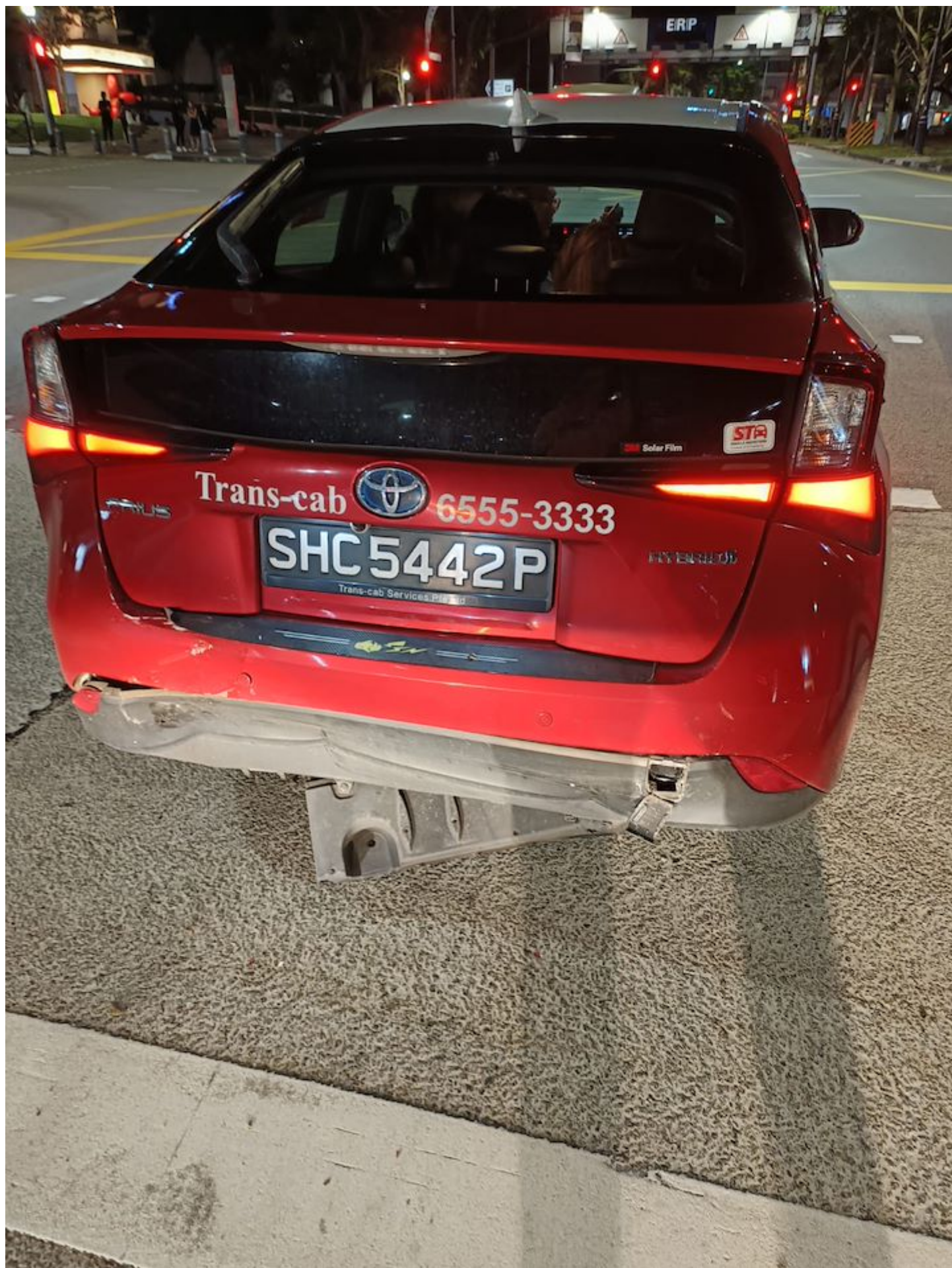














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1D22B50001 Vehicle Registration No: SHC5442P
Name (as shown in NRIC) : TONG SHIANG BOON NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 2 KITCHENER ROAD #06-75 200002 Singapore()
Contact (Tel) : _____ Mobile No. : 97533373
Email Address : freddytsb@gmail.com
Date of Accident : 05/11/2022 Time of Accident : 03:30 (SGT)
Place of Accident : ALONG ORCHARD ROAD NEAR HANDY ROAD JUNCTION
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:

ATTACHED PICS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: THRUGA
NRIC/FIN No.: _____
Date: 08/11/2022

I, KOH SEE KAT, NRIC S9240927I, DRIVER OF SMD4193A
HAD HIT THE TAXI DRIVER, TAXI NO. SHC5442P, AT REAR OF
OF TAXI. I WILL SOLELY BEAR ALL RESPONSIBLE AND DAMAGES COST,
BY ME.

ACCIDENT TIME: 3.30AM

DATE: 05/11/2022

ACCIDENT PLACE ORCHARD ROAD TOWARD BRAS BASAH ROAD.
JULY FROM 1 OF CATHAY JUNCTION.

WITNESS NAME

S S9240927I W.G