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 witholding 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.

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 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 03/01/2023 13:42 (SGT) Reported by Driver Date of Accident 02/01/2023 13:00 (SGT) Exact Location of Accident Woodlands Drive 42, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Renault

1998

Vehicle Registration Number SHD896R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE LTD Company Reg No 200303878K Email Address claims@transcab.com.sg Mobile Phone No (Phone) +65-62876666 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Latitude 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 No - Reporting only your vehicle? Vehicle Category Taxi Transmission Auto

INSURANCE COMPANY

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

DRIVER

CC

Name of Driver TAN TECK SENG NRIC No S1467483G Date Of Birth 02/03/1961 Occupation Outdoor

Date Of Driving Pass 05/12/1978 Driving experience 44 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97710579 Alt. Phone Number Email Address claims@transcab.com.sg Address 445 HOUGANG AVE 8 Address complement #13-1611 Postcode 530445 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name Traffic Police

Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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 SD CARD WITH TP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJV6825M Vehicle Manufacturer Toyota Vehicle Model Camry

Vehicle Variant Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RENE JAY REYNOLD
NRIC No	S8025421J
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	CYCLIST
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD896R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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. The 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.
- 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

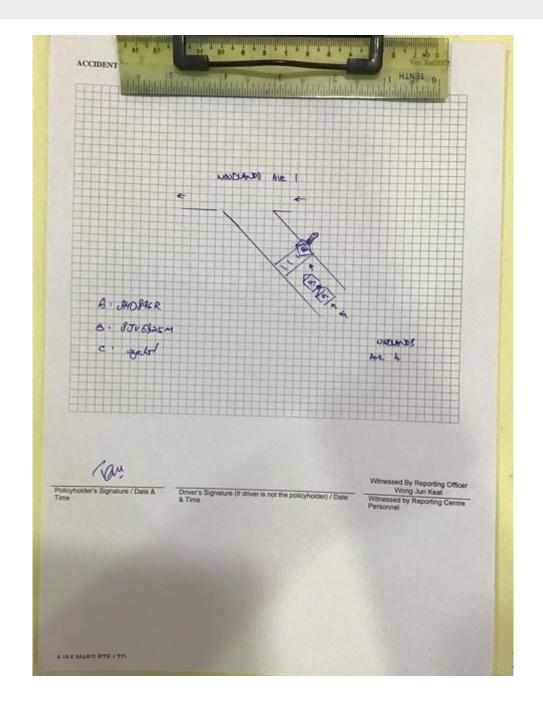
	1000	Wong Jun Keat		
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time 3/1/2023 Sketch Plan				
REFER TO ATTACHE	ED ACCIDENT DIAGRAM			

Witnessed By Reporting Officer

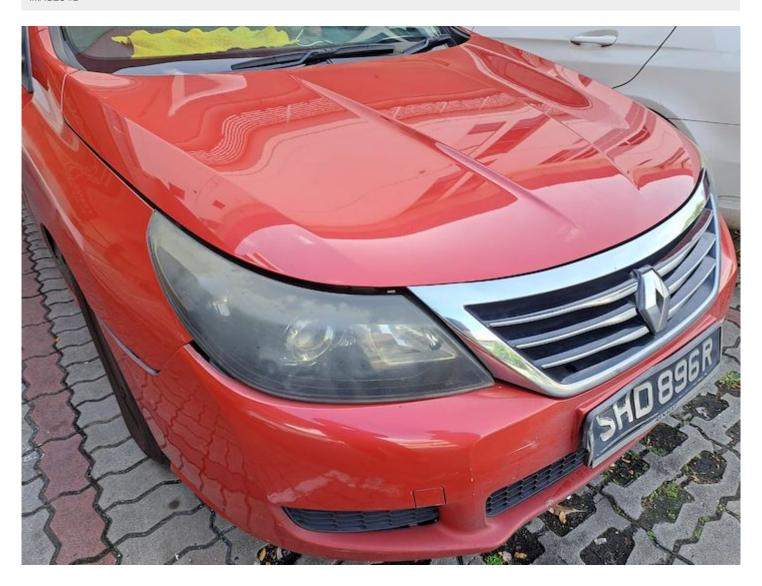
Describe Circumstances of the Accident

REFER TO POLICE REPORT

		
Declaration		
We declare the foregoing particula	rs are true in every respect.	
		Witnessed By Reporting Officer
	Tan	Wong Jun Keat
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time 3/1/2023	Witnessed by Reporting Centre Personnel

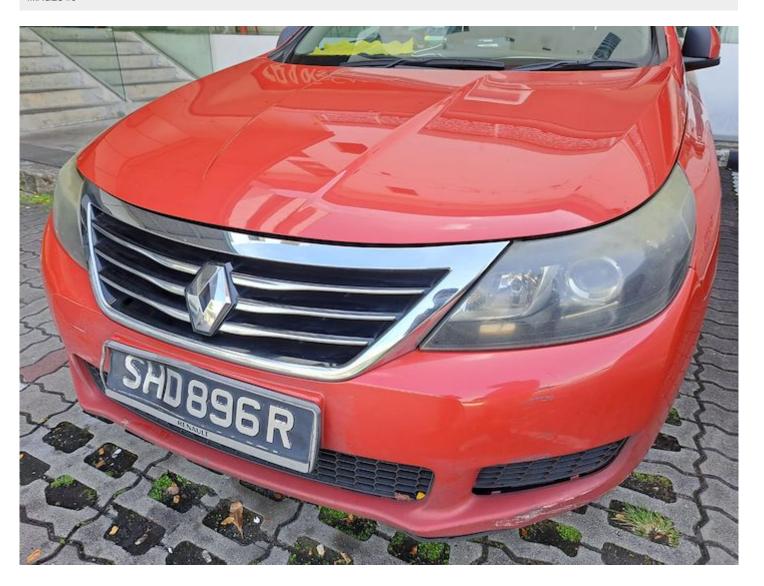




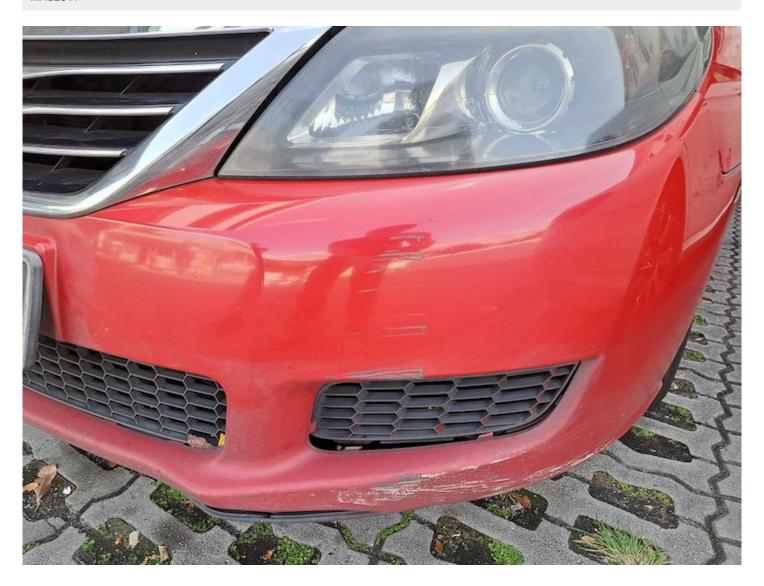


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230102/7013

REPORT OF A TRAFFIC ACCIDENT

	2/01/2023 15:12		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of Informant: TAN TECK SENG			Address: 445 HOUGANG AVENUE 8 #13-1611 SINGAPORE 5304		
ID Type / ID No.: NRIC NO / S1467483G		33G	Contact No.: Home/Office: Mobile: 97710579		
National SINGAP	ity: ORE CITIZ	EN	Email: ttsdcs@gmail.com		
Sex: Male	Age: 61	Date of Birth: 02/03/1961	Type of Informant: Driver		
Race: Chinese		10.50	Language: English	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Drink Date/Time of			Type of Location X-Junction 3:00	
Location: WOODLAND	S DRIVE 42				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Т	Traffic Control:		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head To Rea	ır		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD896R	Car					0
SJV6825M	Car					0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



T/20230102/7013

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230102/7013

CONTINUATION OF REPORT

Driver					
Name	TAN TECK SENG	TAN TECK SENG		ID No.	S1467483G
Related Vehicle	SHD896R (Car)		Contact No	. 97710579	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL C		Date	NIL	
No. of Days gran	of Days granted Medical Leave NIL			f NIL	

Brief Details.

ON THE DATE AND TIME ABOVE, I WAS DRIVING AND WAS MAKING A LEFT TURN.

THE TRAFFIC LOC WAS A SLIP ROAD, ZEBRA CROSSING. THE INFRONT VEH (SJV6825M) AND I STOP.

AFTER THE CYCLIST CROSSES, SJV6825M DID NOT MOVE OFF, WHILE BEING HONK AT, I MOVED OFF AND ACCIDENTALLY COLLIDED TO SJV6825M.

THE ACCIDENT CAUSED DRIVER TO HIT THE CYCLISTS AND CYCLISTS INJURED

POLICE ATTEND, SD CARD HANDOVER.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230102/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2023 15:12		
Tot approach			
Officer In Charge Of Case: TP / TPIB /	Classification Of Case:		
Ahmad Syafiq Bin Harris			
Contact No.: 65476201			
NP168			