

## 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 willful 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	15/05/2023 21:00 (SGT)
Reported by	Actual Driver
Date of Accident	15/05/2023 14:45 (SGT)
Exact Location of Accident	Near 88 Jln Eunus, Singapore 419524
Additional Location Information	JUNCTION OF JLN EUNOS AND JLN AWANG
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9890Y
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 5 DR 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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

### DRIVER

Name of Driver	LIM HOCK LYE
NRIC No	SXXXX583I
Date Of Birth	10/10/1954
Occupation	Outdoor

Date Of Driving Pass	05/12/1978
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98181900
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	18 EUNOS CRES
Address complement	#09-2893
Postcode	400018
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)	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

ON 15/5/2023 AT ABOUT 1445HOURS , I WAS TRAVELLING ALONG JLN EUNOS TOWARDS STILL ROAD . WHEN I APPLIED MY BRAKE AS THE TRAFFIC LIGHT TURNED TO RED , SUDDENLY I FELT AN IMPACT AND NOTICED THAT VEHICLE B HAD COLLIDED ONTO REAR OF MY VEHICLE .

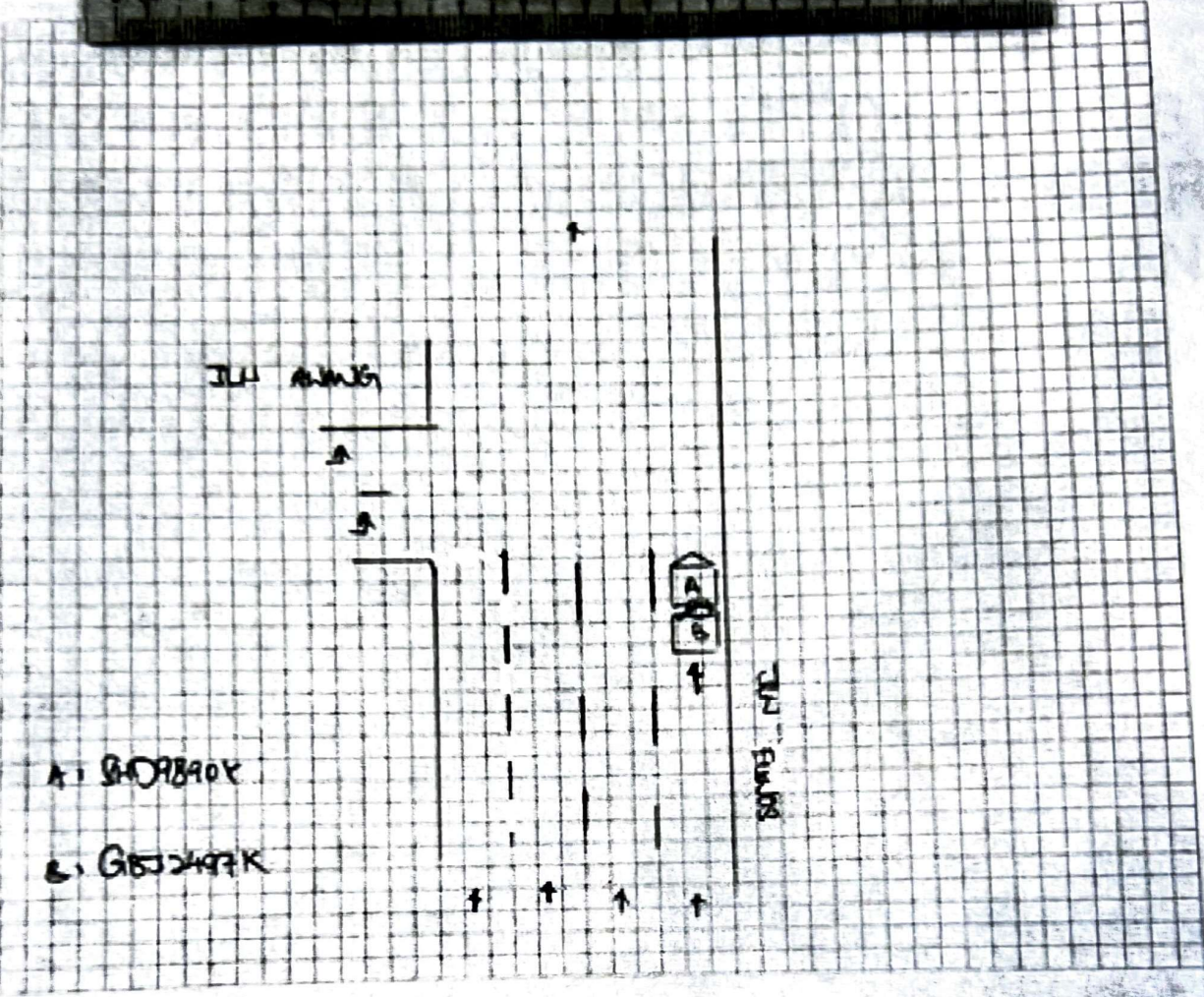
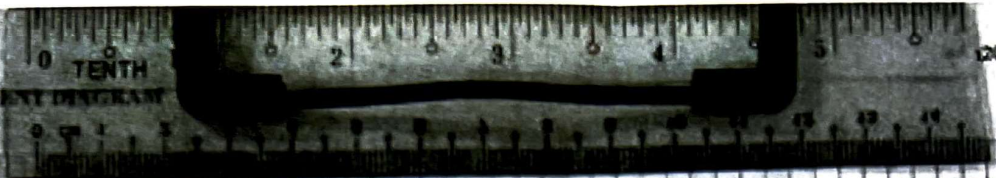
#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2497K
Vehicle Manufacturer	Toyota
Vehicle Model	HIACE VAN TURBO 5DR MT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle





A. 849890X  
B. 852497K

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Wong Jun Keat

Witnessed by Reporting Centre  
Personnel