

# 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	31/05/2023 12:31 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ADMIRALTY ROAD BEFORE JUNCTION OF MARSILING LANE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC5335R

### 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	LEE CHEE KEONG (LI ZHIQIANG)
NRIC No	SXXXXX394H
Date Of Birth	27/10/1973

Occupation	Outdoor
Date Of Driving Pass	09/11/2004
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93361011
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Choa Chu Kang, 686A Choa Chu Kang Crescent
Address complement	-
Postcode	681686
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

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, IM AT THE MOST RIGHT LANE WAITING FOR THE TRAFFIC LIGHT TO TURN TO MARSILING LANE. SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

#### ATTACHMENT(S)

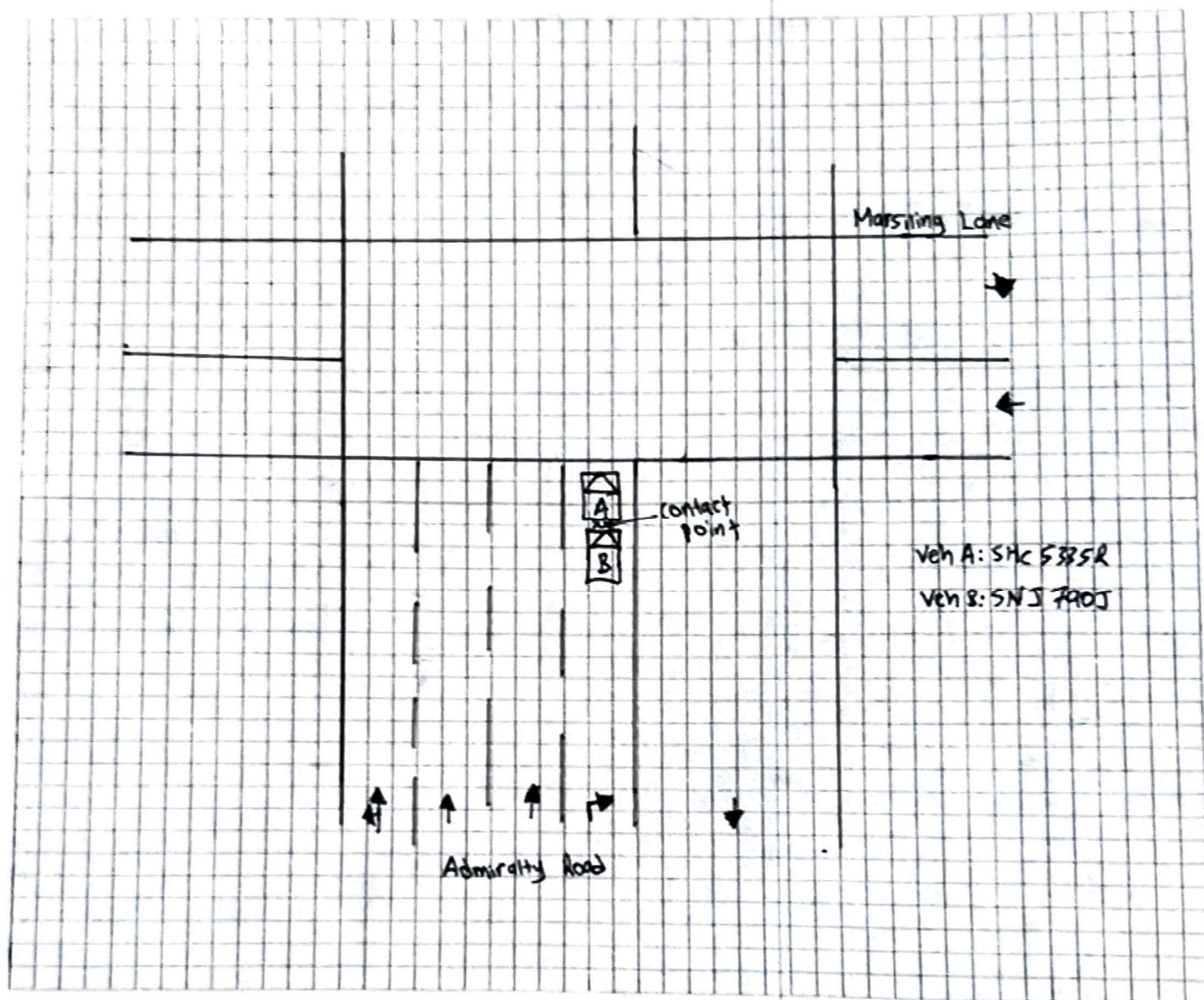
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SNJ790J
Vehicle Manufacturer	Toyota
Vehicle Model	VOXY HYBRID 1.8V CVT
Vehicle Variant	-
Vehicle Colour	White



## ACCIDENT DIAGRAM



Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
ANG QI HAO, VICTOR

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG THE MENTIONED LOCATION, IM AT THE MOST RIGHT LANE WAITING FOR THE TRAFFIC LIGHT TO TURN TO MARSILING LANE. SUDDENLY THIRD PARTY COLLIDED ONTO THE REAR OF MY VEHICLE. ONLY TWO VEHICLES WERE INVOLVED WITHOUT ANY INJURIES.

**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