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

- 9. Information provided mast by as distinct and second as positive 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 the insurance application by interested parties. 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 First Submission 14/08/2024 11:18 (SGT) Reported by **Actual Driver** Date of Accident 13/08/2024 19:15 (SGT) Exact Location of Accident 945 Hougang St. 92, Singapore 530945 Additional Location Information **BIN CENTRE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

MG

Vehicle Registration Number SHB1915Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Strides Premier Taxi Pte Ltd Company Reg No 1XXXXX369K Email Address sparc@stridespremier.com.sg Mobile Phone No (Phone) +65-65446676 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model MG5 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24102275MFSH

DRIVER

Name of Driver VASU S/O MUNUSAMY NRIC No SXXXX084H Date Of Birth 18/12/1967 Occupation Outdoor Driving Pass Date 15/08/2000 Driving License Pass Class Driving License Validity Valid Driving experience 24 YEARS Gender Male Mobile Number (Phone) +65-65446676 Alt. Phone Number Email Address sparc@stridespremier.com.sg Address 11 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 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 STATIONARY ALONG BLK 945 HOUGANG STREET 92 AS I WAS ALIGHTING A PASSENGER. SUDDENLY I FELT AN IMPACT AT THE LEFT REAR PORTION OF MY TAXI. A VEHICLE SMT8519J FAILED TO HAVE A PROPER LOOK OUT AND HIT THE LEFT REAR PORTION OF MY TAXI. ATTACHMENT(S) Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

EXCEEDS SIZE LIMIT

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Vehicle Registration Number	SMT8519J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KHOO BOON SENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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,
- 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' lawyers/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 med 1800ccs (law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

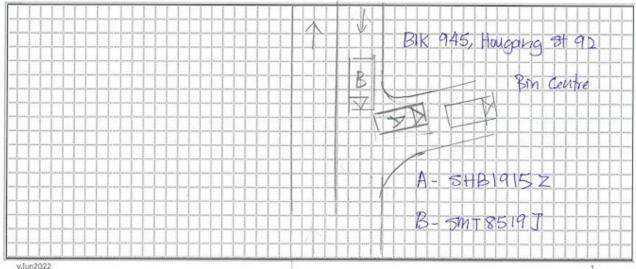
Policyholder's Signature / Date & Time

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

14/08

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



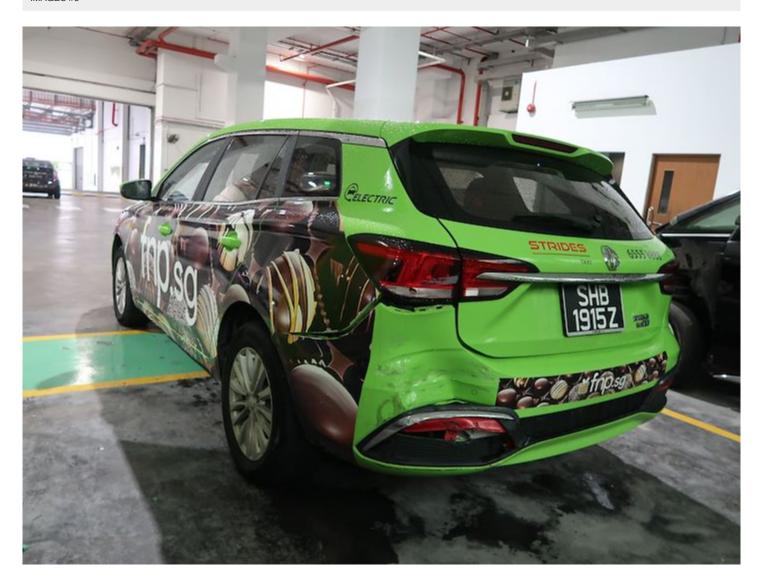
scribe Circumstance of the	Accident	
	161 163	
Declaration We declare the three pages pa	rticulars are true in every respect,	
CH JAMES TO THE STATE OF THE ST	1 108/24	len 14.8. 20
Policyholder's Signature / Dat	te & Time Actual Diver's Signature (if driver is not the / Date & Time	policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

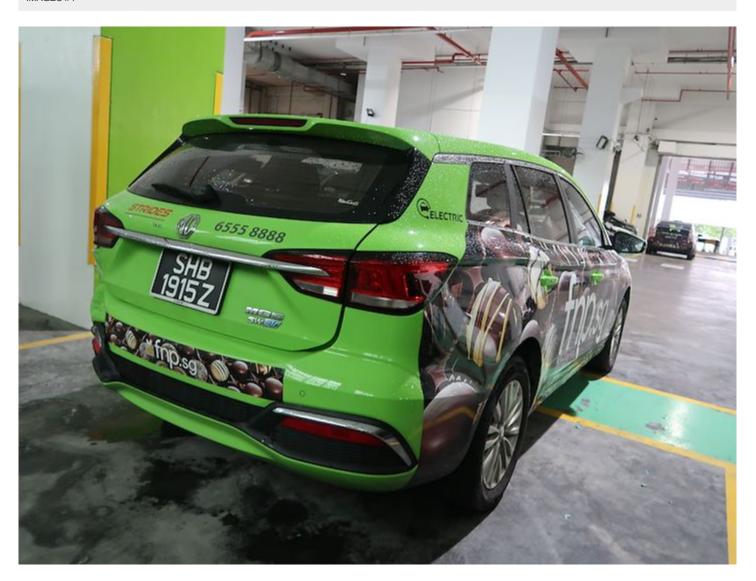
vJun2022

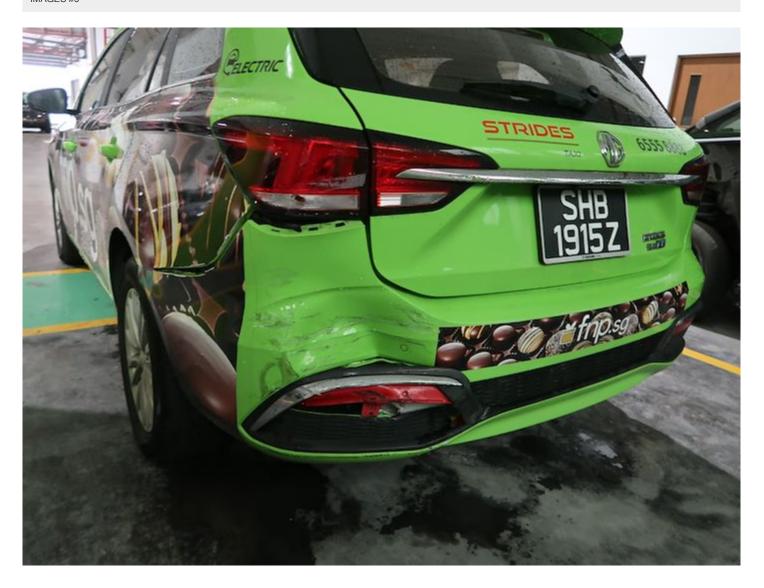
2















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	DUM
1)	PARTICULARS OF PERSON MAKING THE AMENDMEN	TS:
	Original Report No: 554B 48E M 00)	Vehicle Registration No: SHB 19157
	Name (as shown in NRIC): Vasy S/v Munusar	
	(*Vehicle Driver/Policyholder) (*) Please delete as ap	
	Address:	Singapore (
	Contact (Tel):	Mobile No.:
	Email Address:	
	Place of Accident: 13.8.2024 Place of Accident: BIK 945 1 Hougang	_ Time of Accident: 1915 hrs .
	Place of Accident: BIK 945 1 Hougary	street 92
	Insurance Company: MS First Capita	al Insurance Ltd
1	ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident make the following amendments:	t and would like to include additional information o
	Amend Accident Timing	- 1915 hrs
		1113712

Date:

v2un2022