

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 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

Vehicle Registration Number	SHB1915Z
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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	MG
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 your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1
Vehicle Fuel	-
First Registration 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	3
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?	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	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	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 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
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	EXCEEDS SIZE LIMIT

DETAILS OF OTHER VEHICLE PROPERTY 1

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)	-

[illegible]

Declaration

I/We declare the foregoing particulars are true in every respect,



Policyholder's Signature / Date & Time

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

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















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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS4B48EM002 Vehicle Registration No: SHB19157
 Name (as shown in NRIC): Vasu S/o Munusamy NRIC/FIN/Passport No: SXXXX084H
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 13.8.2024 Time of Accident: 1915hrs.
 Place of Accident: Blk 945, Hougang street 92
 Insurance Company: ms First Capital Insurance 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:

Amend Accident Timing - 1915hrs

Policyholder / Actual Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

lun 14/8/2024