

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 Authorised 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 ability.
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 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 Report 16/12/2014 13:28
Date Of Accident 15/12/2014 09:55
Exact Location Of Accident KOMOCO SERVICE CENTRE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5353T
Insured/Policyholder
Name Of Registered Owner SMRT TAXIS PTE LTD
Co Reg No 198905369K
Vehicle Particulars
Manufacturer CHRYSLER
Model 300C-
Exact Purpose for which vehicle was being used at time of accident HIRE & REWARD
Are you claiming under your own insurance policy for repair to your vehicle? No
If No, Please state action to be taken Third Party
Vehicle Category Taxi
Insurance Company
Name of Insurance Company First Capital Insurance Ltd
Type Of Coverage Third Party Fire and/or Theft
Fleet Policy Yes
Policy Number D-II027591MFSH
Cover Note Number
Driver
Name of Driver SEAN LIM BOON KIANG
NRIC No S6804129E
Date Of Birth 29/01/1968
Occupation Outdoor
Date Of Driving Pass 17/06/1988
Driving Experience 26 Years And 5 Months
Gender Male
Mobile Number
Fax Number
Contact Number NOEMAIL
Email Address
Address
Postcode
Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured Other - RELIEF
 Vehicle Registration Number of Driver's Own -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - 3RD PARTY REVESED AND HIT
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? No
 If Yes Please state which Police Station
 Was notice of intended Prosecution given? No
 If Yes against whom?

Circumstances of Accident

MY TAXI WAS STATIONARY ALONG KOMOCO SERVICE CENTRE WAITING FOR MY FRIEND. SUDDENLY A VEHICLE GBC9140E WHICH PARKED IN THE PARKING LOT REVERSED OUT TOWARDS MY TAXI. I SOUNDED MY HORN TO ALERT THIRD PARTY, BUT THIRD PARTY STILL REVERSING AND COLLIDED ONTO THE FRONT OF MY TAXI.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC9140E
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Sketch Plan

SKETCH PLAN

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- 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.
7. 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 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.
 - b) collectively the "Purposes";
 - c) 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
 - d) 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 lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.

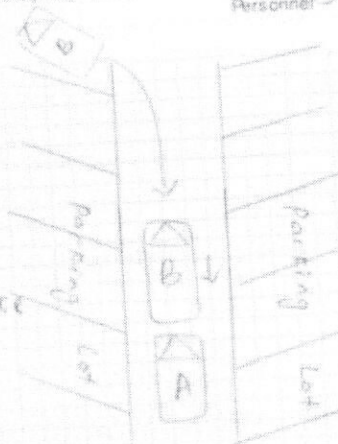
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Komoco Service Centre



A-SHB3353T
B-GAC9140E

Sketch Plan #2

Describe Circumstances of the Accident

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 Centre
Personnel