

## 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 20/04/2016 16:04  
Date Of Accident 20/04/2016 08:20  
Exact Location Of Accident FERNVALE CLOSE  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB229C  
Insured/Policyholder  
Name Of Registered Owner SMRT TAXIS PTE LTD  
Co Reg No 198905369K  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No Office-80000000

### Vehicle Particulars

Manufacturer CHEVROLET  
Model EPICA-2.0 (A)  
Exact Purpose for which vehicle was being used at time of accident HIRE AND 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-IIO27591MFSH  
Cover Note Number

### Driver

Name of Driver MICKEL ANG KIM HUAT  
NRIC No S1121449E  
Date Of Birth 05/03/1955  
Occupation Outdoor  
Date Of Driving Pass 16/11/1977  
Driving Experience 38 Years And 5 Months  
Gender Male  
Mobile Number  
Fax Number  
Contact Number  
EMail Address NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Vehicle

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident

Side Swipe- Same Direction

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

Number of Passengers (Including Driver) 1

### 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

I WAS TRAVELLING ALONG FERNVALE CLOSE TOWARDS FERNVALE LANE. THERE WAS A LORRY GBA1054J PARKED ALONG THE LEFT SIDE OF THE ROAD. WHILST I WAS PASSING BY, SUDDENLY I FELT AN IMPACT AT THE LEFT PORTION OF MY TAXI. THE LORRY GBA1054J HAD COLLIDED ONTO THE LEFT PORTION OF MY TAXI. THIRD PARTY ALIGHTED FROM HIS LORRY AND WE BOTH INSPECTED OUR VEHICLES.

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBA1054J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

KANDASAMY BALU

NRIC/Passport Number

F8127449P

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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  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
- 6. 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
    - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim
    - (ii) investigating the accident and/or my claim
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
    - (iv) administering my claim (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 claim(collectively the "Purposes");
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

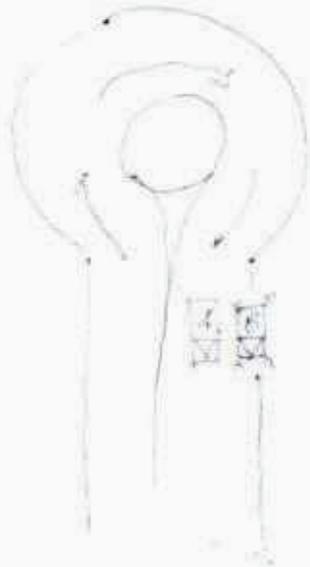
Sketch Plan

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

Witnessed By Reporting Centre Personnel

Sketch Plan #2

Describe Circumstances of the Accident

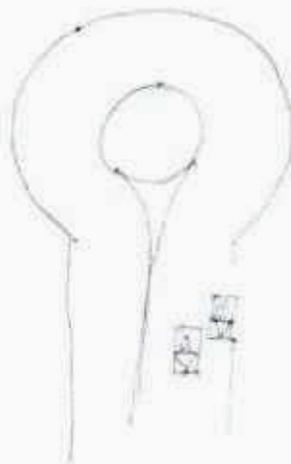


A - SHR229C  
B - G8A105U

Lined area for describing the circumstances of the accident.

Fernvale cleft

Lined area for describing the circumstances of the accident.



*[Signature]* → Apr 2016

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* Apr 2016 2:20 am  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 20/4/2016  
Witnessed by Reporting Centre Personnel