

## 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 29/04/2016 15:56  
Date Of Accident 28/04/2016 18:30  
Exact Location Of Accident EAST COAST PARK SERVICE RD  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6247A  
**Insured/Policyholder**  
Name Of Registered Owner SMRT TAXIS PTE LTD  
Co Reg No 198905369K  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No Office-800000000

### Vehicle Particulars

Manufacturer  
Model CHEVROLET  
Exact Purpose for which vehicle was being used at time of accident EPICA-2.0 (A)  
Are you claiming under your own insurance policy for repair to your vehicle? HIRE AND REWARD  
Yes

If No, Please state action to be taken

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 TAN LIP SENG @ MUHAMMAD RAMZI TAN  
NRIC No S0144926E  
Date Of Birth 08/01/1953  
Occupation Outdoor  
Date Of Driving Pass 09/05/1977  
Driving Experience 38 Years And 11 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

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

Collision- Head to Side

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 STRAIGHT ALONG EAST COAST PARK SERVICE ROAD. A VEHICLE SKF3988T WHICH WAS STATIONARY ON THE LEFT IN THE PARKING LOT, SUDDENLY MOVED OUT AND COLLIDED ONTO THE LEFT PORTION OF MY TAXI.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF3988T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver GOHLAM KWEE

NRIC/Passport Number S1401735F

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**

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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' law yers/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' 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.

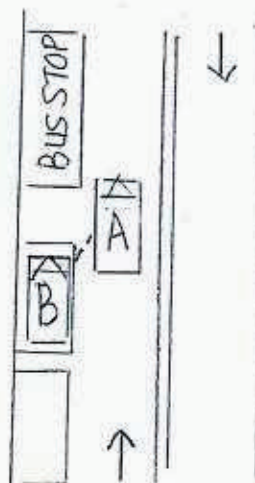


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A- SHD6247A

B- SKF3988T

Describe Circumstances of the Accident

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

### Declaration

We declare the foregoing particulars are true in every respect.



Police Officer's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
1445 hrs

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

Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre  
Personnel