

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	18/05/2016 12:04
Date Of Accident	17/05/2016 19:30
Exact Location Of Accident	DUNEARN ROAD TOWARDS RIFLE RANGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB5441Y
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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	TAN KAH HUAT
NRIC No	S0035103B
Date Of Birth	07/11/1954
Occupation	Outdoor
Date Of Driving Pass	26/11/1981
Driving Experience	34 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 -

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) 5

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 DUNEARN ROAD TOWARDS RIFLE RANGE ROAD WITH FOUR PASSENGER ON BOARD. WHILST I WAS TRAVELLING STRAIGHT IN MY LANE. I FELT AN IMPACT AT THE LEFT REAR PORTION OF MY TAXI. A VEHICLE SFW708A CAME OUT FROM MINOR ROAD ON MY LEFT AND DID NOT STOP AT THE STOP LINE, AS SUCH COLLIDED ONTO THE REAR PORTION OF MY TAXI.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFW708A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver UNKNOWN

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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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

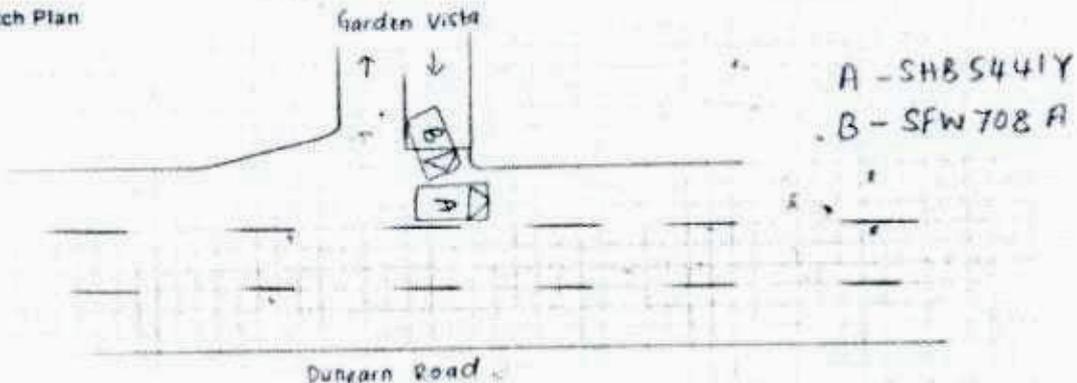
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Xyze 18/5/16

[Signature] 18/5/2016

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

Lined area for describing the accident circumstances.

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature 18/5/16

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

Handwritten signature 18/5/2016

Witnessed by Reporting Centre Personnel