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 witholding 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 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.	to the distributed at the centre and to copies of the report being made available
13000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	05/02/2018 09:01
Date Of Accident	03/02/2018 15:40
Exact Location Of Accident	SHELL STATION ALONG GRANGE AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC4422D
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	ТОУОТА
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	t 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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-17087562MFSH
Cover Note Number	
Driver	
Name of Driver	NGAN YAP HONG
NRIC No	S7373832F
Date Of Birth	27/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

628A WOODLANDS RING ROAD

05-276

Postcode

731628

OTHER - HIRER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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 STATIONARY WAITING TO PUMP PETROL WHEN THE VEHICLE SKV471C SUDDENLY REVERSED OUT OF THE PARKING LOT AND COLLIDED ONTO THE RIGHT REAR PORTION OF MY STATIONARY TAXI.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV471C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HENG TECK MENG

NRIC/Passport Number

S1615787B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- By the lodgment 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.
- 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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, 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 "Purposes")
- (b) 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
- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

dh & (Nr)A

Name:

NRIC/FIN No

Sketch Plan Pg. 2

SKETCH PLAN	The second secon	AND SHOULD AND ADDRESS OF THE PARTY OF THE P
	HAVELOCK LINK	
A-SHC44220		
B-SKV 471C		
		W.
	Relation 1	446
2	Ray	38
Oliven	S A A	GRANGE
7		8
	1	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	3	
CLADATION		
CLARATION P	ulars are true in every respect.	
(= ()=)	ulars are true in every respect.	
12 15	do-	N. K/1018
		der 5/ 1/2/18
icyholder's Signature te & Time:		Centre Personnel's Signature
se se illine.	(If driver is not the policyholder) Date & Time: NRIC/FIN N	in:

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Company
When to Type.	Company
Owner ID:	5369K
/ehicle Details	
	SUCAASSD
ehicle No.:	SHC4422D
ehicle to be Exported:	No
ntended De-registration Date:	08 Feb 2018
ehicle Make:	TOYOTA
ehicle Model:	PRIUS TAXI (SMRT)
rimary Colour:	Maroon
Nanufacturing Year:	2013
ngine No.:	2ZR5937773
hassis No.:	JTDKN36U705721666
1aximum Power Output:	100.0 kW (134 bhp)
pen Market Value:	\$33,120.00
Original Registration Date:	13 Jan 2014
irst Registration Date:	13 Jan 2014
ransfer Count:	0
ctual ARF Paid:	\$8,368.00
ntended PARF Rebate Details	
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	12 Jan 2022

whichever is earlier.

PARF Rebate Amount:	\$6,276.00	
Intended COE Rebate Details		
COE Expiry Date:	12 Jan 2022	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	8	
PQP Paid:	\$60,888.00	
COE Rebate Amount:	\$29,891.00	
Total Rebate Amount:	\$36,167.00	
Message		

The information contained herein is correct as at 08 Feb 2018

OK