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

	ACCIDENT STATEMENT	
Date Of Report	20/06/2018 09:34	
Date Of Accident	20/06/2018 08:15	
Exact Location Of Accident	WEST COAST HIGHWAY TOWARDS WEST COAST LINK	
Country/State of Loss	SINGAPORE	
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB980R	
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	TOYOTA	
Model	PRIUS TAXI-1.8 (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	MS FIRST CAPITAL INSURANCE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	YES	
Policy Number	D-18090213MFSH	
Cover Note Number		
Driver		
Name of Driver	LEOW JOO HUAT	
NRIC No	S1829677B	
Date Of Birth	11/07/1988	
Occupation	OUTDOOR	
Date Of Driving Pass	11/07/1988	
Driving Experience	29 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-80000000	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

11

Insurance Company of Driver's Own Vehicle

NO

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NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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.

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?

If Yes, against whom?

Circumstances of Accident

I WAS STATIONARY ALONG WEST COAST HIGHWAY TOWARDS WEST COAST LINK AS I WAS WAITING FOR THE GREEN ARROW TO APPEAR BEFORE TURNING RIGHT. WHILST STATIONARY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLJ7791J HAD COLLIDED ONTO THE REAR OF MY 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 SLJ7791J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver PANDUVAN HUSSAIN SABIYULLAH

NRIC/Passport Number S2748160D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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West	coast High way	
TAXIS		
DECLARATION I/We declare the foregoing particular	ulars are true in every respect.	30/8/2018
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

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- 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.
- 7. 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:
 - (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' 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.

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Policyholder's Signature Date & Time: tom 1. 20/9/18

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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> Back to OneMotoring

Enquire Transfer Fee

1. Please use Enquire Ro	018 with all pre-requisite(s) fulled Tax Payable to check on the registered owner when its own	1-4-61-1
e road tax from 05 Jun 20 d. Please use Enquire Ro w the vehicle to the new	nd Tax Payable to check on the registered owner when its ow	e late fee(s) payable. nership is being transferred
e road tax from 05 Jun 20	d Tay Payable to chack on the	1-4-61-1
e road tay from 05 Jun 2)18 with all pre-requisite/s) 6.4	
97kW (130bhp)		
7		
t Taxi (Motor Car)		
	t Taxi (Motor Car)	

Transfer	Amount Before GST (5\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00		25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	510.00		510.00
Total Amount Payable : Message			535.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

You may print this page for reference.

OK Print