SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

这是什么时间的一个人不是一个人的人,	ACCIDENT STATEMENT		
Date Of Report	17/07/2018 16:47		
Date Of Accident	17/07/2018 12:10		
Exact Location Of Accident	NORTH BUONA VISTA ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SHB1018M		
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	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	LIM TECK HENG		
NRIC No	S6934875J		
Date Of Birth	10/10/1969		
Occupation	OUTDOOR		
Note Of D.: :	03/05/1988		
	30 YEARS AND 2 MONTHS		
\d	MALE		
Mobile Number	(LOCAL) +65-80000000		
ax Number			
ontact Number			

NOEMAIL

Address

162

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

-

Insurance Company of Driver's Own Vehicle

-

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?

10

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)

2

Passenger 1

NAME:

: SUSAN

GENDER:

: FEMALE

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 ALONG NORTH BUONA VISTA ROAD TOWARDS ORCHARD ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD AS IT WAS THE RED TRAFFIC LIGHT. WHILST STATIONARY, I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SGK9091L 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?

YES

Remarks/ Reasons:

FILE TOO BIG

Was there any audio recorded?

NO

Details of Witness 1

Name

SUSAN

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGK9091L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SAY KIM MIN

NRIC/Passport Number

S0165326A

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Ulu Pan	dan Hollaro	es Orchard
	Ction	>
	WETH BUONA WITH RO	A -SHB 10181 V, B - SGK 9091 17/7/2018 Lim.
		·}
DECLARATION		4
188(), i	ticulars are true in every respect.	·
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



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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)
 - (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.

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 .:

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details	
Vehicle No.:	SHB1018M
Vehicle Type :	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Scheme :	Taxi (Company)
Vehicle Make :	TOYOTA
Vehicle Model :	PRIUS TAXI (SMRT)
Chassis No.:	JTDKN36U205749097
Propellant:	Petrol-Electric Petrol-Electric
Engine No.:	2ZR6135806
Motor No.:	3JM6135806
Engine Capacity :	1798 cc
Power Rating:	60.0 kW
Maximum Power Output :	100.0 kW (134 bhp)
Maximum Laden Weight:	1805 kg
Unladen Weight :	1370 kg
Year Of Manufacture :	2014
Original Registration Date :	12 Sep 2014
Lifespan Expiry Date :	11 Sep 2022
COE Category :	A - Car up to 1600cc & 97kW (130bhp)
PQP Paid :	\$50,704.00
COE Expiry Date :	11 Sep 2022
Road Tax Expiry Date :	11 Sep 2018
PARF Eligibility Expiry Date :	11 Sep 2022
nspection Due Date :	11 Sep 2018
ntended Transfer Date :	23 Jul 2018
CO2 Emission :	92.00 (g/km)
CEV/VES Rebate Utilised	\$30,000.00
CO Emission :	
HC Emission :	
NOx Emission :	
PM Emission :	
	Sep 2018. You may renew the road tax from 12 Jun 2018 with all pro-requisite(a) fulfilled 1645 and 1

The current road tax expiry is 11 Sep 2018. You may renew the road tax from 12 Jun 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 11 Sep 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable (From 12 Sep 2018 to 11 Mar 2019)

	Amount Before GST (S\$)	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