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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- $5. \ \underline{\mbox{Any false reporting may be referred to the Police for investigation.}}$
- 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.

Date Of Report 08/01/2019 09:17 Date Of Accident 05/01/2019 13:25 Exact Location Of Accident SENTOSA GATEWAY (AFTER TELOK BLANGAH ROAD) Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SHC4372P Insured/Policyholder Name Of Registered Owner SMRT TAXIS PTE LTD Co Rag Na 198905369K Mobile Phone No 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 Line of accident HIRE AND REWARD Line of accident HIRE AND REWARD If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI 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 CHUA LEOK SWEE NRIC No<	为此类的数据的数据的数据数据的数据	ACCIDENT STATEMENT
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Fax Number Contact Number	Gender	
Fax Number Contact Number	Mobile Number	(LOCAL) +65-80000000
	Fax Number	,
The H A Live	Contact Number	
EMAIL Address NOEMAIL	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

11

2

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 (including own vehicle) involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG SENTOSA GATEWAY (AFTER TELOK BLANGAH ROAD) IN THE EXTREME RIGHT LANE. SUDDENLY A VEHICLE GBH2545R CUT TOWARDS MY LANE FROM THE LEFT AND COLLIDED ONTO THE LEFT FRONT PORTION 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 GBH2545R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver MAURICIO JRACOT VALE

NRIC/Passport Number

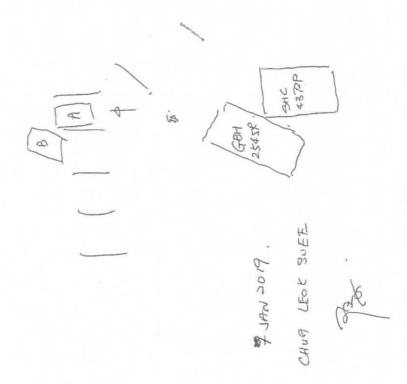
Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



DECLARATION		
(x) (x)	ticulars are true in every respect.	Alipoid.
Policyholdtifs Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

Date & Time:

Name: NRIC/FIN No.: