

11019

## 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 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. **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.

9749 Madhikh

### ACCIDENT STATEMENT

Date Of Report	02/03/2020 09:15
Date Of Accident	29/02/2020 18:20
Exact Location Of Accident	ALEXANDRA ROAD (OUTSIDE IKEA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1005A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
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-19093197MFSH
Cover Note Number	

### Driver

Name of Driver	LOON PENG PUI
NRIC No	SXXXX130C
Date Of Birth	29/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address 11  
 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 CHAIN COLLISION  
 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 3  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 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) 1

**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 ALEXANDRA ROAD (OUTSIDE IKEA) AS I WAS WAITING FOR THE FRONT VEHICLE TO MOVE. WHILST STATIONARY I FELT AN IMPACT AT THE REAR OF MY TAXI, A VEHICLE SJZ8601H HAD COLLIDED ONTO THE REAR OF MY TAXI. WHEN I ALIGHTED, I REALISED THAT IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES INCLUDING MINE.

**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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJZ8601H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver MUSTAFA LUTFI BINALI  
 NRIC/Passport Number SXXXX620D  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SKP2334J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STEVE TAN WEI CHIANG
NRIC/Passport Number	SXXXX516F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



TOWARDS  
 → ALEXANDRA  
 VILLAGE

- A - SHB1005A
- B - SJZ 8601H
- C - SKP 2334J

*[Signature]* 2/3/20

Large empty rectangular area with horizontal dashed lines, intended for additional notes or a detailed sketch.

**DECLARATION**

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

*[Signature]*  
 Policyholder's Signature

Date & Time:

*[Signature]* 2/3/20  
 Driver's Signature

(If driver is not the policyholder)  
 Date & Time:

*[Signature]* 2/3/20  
 Reporting Centre Personnel's Signature

Name:  
 NRIC/PIN No.:

