

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.

ACCIDENT STATEMENT

Date Of Report	11/03/2020 08:15
Date Of Accident	10/03/2020 14:00
Exact Location Of Accident	SUNSET WAY (OUTSIDE CLEMENTI ARCADE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF330X
Insured/Policyholder	
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	YAP ENG MENG
NRIC No	SXXXX327C
Date Of Birth	30/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/01/1996
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	60
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	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	2
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)	2
Passenger 1	NAME: : MAMIKO OKADA
	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

REFER TO ATTACHMENT. I was ferrying a passenger from Star Vista to Sunset Way. Along Sunset Way just outside of Clementi Arcade a car (SCH3223B) swayed into my lane and collided into the front right part of my taxi (SHF330X). Upon reviewing the in-vehicle camera video recording, the third party car which was behind my taxi had gone to the next opposing lane though there was a concrete divider separating the lane and tried to cut back into my lane thus causing the collision. There was no way I could have prevented the accident as the third party driver suddenly swayed into my lane. I had two witnesses to this accident. One witness was my passenger Ms Mamiko Okada (97846931) and the other was a motorcyclist Mr Faliq (90087166) who was riding behind my taxi and he saw the how the accident happened. I tried to exchange contact details with the third party driver but he was uncooperative in providing any details. I even called the police to inform them but they said the contact details weren't necessary. No one was injured in the accident. Please see the photos taken of the damaged vehicles and the video recording from my in-vehicle camera on how the accident happened. The weather was fine that day.

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	SCH3223B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:



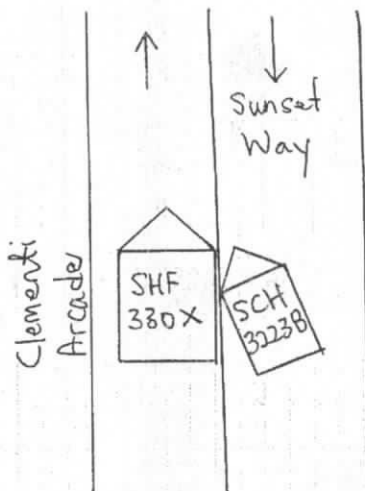
Driver's Signature
(If driver is not the policyholder)

Date & Time: 10 Mar 20 1700H

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ah 10/3/2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached Word document.

DECLARATION

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



Policyholder's Signature _____
Date & Time: _____

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

Date & Time: 10 Mar 20 17:00H

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No: _____

NRIC/FIN No

Sketch Plan Pg. 3

Accident Report

Date: 10 March 2020

Time: 1400H

Location: Sunset Way (Clementi Arcade)

I was ferrying a passenger from Star Vista to Sunset Way. Along Sunset Way just outside of Clementi Arcade a car (SCH3223B) swayed into my lane and collided into the front right part of my taxi (SHF330X). Upon reviewing the in-vehicle camera video recording, the third party car which was behind my taxi had gone to the next opposing lane though there was a concrete divider separating the lane and tried to cut back into my lane thus causing the collision. There was no way I could have prevented the accident as the third party driver suddenly swayed into my lane.

I had two witnesses to this accident. One witness was my passenger Ms Mamiko Okada (97846931) and the other was a motorcyclist Mr Faliq (90087166) who was riding behind my taxi and he saw the how the accident happened.

I tried to exchange contact details with the third party driver but he was uncooperative in providing any details. I even called the police to inform them but they said the contact details weren't necessary. No one was injured in the accident.

Please see the photos taken of the damaged vehicles and the video recording from my in-vehicle camera on how the accident happened. The weather was fine that day.

Yap Eng Meng (SHF330X)