

LKIC

MSR120049648 / SMRT Automotive Services Pte Ltd - Woodlands  
 ENTRY DATE & TIME: 05/06/2020 08:42  
 SUBMITTED BY: B. Thairai Nayagi

## 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 05/06/2020 08:42  
 Date Of Accident 05/06/2020 07:15  
 Exact Location Of Accident YISHUN AVE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6470X  
**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  
 Fleet Policy YES  
 Policy Number D-20095484MFSH  
 Cover Note Number

### Driver

Name of Driver MOHAMED RAMDAN BIN MOHAMED YUSOF  
 NRIC No SXXXX095J  
 Date Of Birth 01/06/1954  
 Occupation OUTDOOR  
 Date Of Driving Pass 12/01/1982  
 Driving Experience 38 YEARS AND 4 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-80000000  
 Fax Number  
 Contact Number  
 Email 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	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

#### 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)	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 TRAVELLING STRAIGHT ALONG YISHUN AVE 7 TOWARDS GAMBAS, SUDDENLY A VEHICLE GBJ6873G, CAME OUT FROM THE CAR PARK ( BLK 112 -120) DID NOT STOP AT THE STOP LINE AND COLLIDED ONTO THE LEFT PORTION 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6873G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FOO CHOO MIN
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:

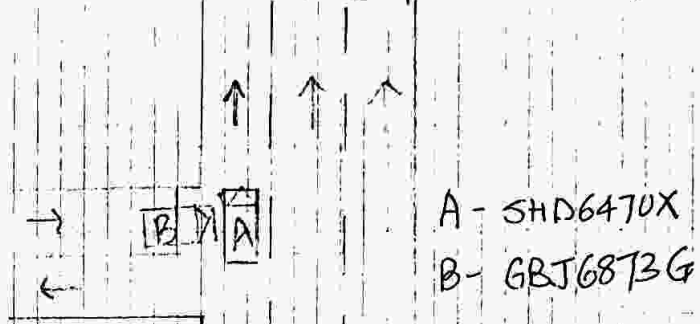
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/06/2020

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

**Sketch Plan Pg. 2**

### SKETCH PLAN

Yishun Ave 7 (CP 112-120)



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## 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.

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