SS1E21120001 / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 02/01/2021 08:21 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (02/01/2021 08:21 (SGT))





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 witholding of material facts may allow insurance companies to repudiate

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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

02/01/2021 08:21 (SGT) 30/12/2020 19:40 (SGT) Jurong East Street 21, Singapore JUNTION OF JURONG EAST ST 21 & JURONG GATEWAY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHF3R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

SMRT TAXIS PTE LTD

1XXXXX369K

tARC@SMRT.COM.SG

(Phone) +65-68662671

(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Toyota

Prius

No - Claiming third party

Taxi

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

First Capital ThirdParty

Yes

D-20095484MFSH

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

(A) Anidant rand 001E21120001

CHOO BOOK GUAN SXXXX087F 08/07/1950 Outdoor

Page 1 of 10

All-Phone Number	Driving Pass ig experience inder	23/10/1978 42 YEARS AND 2 MONTHS Male
Email Address TARC@SMRT.COM.SG Address Complement 11 Address complement 11 Address complement 12 Is the driver the policyholder? 15 Is the driver the policyholder 15 Is the driver been approached by unknown person(s) 15 Is the driver been approached		
Address complement - Postcode - Is the driver the policyholder? No Hirr No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Hirr No, Relationship of the Driver with the Insured Hirr No Hirr N		•
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SGZ5718K

(A)	A aaidant	ranart	CC1E21120001
(6.7)	A aaidast	ranart	66153130000

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Category Private car
e of Driver tact Number ddress Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

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. 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ETCH PLAN #2

Describe Circumstances of the Accident	·
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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

Witnessed by Reporting Centre Personnel