\$ 1E211P0007 / SMRT AUTOMOTIVE SERVICES PTE LTD ENTRY DATE & TIME: 25/01/2021 14:56 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (25/01/2021 14:56 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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 Submission 25/01/2021 14:56 (SGT) Date of Accident 25/01/2021 10:40 (SGT) **Exact Location of Accident** Pasir Panjang Rd, Singapore Additional Location Information Country/State of Loss

PASIR PANJANG ROAD TOWARDS WEST COAST HIGHWAY

(Office) +65-68662672

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1196G INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner SMRT TAXIS PTE LTD Company Reg No 1XXXXXX369K **Email Address** TARC@SMRT.COM.SG Mobile Phone No (Phone) +65-68662671

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Toyota Model Prius 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? No - Claiming third party Vehicle Category Taxi

INSURANCE COMPANY

Name of Insurance Company First Capital Type of Coverage ThirdParty Fleet Policy Policy Number D-20095484MFSH Cover Note Number

DRIVER

Name of Driver LAU OW PHENG SXXXX303E Date Of Birth 19/02/1964 Occupation Outdoor

of Driving Pass 21/11/2008 ing experience 12 YEARS AND 2 MONTHS A Particular A. Martin, and the control of the cont dender Male Mobile Number (Phone) +65-68662672 Alt. Phone Number Email Address TARC@SMRT.COM.SG Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS TRAVELLING ALONG PASIR PANJANG ROAD TOWARDS WEST COAST HIGHWAY. SUDDENLY A LORRY YM9564R MADE A U-TURN FROM THE OPPOSITE DIRECTION AND CUT TOWARDS MY LANE ABRUPTLY. AS SUCH 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number	YM9564R
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	-
Address	
Address complement	-

Was there any audio recorded?

varance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

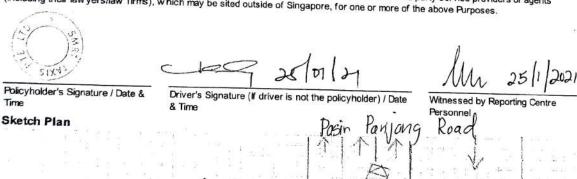
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (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
- (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.



AVETCH PLAN #2

Describe Circumstances of the Accident	
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Declaration

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