

# 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 Submission ..... 19/04/2021 13:10 (SGT)  
 Date of Accident ..... 18/04/2021 13:20 (SGT)  
 Exact Location of Accident ..... Sungei Rd, Singapore  
 Additional Location Information ..... SUNGEI ROAD TOWARDS ECP  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB1235C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
 Name Of Registered Owner ..... SMRT TAXIS PTE LTD  
 Company Reg No ..... 1XXXXX369K  
 Email Address ..... TARC@SMRT.COM.SG  
 Mobile Phone No ..... (Phone) +65-68662671  
 Alternative Phone No ..... (Office) +65-68662672

### VEHICLE PARTICULARS

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  
 Transmission ..... Auto  
 CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
 Type of Coverage ..... ThirdParty  
 Fleet Policy ..... Yes  
 Policy Number ..... D-21097466MFSH  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... HOONG KENG HENG  
 NRIC No ..... SXXXX074B

.....	18/05/1961
.....	Outdoor
.....	16/11/1982
.....	38 YEARS AND 5 MONTHS
.....	Male
.....	(Phone) +65-68662672
.....	-
.....	TARC@SMRT.COM.SG
.....	11
.....	-
.....	-
.....	No
.....	Hirer
.....	No
.....	-
.....	-

#### 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 .....	2
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHAZ CHOCHAN
Gender .....	Male

#### 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 STRAIGHT IN MY LANE ALONG SUNGEI ROAD TOWARDS ECP WITH ONE PASSENGER (MALE) ON BOARD. SUDDENLY A VEHICLE GBH3753A WHICH WAS TRAVELLING ON MY RIGHT CUT TOWARDS MY LANE ABRUPTLY AND COLLIDED ONTO RIGHT FRONT PORTION OF MY TAXI.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE TOO BIG
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH3753A
Vehicle Manufacturer .....	-
Vehicle Model .....	-



## 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

