STEP 15C0003 / SMRT AUTOMOTIVE SERVICES PTE LTD DATE & TIME: 12/05/2021 12:48 (SGT)

FOR THE BY: SHANTI B THAIYAL NAYAGI (SMRT05)

STEM TED BY: SHANTI B THAIYAL NAYAGI (SMRT05)

VERSION: 1 (12/05/2021 12:48 (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

2. This Form must be as truthful and accurate as possible. Any will detail to the complete of the policyholder and the policyholder. 2. This Form must be completed by the representation of witholding of material facts may allow insurance companies to repudiate 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 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 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 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 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 3. Information provided must be as truthful and accurate as possible.

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The ISSUE and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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Any false responsible to reversed by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 6. This report will, for a fee, be made available upon application by interested parties.

and that copies of this report will, for a fee, be made available aforesaid.

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.

EACCIDENT STATEMENT

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

12/05/2021 12:48 (SGT) 11/05/2021 14:38 (SGT) Ulu Pandan Rd, Singapore ULU PANDAN TOWARDS CLEMENTI ROAD Singapore

EDETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4470P

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 Transmission CC

No - Claiming third party

Auto 1800

Toyota

Prius

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

MS First Capital Insurance Ltd **ThirdParty** Yes

D-21097466MFSH

DRIVER

Name of Driver NRIC No

ONG ENG JOO SXXXX119I



lee or Birth 31/12/1966 on pation nete of Driving Pass Outdoor 02/05/1991 orving experience 30 YEARS Male Gender Mobile Number (Phone) +65-68662672 At. Phone Number Email Address TARC@SMRT.CO.SG 11 Address Address complement is the driver the policyholder? Is THE With the Insured of No. Relationship of the Driver with the Insured No Hirer Does Driver Own Other Vehicles? Does University and Does Owned by Driver Vehicle Registration Number of Other Vehicle Owned by Driver No Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 UNKNOWN Name Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG ULU PANDAN ROAD TOWARDS CLEMENTI ROAD WITH ONE PASSENGER (MALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SML1238H WHICH WAS ON MY RIGHT, CUT TOWARDS MY LANE DUE TO ROAD WORKS AHEAD, AS SUCH COLLIDED ONTO THE RIGHT REAR PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident
Was there any audio recorded?

Yes Yes

FILE TOO BIG

NO

N: DETAILS OF OTHER VEHICLE PROPERTY: 118

Vehicle Registration Number Vehicle Manufacturer Vehicle Model SML1238H

-



Approprié

A control Vinter

A company

Andrew

Private car UNKNOWN

UNKNOWN Male SKETCH PLAN

SKETCH PLAN

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- 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 inscripresentation or withholding of material facts may
- 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 talse 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 ladgement 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)
- (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 "Persional Information") and disclose and transfer such Persional Information to as insurer(s) who have insured vehicle(s) involved in this accident (at 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) precessing, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
- (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 &

Sketch Plan

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

& Time

Ulu Pandan Road

Witnessed by Reporting Centre Personnel

B- 5ML 1238H

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Declaration

inhip declare the foregoing particulars are true in every respect

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

Witnessed by Reporting Centre

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