961E217A000A / SMRT AUTOMOTIVE SERVICES PTE LTD EN RY DATE & TIME: 12/07/2021 08:19 (SGT)
SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (12/07/2021 08:19 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 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.

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

12/07/2021 08:19 (SGT) 09/07/2021 21:15 (SGT) CTE, Singapore CTE TOWARDS ANG MO KIO Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHC4630U

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

AUTO-ARC-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

Tovota Prius

No - Claiming third party

Taxi Auto

1800

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

CHNG BENG SOON SXXXX927G

Anddent range CC1E2174000A

21/12/1970 Clubdioser 07-103-1989 Of Driving Pass 12 YE ARRE AND 4 MICHTHE ING emperimence Made (Physics) +65-68663673 obite Number AUTO-BVC-TARC@BMRT COM BG M. Phone Number Fremi Address Address Address complement Prattonde 840 to the driver the policyholder? it No. Relationalists of the Driver with the Instanted 5 Harme 940 Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver CIENTERS INFORMATION OF THE ACCIDENT

Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface COTHEST SMICHBARTICAL Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police?

CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

Was notice of intended Prosecution given?

I WAS TRAVELLING ALONG CTE TOWARDS AND MO KIO AVE AND IT WAS RAINING HEAVILY. A VEHICLE SMG7647Y WHICH WAS INFRONT OF MY TAXI CAME TO A HALT. I APPLIED MY BRAKE TO STOP AND MANAGED TO STOP IN TIME. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SKX6919D HAD COLLIDED ONTO THE REAR OF MY TAXI. DUE TO THE IMPACT, MY TAXI WAS PUSHED FORWARD AND COLLIDED ONTO THE REAR OF SMG7647Y. WHEN I ALIGHTED REALISED THAT IT WAS A CHAIN COLLISION INVOLVING 6 VEHICLES INCLUDING MINE.

No

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

SKX6919D

Private car

of Driver

act Number

tact Number

dress complement

ostcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver) DISSANAY AKAGE SURATH DEVNUWAN

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## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SMG7647Y

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Private car

KUEK YING TING SOPHIA

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## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

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NA / Unknown

UNKNOWN

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## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

**UNKNOWN** 

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NA / Unknown

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# DETAILS OF OTHER VEHICLE PROPERTY 5

hicle Registration Number

ehicle Manufacturer

Vehicle Model

UNKNOWN

-

Vehicle Variant
Vehicle Colour

Vehicle Category
Name of Driver

NA / Unknown

Contact Number Address

Address complement
Postcode
Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

.SKX6719D .9MG7647Y
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CTE

## Declaration

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder). Date:

Witnessed by Reporting Centri Personnel

#### SKETCH PLAN

### IMPORTANT NOTICE

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- The form must be completed by the Policyholder and/or the Authorized Storer
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- Consent under the Personal Data Protection Act (PCPA)
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Sketch Plan