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

07/10/2021 13:18 (SGT) 06/10/2021 13:10 (SGT) Guillemard Rd, Singapore GUILLEMARD ROAD / BEHIND CITY PLAZA Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC4103A

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No

Yes Strides Taxi Pte Ltd 1XXXXX369K AUTO-SVCS-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

Prius -

Toyota

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

CACCIDENT REPORT SS2721A70001

KOH TZER CHEN SXXXX842C

Date Of Birth Occupation **Date Of Driving Pass**

Driving experience

Gender Mobile Number Alt. Phone Number **Email Address**

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

06/08/1968 Outdoor 28/08/1987 34 YEARS AND 2 MONTHS

Male

(Phone) +65-68662672

AUTO-SVCS-TARC@SMRT.COM.SG

No

Hirer No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear 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 vehicle 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 Gender UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG GUILLEMARD ROAD WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. SUDDENLY A VEHICLE SMY3307K WHICH WAS STATIONARY MOVED OUT AS HE WANTED TO MAKE A U-TURN. I SWERVED TO THE RIGHT TO AVOID THE VEHICLE BUT THE VEHICLE STILL COLLIDED INTO THE LEFT FRONT PORTION OF MY TAXI.

No

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

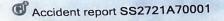
FILE TOO BIG

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SMY3307K



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)

Private car SURESH KUMAR RAJ

SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the historers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authorby (such as the police), for the purpose(s) of
- (i) processing, handling end/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 wield as on the external cover of envelopes/read 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' tawyers/law fams, 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 histories and/or GA 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 &

Sketch Plan

06/10/21

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

Guillemard

Witnessed by Reporting Centre

Personna!

Road.

SHC 4103A

B- 5MY 3307 K

Describe Circumstances of the Accident	
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Declaration

tWe declare the foregoing particulars are true in every respect.

TRIOES P

Policyholder's Signature | Date & Time

Error's Significate (if drover is not the colicyholder) . Date & Time

Witnessed by Reporting Centre Personnel