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Z1B10004 / Strides Automotive Services Pte Ltd
RY DATE & TIME: 02/11/2021 12:11 (SGT)
MITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05)
ERSION: 1 (02/11/2021 12:11 (SGT))

Your NCD will be affected due to late reporting

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 02/11/2021 12:11 (SGT)
 Date of Accident 30/10/2021 11:13 (SGT)
 Exact Location of Accident CTE, Singapore
 Additional Location Information CTE TOWARDS ORCHARD ROAD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB1208G

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner Strides Taxi Pte Ltd
 Company Reg No 1XXXXX369K
 Email Address AUTO-SVCS-TARC@SMRT.COM.SG
 Mobile Phone No (Phone) +65-68662671
 Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer MG
 Model MG5
 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 No - Claiming third party
 Transmission Taxi
 CC Auto
 1

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
 NRIC No LOW KIN FAI
 SXXXX205D

Sum / I.B.I. (\$)

Birth	25/07/1961
Location	Outdoor
Issued Date of Driving Pass	31/12/1984
Driving experience	36 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Home Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
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	Collision - Head to Rear
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 CTE TOWARDS ORCHARD ROAD WITH 2 PASSENGERS (MALE/FEMALE CHINESE) ON BOARD. TRAFFIC WAS HEAVY AT THAT TIME. FRONT VEHICLES STOPPED AND I FOLLOWED SUIT. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A MOTORCYCLE FBN4881A HAD COLLIDED INTO THE REAR OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Registration Number	FBN4881A
Manufacturer	-
Model	-
Variant	-
Colour	-
Vehicle Category	Motorcycle
Name of Driver	NORMAN BIN HASSAN
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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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.

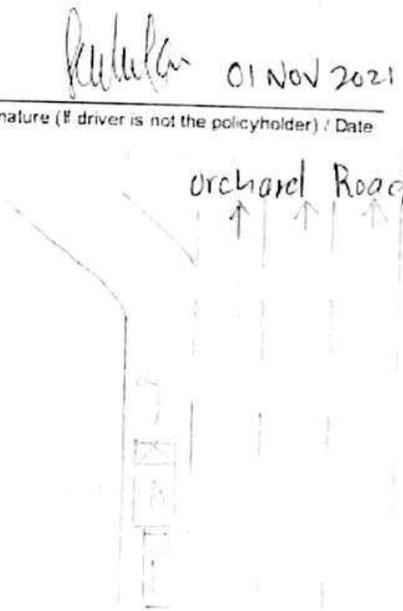


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



01 NOV 2021
1/11/2021

A- SHB1208G
B- FBN 4881A

Describe Circumstances of the Accident

Lined area for describing the accident circumstances.

Declaration

I/We declare the following particulars are true in every respect



Policyholder's Signature - Date & Time

Driver's Signature - Date & Time

Witness Signature - Date & Time

Richard ... 21 Nov 2011

John ... 21 Nov 2011