SS2721C80005 / Strides Automotive Services Pte Ltd ENTRY DATE & TIME: -SUBMITTED BY: [To Be Confirmed] VERSION: 1 (09/12/2021 08:48 (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.

- 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

07/12/2021 11:25 (SGT) Dairy Farm Rd, Singapore DAIRY FARM ROAD TOWARDS PETIR ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB1881L

Strides Taxi Pte Ltd

(Phone) +65-68662671

(Office) +65-68662672

AUTO-SVCS-TARC@SMRT.COM.SG

1XXXXX369K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Yes

Toyota Prius

No - Claiming third party

Taxi Auto 1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

MS First Capital Insurance Ltd

ThirdParty Yes

D-21097466MFSH

MOHAMED JAMALUDEAN BIN SAYNA ABU BAKAR SXXXX945C



e Of Birth

ate Of Driving Pass

Driving experience 39 YEARS AND 2 MONTHS

Gender Male

Mobile Number (Phone) +65-68662672

Alt. Phone Number

Email Address AUTO-SVCS-TARC@SMRT.COM.SG

(Draft)

04/05/1951

05/10/1982

Outdoor

Address complement Postcode
11

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG DAIRY FARM ROAD TOWARDS PETIR ROAD AND STOPPED WHEN THE TRAFFIC LIGHT TURNED AMBER. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SCR5502E HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident FILE TOO BIG

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

No

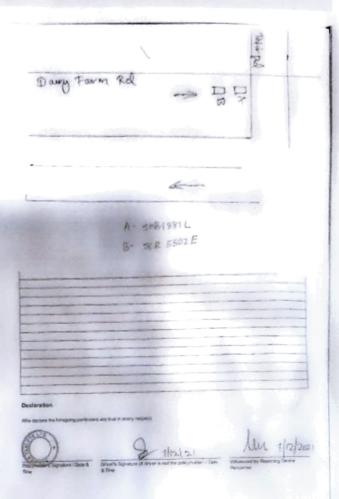
Vehicle Variant
Vehicle Colour

Vehicle Category Private car
Name of Driver RAYMOND CHIANG

Manidant raped SS2721C9000E

	stact Number	(Draft
	dress	
	Address complement	
	Postcode	
f	Insurance Company Name	
	Nature Of Damage	
	Details of property damaged in accident	_
	No. Of Passenger (Including Driver)	





SKETCH PLAN

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1/12/21

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