721CD0001 / Strides Automotive Services Pte Ltd TRY DATE & TIME: 13/12/2021 09:06 (SGT) TRY DATED BY: SHANTI B THAIYAL NAYAGI (SMRT05) BMI 1 (13/12/2021 09:06 (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
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 13/12/2021 09:06 (SGT) Date of Accident 10/12/2021 19:20 (SGT) Exact Location of Accident Victoria St, Singapore Additional Location Information VICTORIA STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5064C INSURED/POLICYHOLDER Is company? 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 Toyota Model Variant Prius 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 No - Claiming third party Taxi Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage ThirdParty Fleet Policy Policy Number D-21097466MFSH Cover Note Number

DRIVER

Name of Driver NRIC No

TAN THUAN YONG SXXXX868Z

16/05/1957 Outdoor Of Driving Pass 25/07/1977 g experience 44 YEARS AND 5 MONTHS Male ile Number (Phone) +65-68662672 Phone Number mail Address AUTO-SVCS-TARC@SMRT.COM.SG Address 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 Side Swipe Weather Conditions Raining Road Surface Wet 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? Yes Was any injured conveyed to hospital by ambulance? No 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? Yes Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20211210/2108 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident **FILE TOO BIG** Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SDP9788U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

SNG LI HWEI

Name of Driver

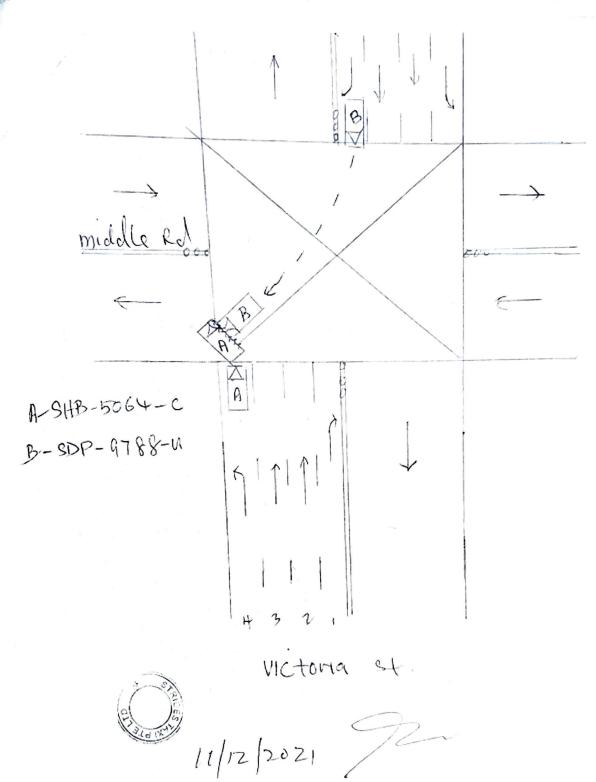
Assident report SC3731CDoons

Number	_
SS Albania	_
ress complement	-
_{urance} Company Name	-
alure Of Damage	-
Details of property damaged in accident No. Of Passenger (Including Driver)	-
	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TAN THUAN YONG
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SHB5064C
Was this injured conveyed to hospital by ambulance?	- No



ent

10.

M Assidant range SESTALODOGA





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 L of 3 Report No. T/20211219/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2021 21:44		ade:	Vide Report No.:	Station Diary No.: 27	
Informan	t's Particu	lars	Agent and the property of the same and the s		
	Informant. JAN YONG		Address: APT BLK 683A EDGEDALE F 821683	PLAINS #08-719 SINGAPORE	
ID Type / ID No.: NRIC NO / S1274868Z			Contact No.: Home/Office:	Mobile: 98567659	
National	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 16/05/1957	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3,4	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2021 19:20	Type of Location Traffic Junction
Location:				
VICTORIA S	TREET			
Weather: Raining		Road Surface: Wet	Ro	ead Speed Limit:
Traffic Flow:		Traffic Control:	Tr	affic Volume:
	sion:		Ar	yone conveyed by

Details of V	ehicle Invo	lved	-, 9, 1	28 A. Baker 18		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDP9788U	Car	MERCEDES BENZ			Slightly Damaged	0
SHB5064C	Car	TOYOTA	PRIUS		Slightly Damaged	0

Details of Person Involved	Service of the servic
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin.
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3 Report No. T/20211210/2108

CONTINUATION OF REPORT

lame	SNG LI HWEI			ID No		S7813832G	
				1.0			
Related Vehicle	SDP9788U (Car)			Conta	ct No.	90090005	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	THE SALESHANDS OF THE OWNER, AND THE	Date D	ischarge	NIL		
No. of Days granted Medical Leave NIL			Degree	of Injury	NIL		
Driver					1000	and the state of t	
Name	TAN THUAN YONG			ID No.		S1274868Z	
Related Vehicle	SHB5064C (Car)			Conta	ct No.	98567659	
Hospital/Clinic	POW FAMILY CLINIC & SURGERY			Class Driving Licent Expiry	9 :e &	Class: 3.4 Date of Expiry: NIL	
Date Treatment	10/12/2021		Date D	ischarge	10/12	/2021	
No. of Days gran	nted Medical Leave	05	Degree	of Injury	Slight	, U	

Brief Details.

On the above mentioned date, time and location I was driving my taxi vehicle bearing plate no SHB5064C along Victoria Street. I was at the traffic junction making a left turn onto Middle Road as the traffic light was green in my favour when suddenly a vehicle bearing plate no (SDP9788U) from the opposite direction of the traffic junction making a right turn hit onto the side of my vehicle. There were no parties injured at that point of time. I then alight from my vehicle to make a check. We then exchanged contact details. The other party apologies upon alighting from her vehicle.

I have the footage of the inicar camera of the accident that occurred. I went over to see a doctor and was given a 5 days MC.

I am lodging this report to report the matter to my taxi company, SMRT.





3 (1)

Report No. T/20211210:2108

bn.

Police Station Of Origin; Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report F / Sgt 2 MOHAMAD YASHRIF BIN MOHAMED YASIN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2021 21:44
Officer In Charge Of Case. TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: