

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 29/03/2022 15:04 (SGT)
Date of Accident 25/03/2022 19:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information MIDDLE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH4880H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW BOON TIN
NRIC No S2081094G
Email Address lowboonkun@hotmail.com
Mobile Phone No (Phone) +65-97981505
Alternative Phone No +65-97981505

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Taxi
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number D-210097799MSH
Cover Note Number -

DRIVER

Name of Driver LOW BOON KUN
NRIC No S1406204A

Date Of Birth	04/11/1960
Occupation	Outdoor
Date Of Driving Pass	01/01/1980
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97478752
Alt. Phone Number	-
Email Address	lowboonkun@hotmail.com
Address	BLK 407 SIN MING AVENUE
Address complement	#07-219
Postcode	570407
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	No Collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF696G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	JOSHUA ZENG KE QIAO
NRIC No	S9671384C
Contact Number	(Phone) +65-88195322
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

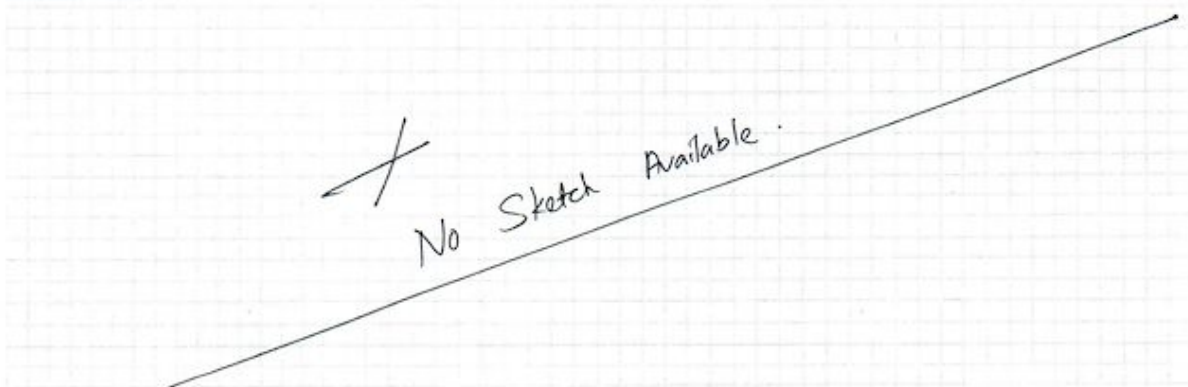
SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

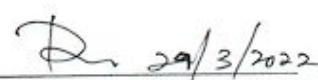
I was unaware of the accident that happened on the stated date, time and venue.
 I was informed by ~~my~~ insurance ^{company} regarding about the incident and asked me to make a report at reporting centre.

Declaration

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time


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

 29/3/2022
 Witnessed by Reporting Centre Personnel



MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

Your ref : SH4880H
Our Ref : D22/896/PTE/EL
Date : 28.3.2022

URGENT
REGISTERED

NOTIFICATION OF NON-REPORT

LOW BOON TIN
BLK 107 JALAN RAJAH
#11-110
SINGAPORE 320107

Dear Sirs,

ALLEGED ACCIDENT INVOLVING SH4880H & SMF696G ON 25.3.2022

() We refer to the above captioned accident and to the letter dated _____ sent to you by the third party.

(X) We refer to the above captioned accident and write to inform that we are in receipt of a PRI/SURVEY REQUEST by TEAMWORK GARAGE PTE LTD.

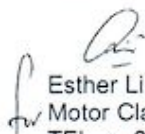
From our record, we cannot trace having received the accident report from you and/or your driver. **This is tantamount to a breach of the policy terms and conditions which require the accident report to be made within 24 hours.**

To enable us to investigate further, please arrange to e-file the accident report at any of the Premier Workshops (list available in our website: www.msfirstcapital.com.sg) or IDAC Centres within the next 7 days together with your explanation for your failure to make the required report.

In the meantime, all our rights under the policy are reserved.

Thank you

Yours faithfully,


Esther Lim
Motor Claims Department
TEL : 6507 3803
FAX : 6507 3849

c.c: PF MANAGEMENT & ENTERPRISES PTE LTD (TAXIS) (BY EMAIL)

A Member of **MS&AD** INSURANCE GROUP





