G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

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 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

04/05/2022 15:53 (SGT) 03/05/2022 20:13 (SGT) 2 Jurong East Street 21, Singapore 609601 IMM CAR PARK JURONG EAST ST 21 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6093B

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

No - Claiming third party

Taxi Auto 1800

Toyota

Prius

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

MS First Capital Insurance Ltd ThirdParty Yes D-22099115MFSH

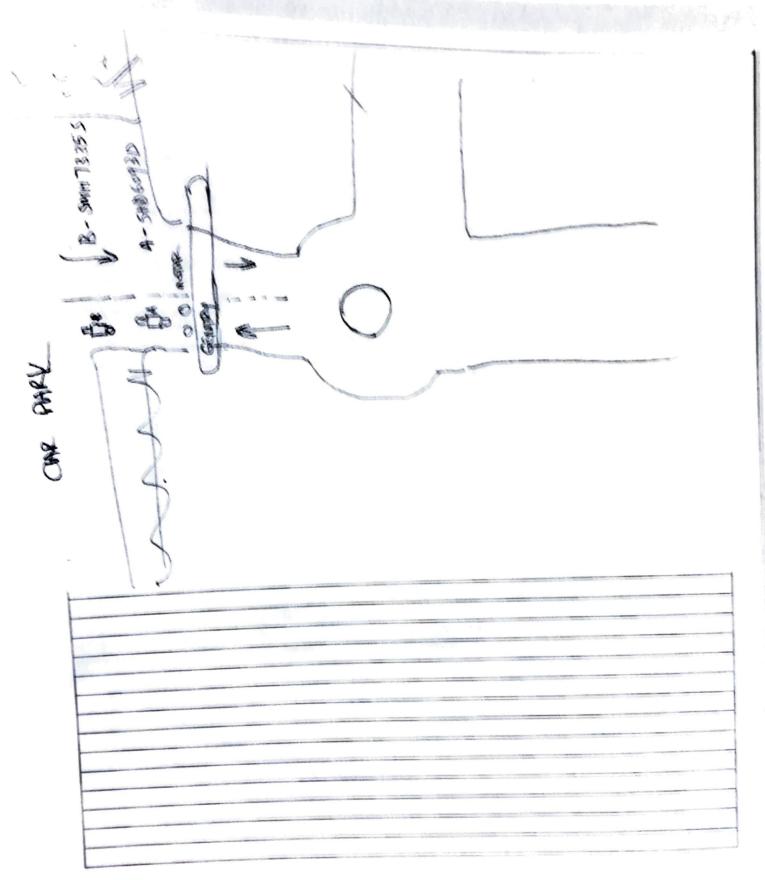
DRIVER

Name of Driver NRIC No

RUSLI BIN SHAHDAN SXXXX108D



AT . 4 PLAN



Declaration

IWe declare the foregoing particulars are true in every respect

Policyholder's Stinature / Oate &

Driver's Signature (If this er in but the public broken) (take 8 Time

luc 4 5 2022

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