

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 | 04/05/2022 15:53 (SGT) |
| Date of Accident | 03/05/2022 20:13 (SGT) |
| Exact Location of Accident | 2 Jurong East Street 21, Singapore 609601 |
| Additional Location Information | IMM CAR PARK JURONG EAST ST 21 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHD6093B |
| 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 | Toyota |
| Model | Prius |
| 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? | No - Claiming third party |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | Yes |
| Policy Number | D-22099115MFSH |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------|
| Name of Driver | RUSLI BIN SHAHDAN |
| NRIC No | SXXXX108D |

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not the policy holder) John
& Time

4.6.2022