# **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.

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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 09/05/2022 15:56 (SGT) Date of Accident 07/05/2022 11:45 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information SLIP ROAD FROM ANG MO KIO AVE 3 TOWARDS CITY Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHB5105T

#### 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 1798

# **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 LIM SENG CHONG NRIC No. SXXXX011F

Date Of Birth 26/11/1972 Occupation Outdoor Date Of Driving Pass 01/11/1995 Driving experience 26 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-68662672 Alt. Phone Number Email Address Auto-Svcs-TARC@smrt.com.sg Address Address complement Postcode Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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? Nο PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** Gender Female 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 I WAS TRAVELLING ALONG THE SLIP ROAD FROM ANG MO KIO AVE 3 TOWARDS CITY WITH 2 PASSENGERS ON BOARD. A VEHICLE INFRONT OF MY TAXI JAMMED BRAKE. I APPLIED MY BRAKE TO STOP AND MANAGED TO STOP IN TIME. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJJ5330T HAD COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI. ATTACHMENT(S) Are accident photos available for attachment? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

No

Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number	SJJ5330T
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
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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- 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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- 6. The 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 putside of Singapore, for one or more of the above Purposes.

Policyhokoe's Signature / Date 8
Time

Sketch Plan

Driver's Signature / Midriver is not the policyholder) / Date
8 Time

Sketch Plan

Slip Road Ang Mo Kio Ave 3

A ~ 5HB 5105T

B-SJT 5330T

Describe Circumstances of the Accident		
1		
# V 0000		

# Declaration

IWe 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

Witnessed by Reporting Centre Personnel







