SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

onlicy 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

04/07/2022 08:44 (SGT)

Driver

01/07/2022 20:22 (SGT)

408 Bedok North Ave 2, Block 408, Singapore 460408

BLK 408 BEDOK NORTH AVE 2 OSCP

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHB1167R

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

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

your vehicle?

Vehicle Category

Transmission

MG

MG5

Are you claiming under your own insurance policy for repair to

CC

No - Claiming third party

Taxi

Auto

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

SYAIROOL HEESYAM BIN SURIP

MS First Capital Insurance Ltd

D-22099115MFSH

SXXXX262I

12/04/1975

Outdoor

Name of Driver NRIC No Date Of Birth Occupation

@ A __: d __ _ _ _ _ CONVOOT 40004

te Of Driving Pass 29/06/2007 riving experience 15 YEARS AND 1 MONTH Male Gender Mobile Number (Phone) +65-68662672 Alt. Phone Number AUTO-SVCS-TARC@SMRT.COM.SG Email Address Address 11 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 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 OSCP OF BLK 408 BEDOK NORH AVE 2. SUDDENLY A VEHICLE SKV4901C CAME OUT FROM THE PARKING LOT AND THE THIRD PARTY'S SUDDEN ACTION DID NOT GIVE ME AMPLE TIME TO REACT AND MY TAXI COLLIDED ONTO THE RIGHT FRONT PORTION OF THE VEHICLE. 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** DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number Vehicle Manufacturer SKV4901C Vehicle Model Vehicle Variant Vehicle Colour

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Daga 2 of 10

hicle Category
ame 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)

Private car KOH YEOW HWEE

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File R

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Declaration

I'vve declare the foregoing particulars are true in every respect.

Enterphysics Cappet

Folioynokter's Signature : Date & Time

Just 1130 m 2/7/2022

Driver's Signature (If driver is not the policyholder) / Date & 1706

Mu 2.7.2022

Witnessed by Raphiting Course Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 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.
- 7. By the fodgement 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)

Tunderstand, 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 yersilaw firms, the Monetery 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 enquines 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 no 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 GA 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

Policyholodits. Signature / Date &

um

ma 110 Sketch Plan

Driver's Signature (Y driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel