SS2Y227P0001 / Strides Automotive Services Pte Ltd SSZ1227* OF TRIME: 25/07/2022 14:57 (SGT)
SUBMITTED BY: LIM WEI SIONG (SMRT 01)
VERSION: 1 (25/07/2022 14:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

. 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

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

25/07/2022 14:57 (SGT) Driver 24/07/2022 11:15 (SGT) Near 50 Jurong Gateway Rd, #B1 - 12, Singapore 608549 JURONG GATEWAY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHD6296H

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

Toyota Prius

Variant

Exact purpose for which vehicle was being used at time of

accident

CC

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

No - Claiming third party

Taxi

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-22099115MFSH

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

WONG EE LEONG LIONEL

SXXXX543G 03/04/1965 Outdoor

Date Of Driving Pass 08/02/1996

Driving experience 26 YEARS AND 5 MONTHS

Gender Male

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?

If No, Relationship of the Driver with the Insured

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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

PASSENGER 1

Name FANG WEI Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG JURONG GATEWAY ROAD AT THE RIGHT MOST LANE WHEN THE VEHICLE SKB398L CAME OUT FROM JEM AND CUT ACROSS LANES INTO MY TRAVEL PATH, IMMEDIATELY I SWERVED TO THE RIGHT TRIED TO AVOID BUT THE RIGHT REAR OF THE VEHICLE SKB398L STILL HIT ONTO THE LEFT FRONT PORTION OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SKB398L Mercedes



 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

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- 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 Traffic Police Department for investigation.

- 6 This report will be forwarded by the insurers to 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 record pend 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 this. 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the [insurers], the Insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) at

(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 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, handing 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, lawyers/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 the Hanyers/law

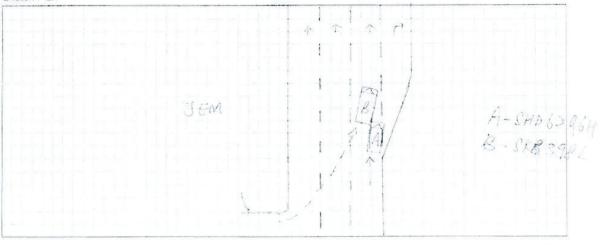
Palcyholders Signature / Date & Time

Driver Senature (if triver is not the policyholder) / Date

Witnessed by Reporting Centre Personne (Name as in NRIC(ID card)

Ale 25/2/20

Sketch Plan



1

scribe Circumstance of the Accident		
	(4)	

INVe agold the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

Orwer's Signature (if driver is not the policyhalder). Date 8 Time

Witnessed by Reporting Centre Personnel (Name as in NR (Crit) card)

2

Ch 28/2/22