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 Actual 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 02/09/2022 15:47 (SGT) Reported by Driver Date of Accident 01/09/2022 21:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE TOWARDS SLE (BEFORE JALAN BAHAGIA EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6337Z

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

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 Policy Number / Cover Note Number D-22099115MFSH

DRIVER

Name of Driver YEUNG SI YEN FRANKIE NRIC No SXXXX348D Date Of Birth 28/08/1960 Occupation Outdoor

Date Of Driving Pass 31/07/1981 Driving experience 41 YEARS AND 2 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? No 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 Chain Collision 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? Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20220902/7003 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	SJX9371A
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU9966M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEUNG SI YEN FRANKIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	No

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.

- 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.
- 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' lawyers/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:

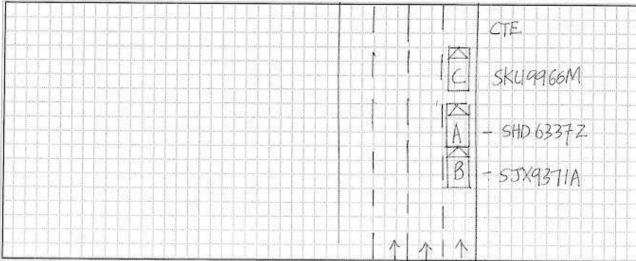
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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' 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 their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



vJun2022

cribe Circumstance of the Acciden	it		
		100	

vJun2022





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220902/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2022 01:28		Vide Report No.:	Station Diary No.:	
t's Partic	ulars			
		Address: 217C SUMANG WALK	#11-218 SINGAPORE 823217	
ID No.: / S21773	48D	Contact No.: Home/Office:	Mobile: 96777718	
y: DRE CITIZ	EN	Email: FRANKIE60.FY@GMAI	L.COM	
Age: 62	Date of Birth: 28/08/1960	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Informat Class: 28,2A,2,3	tion: Date of Expiry:	
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	t's Partic Informant: SI YEN FR ID No.: / S21773- y: DRE CITIZ Age: 62	22 01:28 It's Particulars Informant: SI YEN FRANKIE ID No.: / S2177348D y: DRE CITIZEN Age: Date of Birth: 62 28/08/1960	### Particulars Informant:	

Type of Accident:	Injury Government Prop	Drink erty Drive; No	Date/Time of Accident: 01/09/2022 21:	Type of Local Straight Road
CTE towards	SLE before jalan bahaç	jia exit		
Weather:		Road Surface: Dry		Road Speed Limit: 90 Km/h
Clear	Traffic Flow: Traffic Control: One Way Not Controlled			
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD6337Z	Car	ТОУОТА		Brown	Slightly Damaged	1
SJX9371A	Car	ТОУОТА		White	Slightly Damaged	0
SKU9966M	Car	ТОУОТА		White	Slightly Damaged	0



T/20220902/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220902/7003

CONTINUATION OF REPORT

Details of Perso	n Involved	7775 696 V	ESS (MAIN)	e move	TON E	Every State of the second
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destrian	Cross	sing: NA
Passenger		100			NEW TOWN	
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	SHD6337Z (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days gran	lo. of Days granted Medical Leave NIL			of NIL		W93585 - 395
Driver		A MAGE				
Name	YEUNG SI YEN FRANKIE			ID No.		S2177348D
Related Vehicle	SHD6337Z (Car)			Contac	t No.	96777718
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence Expiry	e &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	02/09/2022		Date	02/09		/2022
No. of Days gran	ted Medical Leave	05	Degree of	f	Slight	(2)

Brief Details.

the vehicle in front of me suddenly break SKU 9966M (Low meng sum, s1690373f) and I hit my break (SHT63370Z), the third car SJX9371A(Vishwanath Hagaragi, s7984813a) hit my car due to my sudden break. I suffer a neck sprain, right shoulder sprain and right foot (3/4th toes) sprain. I was given a 5 day MC by Mount Alvernia Hospital by Dr.Shaun Mark Rama.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220902/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2022 01:28
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

This report is lodged at Punggol NPC Kiosk 1