SS3D22BQ0001 / Strides Automotive Services Pte Ltd (757705) ENTRY DATE & TIME: 28/11/2022 09 24 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (28/11/2022 09:24 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Actual Driver
 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.

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

By the ladgement 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 28/11/2022 09:24 (SGT)

Reported by Driver

Date of Accident 25/11/2022 22:04 (SGT)

Exact Location of Accident CTE, Singapore

Additional Location Information CTE TOWARDS ANG MO KIO (AFTER BRADDELL EXIT)

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB178R

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 MG Model MG5

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 SIM KAY FOO NRIC No SXXXX457B Date Of Birth 27/01/1982 Occupation Outdoor

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number **Email Address**

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG CTE TOWARDS ANG MO KIO (AFTER BRADDELL EXIT) AND A VEHICLE IN FRONT OF MY TAXI CAME TO A HALT. I SLOWED DOWN AND STOPPED AS WELL, AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SLR6587Y HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes Yes

FILE TOO BIG

15/02/2001

Male

11

No

No

Hirer

Clear

Dry

No

No

Yes

No

No

No

2

21 YEARS AND 9 MONTHS

AUTO-SVCS-TARC@SMRT.COM.SG

(Phone) +65-68662672

Collision - Head to Rear

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

SLR6587Y

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SKETCH PLAN

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- Please report correctly the details of the accident to speed up the claims procees
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- 4. The assue and acceptance of this formity insufance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be ferwarded by the insurers to the GIA Records Management Centre established by the Gerieral 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 ladgement 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)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, uso, 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 Vonetary Authority of Singapore and any relevant government agencylauthority (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

- (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 pring 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 addident and the Insurers' lawyers/law firms imay/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

	Á	Lu 26 1 2072
Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver's not the policyholder) - Date & Time	Witnessed by Reporting Centre Personni (Name as in NRIC/IO card)
Sketch Plan		
		CTE
	1	

VJ 3-12022

Vehicle Category Name of Driver Contact Number Address

Address complement

Postcode

Insurance Company Name

Details of property damaged in accident No. Of Passenger (Including Driver)

Nature Of Damage

Private car

LEONARD POHZIJUN (LEONARD FU ZIJUN)



be Circumstance of the Accident	
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Married Military Co. 1 Company and	
	and the second s

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature & Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Namo as in SRICIID card)

v.iun2022

26-11-2022