

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 withholding 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.
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 30/03/2023 18:08 (SGT)
Reported by Actual Driver
Date of Accident 29/03/2023 17:00 (SGT)
Exact Location of Accident 454 Fajar Rd, Singapore 670415
Additional Location Information OSCP BUKIT PANJANG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6180H

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) +65-6866267
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 LOW SWEE EE
NRIC No SXXXX832C
Date Of Birth 05/08/1960
Occupation Outdoor

Date Of Driving Pass 01/01/2000
 Driving experience 23 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-68662671
 Alt. Phone Number -
 Email Address AUTO-SVCS-TARC@SMRT.COM.SG
 Address 1
 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 Hit and run / Vandalism / Damaged whilst parked
 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) 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 PARKED MY VEHICLE AROUND 5PM AT THE OPEN CAR PARK AT BLK 454 FAJAR ROAD AND THE NEXT DAY WHEN I WANTED TO GET THE TAXI I SAW THAT MY LEFT FRONT DOOR WAS DAMAGED. THERE WAS A PAPER WITH NAME AND CONTACT NUMBER LEFT AT MY WINDSCREEN. I TRIED TO CONTACT THE NUMBER AND THE PERSON ADMITTED THAT HIS VEHICLE COLLIDED ONTO 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 YP1644E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle

 Accident report SS3D233U000B

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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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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, 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

30/3

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

fr

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

Sketch Plan

CAR PARK LOT

A = SHF 2083
B = YP1644E

v Jun 2022