SS4B247V0001 / Strides Premier Automotive Services Pte Ltd (486443) ENTRY DATE & TIME: 31/07/2024 09:38 (SGT) SUBMITTED BY: ASHLENE LEE BEE GAN VERSION: 1 (31/07/2024 09:38 (SGT))

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 First Submission 31/07/2024 09:38 (SGT) Reported by **Actual Driver** Date of Accident 29/07/2024 04:10 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5448D

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner STRIDES PREMIER TAXI PTE LTD Company Reg No 1XXXXX369K Email Address sparc@stridespremier.com.sg Mobile Phone No (Phone) +65-65446671 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-24102275MFSH

DRIVER

Name of Driver **CHUA CHENG HWA** NRIC No SXXXX669Z Date Of Birth 21/09/1968 Occupation Outdoor

Driving Pass Date 13/09/1993 Driving experience 30 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-65446676 Alt. Phone Number Email Address sparc@stridespremier.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 Collision - Head to Rear 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? Yes 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? Nο 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 Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT refer to police report ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

SD CARD WITH TRAFFIC POLICE

Reasons for not uploading a video of the accident

Vehicle Registration Number	WC4324B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	UNKNOWN
Gender	Male
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SHB5448D
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN.

IMPORTANT NOTICE

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- 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.
- 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 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, 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 malling 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

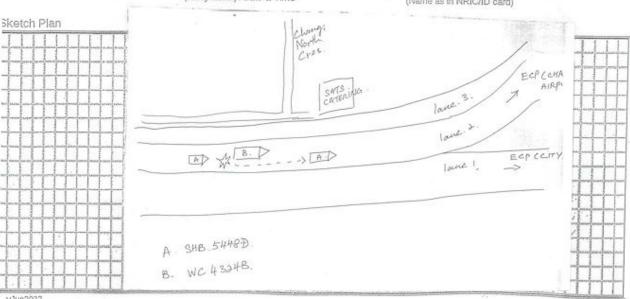
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or age (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

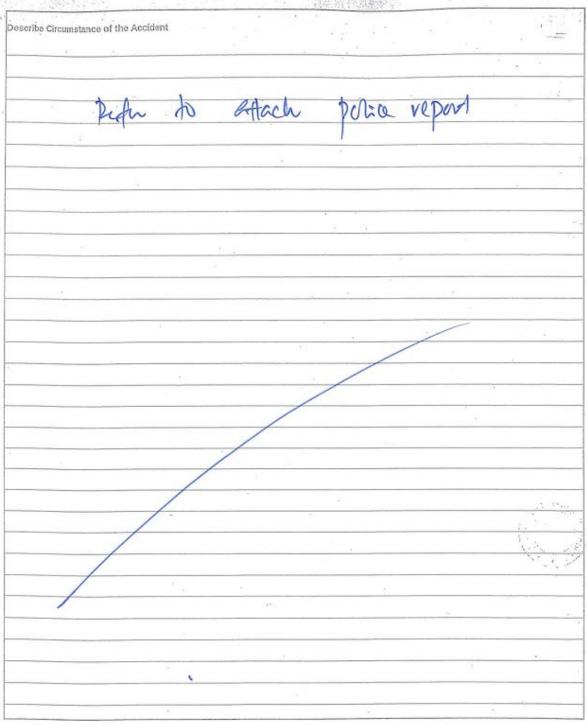


2 9 JUL 2024

olicyholder'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)





Declaration

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



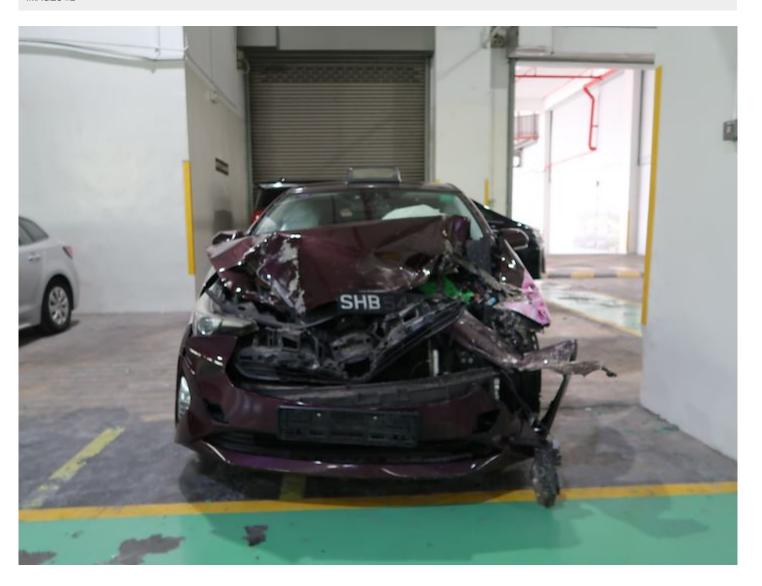
2 9 JUL 2024

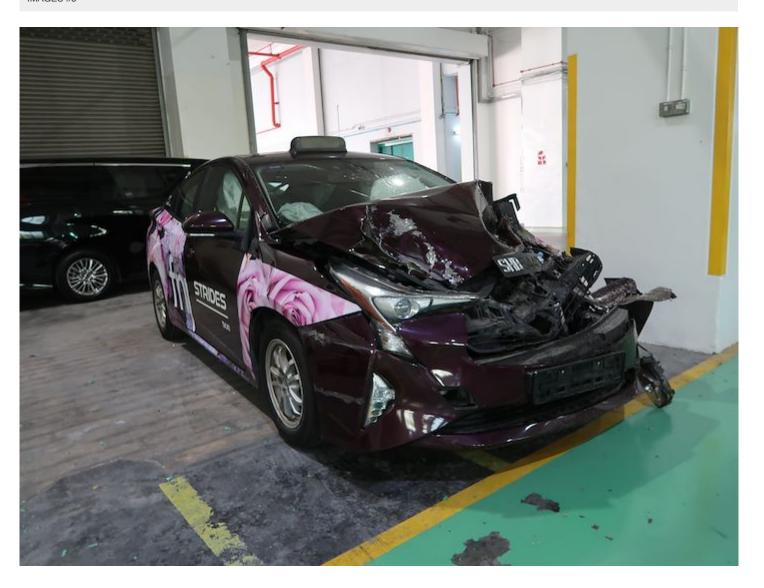
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

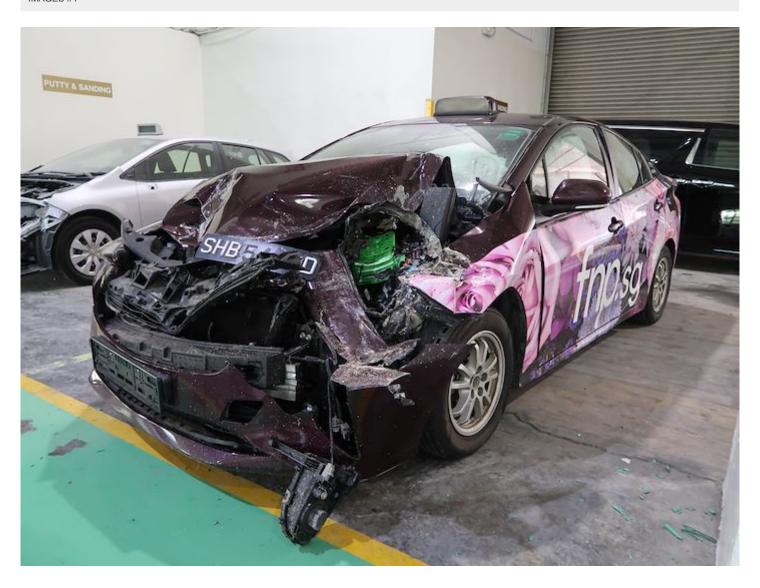
/ Date & Time

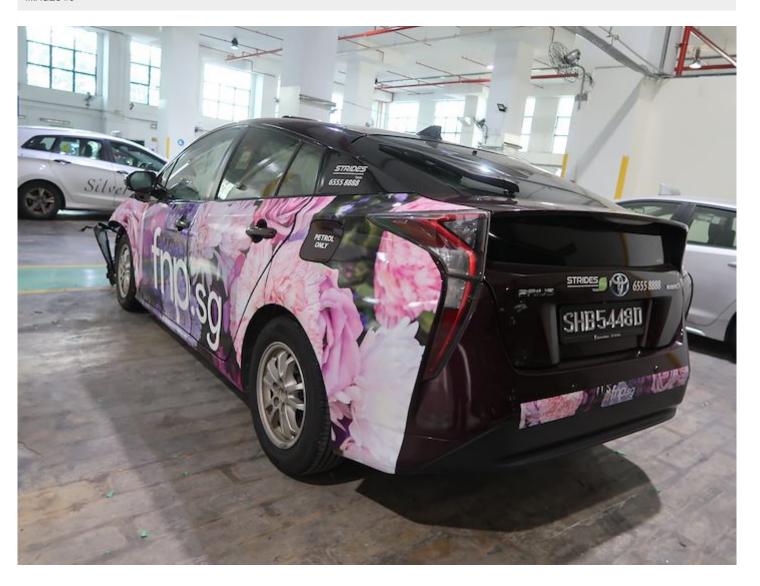
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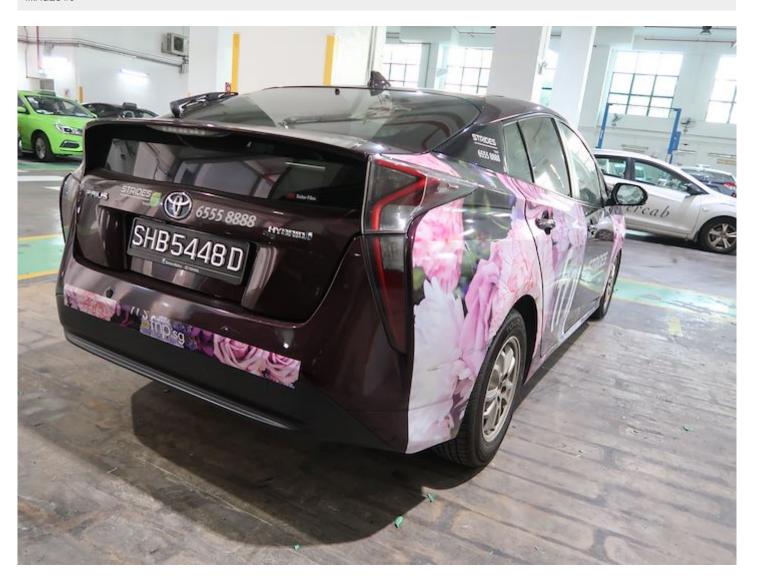


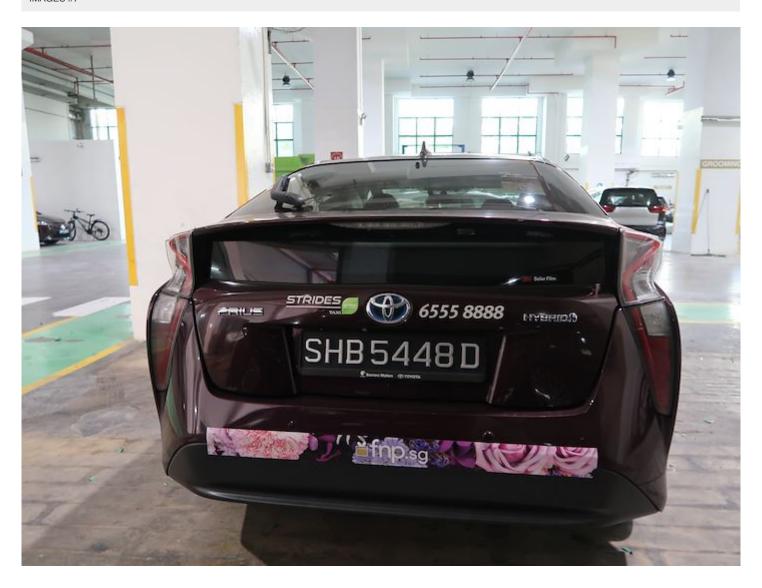


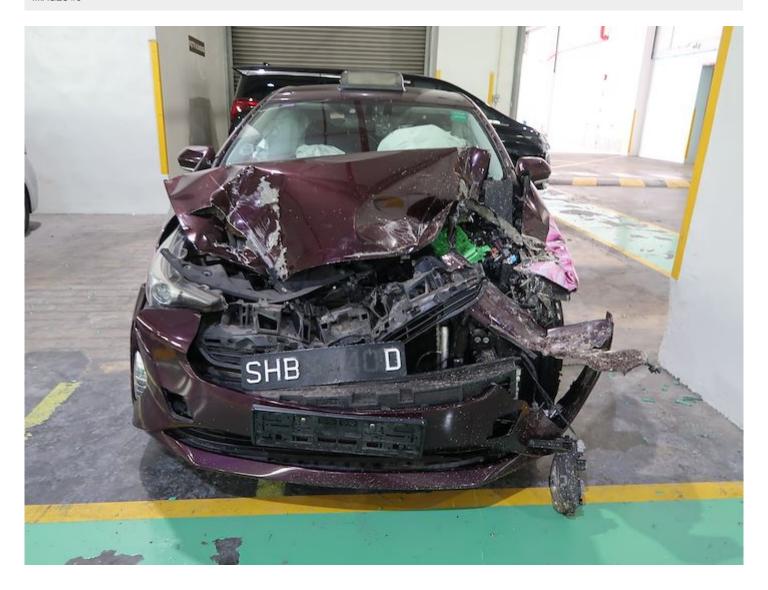




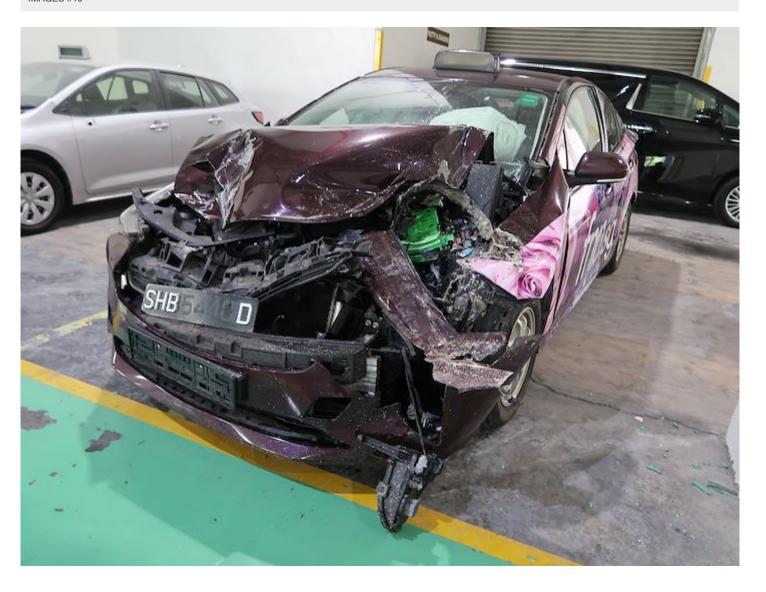


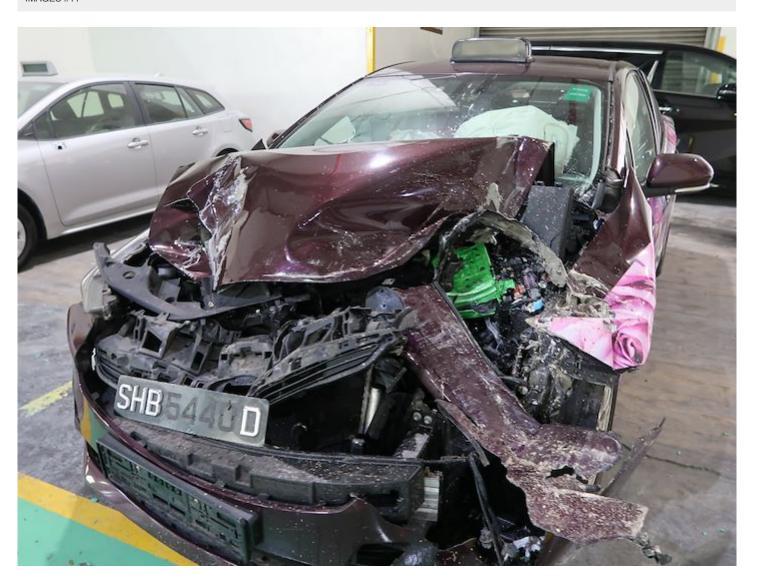


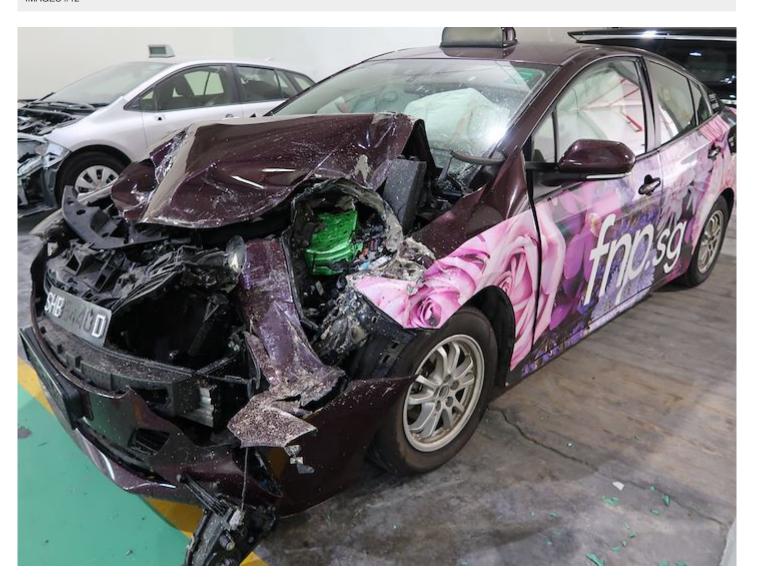


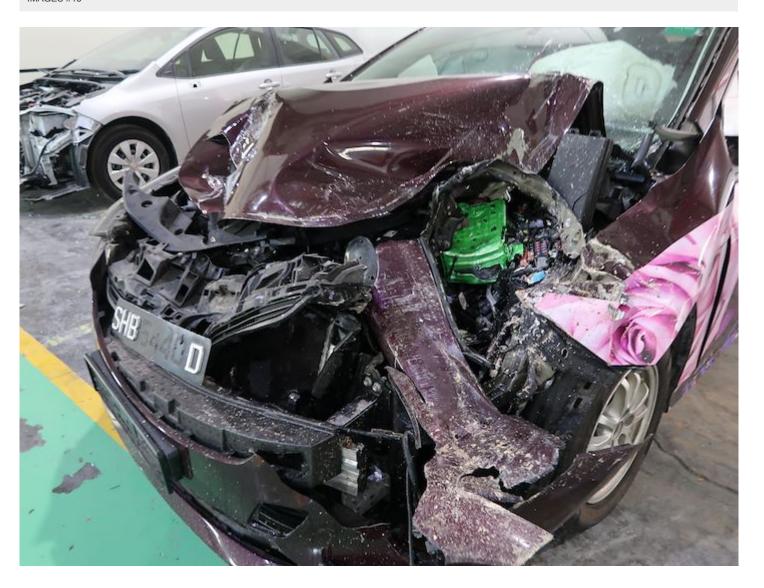


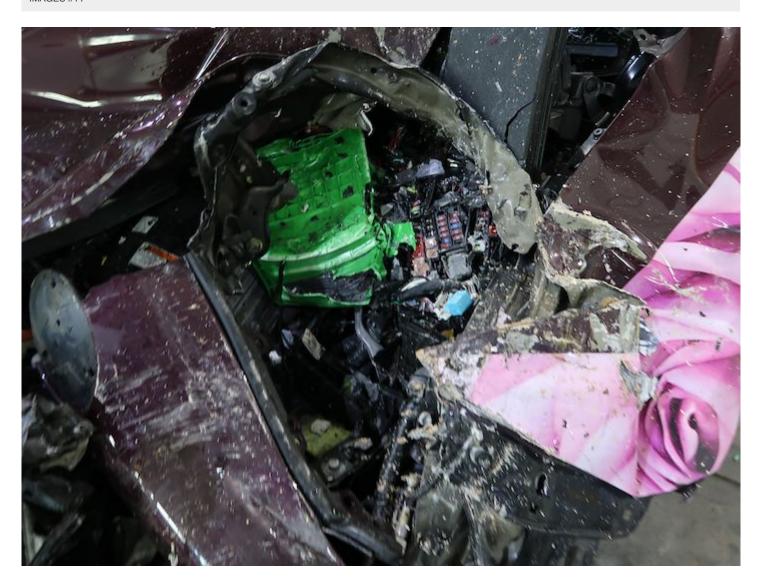


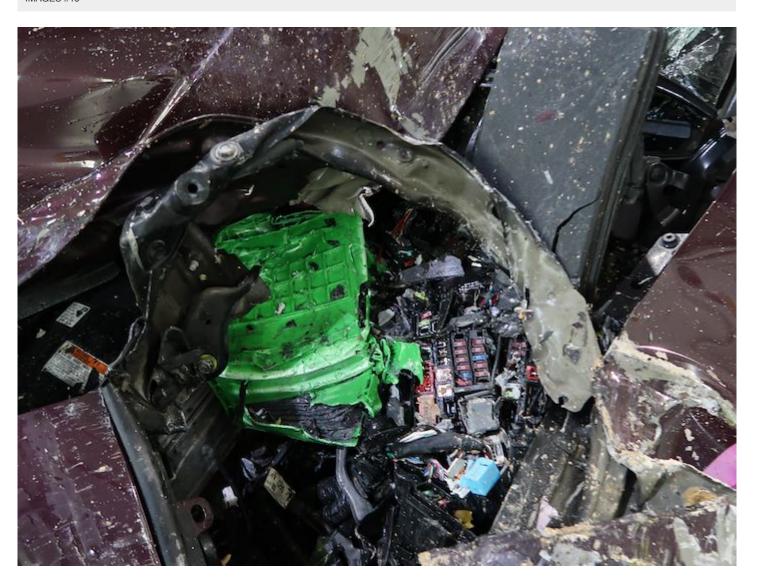


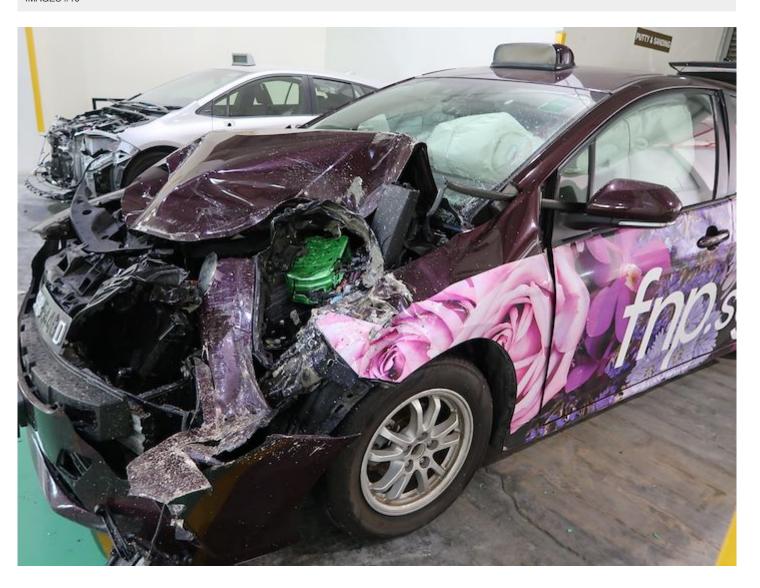


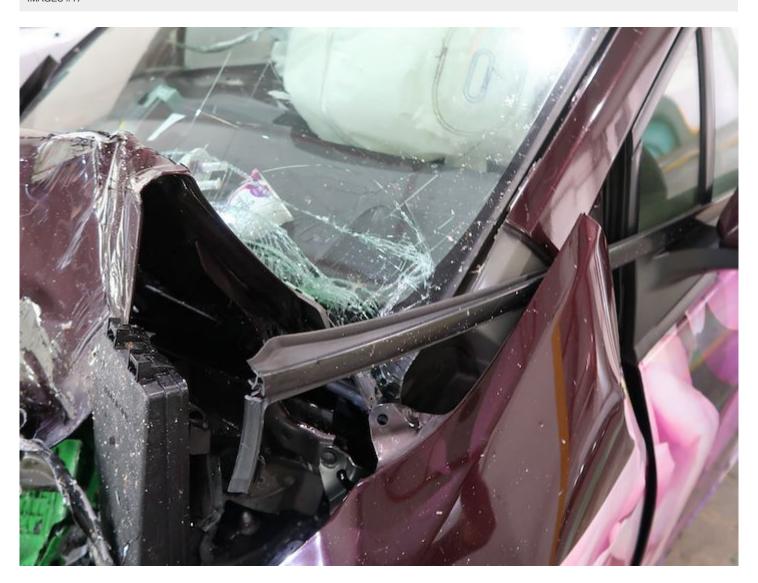


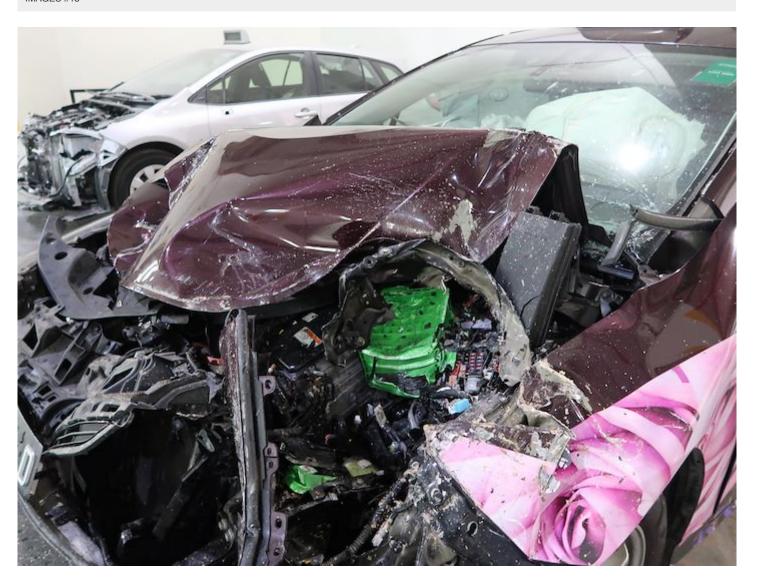
















Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20240729/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2024 11:27			Vide Report No.: G/20240729/0038	Station Diary No.: 21	
Informa	nt's Partic	ılars			
Name of Informant: CHUA CHENG HWA		Address: APT BLK 842 TAMPINES STREET 82 #04-145 SINGAPORI 520842			
ID Type / ID No.: NRIC NO / S6834669Z			Contact No.: Home/Office: Mobile: 91689110		
Nationality: SINGAPORE CITIZEN		Email: kitkitkit4@yahoo.com.h	k		
Sex: Male	Age: 55	Date of Birth: 21/09/1968	Type of Informant:		
Race: Chinese			Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident: Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 29/07/2024 04:10	Type of Location Straight Road
Location: PAN-ISLAND Lamp Post Nu	EXPRESSWAY			
Weather: Clear		ad Surface:	- 100 Maria - 100 Maria	
Traffic Flow: One Way	1989	affic Control: t Controlled		Traffic Volume: Light
Type of Collision Between Movid	on: ng Vehicles - Head To Rear		200000	Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Conditio	No of Passenger
SHB5448D	Motor car		16.		Seriously Damaged	1
WC4324B	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20240729/2026

CONTINUATION OF REPORT

Signature of Officer Recording The G / SI AZFARULLAH BIN ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2024 11:27
Officer In Charge Of Case: TP / GIT / SI MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224	Classification Of Case:
NP168	





Police Station Of Origin: Tampines N.P.C

Report No. T/20240729/2026

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver						
Name	CHUA CHENG HWA			ID No		S6834669Z
Related Vehicle	NIL			Conta	act No.	91689110
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree o	Degree of NIL		

Brief Details.

On 29/7/2024 at about 4.10am, I was travelling along PIE expressway towards Changi Airport. I was driving a taxi with registration number plate SHB5448D with one passenger who fetch from Geylang Lorong 20 towards Changi Airport Terminal 2. While I was driving in the centre lane of PIE towards Changi Airport (nears the SATS building exit), there was a cement mixer lorry in front me. I was driving at a speed between 80km/hr to 90km/hr and I misjudge the speed of the truck which was slower. As I got closer to it, I tried to change lane but I could not make it in time so I collide head on to the rear of the cement lorry. My front vehicle was badly damage and the airbag was deployed.

I suffered a cut and bruises on my right leg, left knee bruise, laceration on my neck and redness on my right thumb. I have not seen a doctor for my injuries. However, my passenger had suffered a cut to his chin area and I assisted to call the ambulance. The passenger was conveyed by the ambulance and the Traffic police also visited my scene. I have a CCTV in car camera and the SD card was hand over to the police.