

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 First Submission	10/09/2024 13:35 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 09:05 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1158S
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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) +65-65446676
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	1
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24102275MFSH

DRIVER

Name of Driver	LIEW CHEE KONG
NRIC No	SXXXX185E
Date Of Birth	05/05/1963
Occupation	Outdoor
Driving Pass Date	26/05/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65446676
Alt. Phone Number	-
Email Address	sparc@stridespremier.com.sg
Address	11
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	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	MISS TAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG COMMONWEALTH AVENUE WITH ONE PASSENGER (FEMALE CHINESE) ON BOARD. WHILST I WAS MAKING A U TURN I FELT AN IMPACT AT THE LEFT REAR PORTION OF MY TAXI. A VEHICLE SMR7187A HAD HIT THE REAR LEFT 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 SMR7187A
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) -

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Lexington Rd

Commonwealth Ave

A-SH81158S
B-SMR 7187A

M

North

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

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

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

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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.



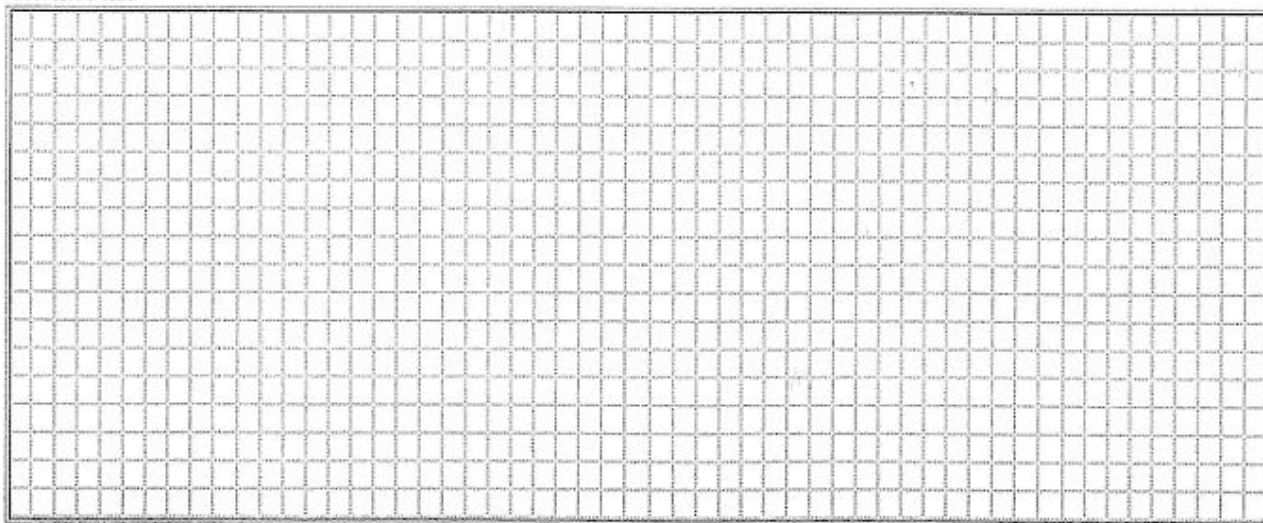
Policyholder's Signature / Date & Time

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

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

[Signature] 10.9.2024

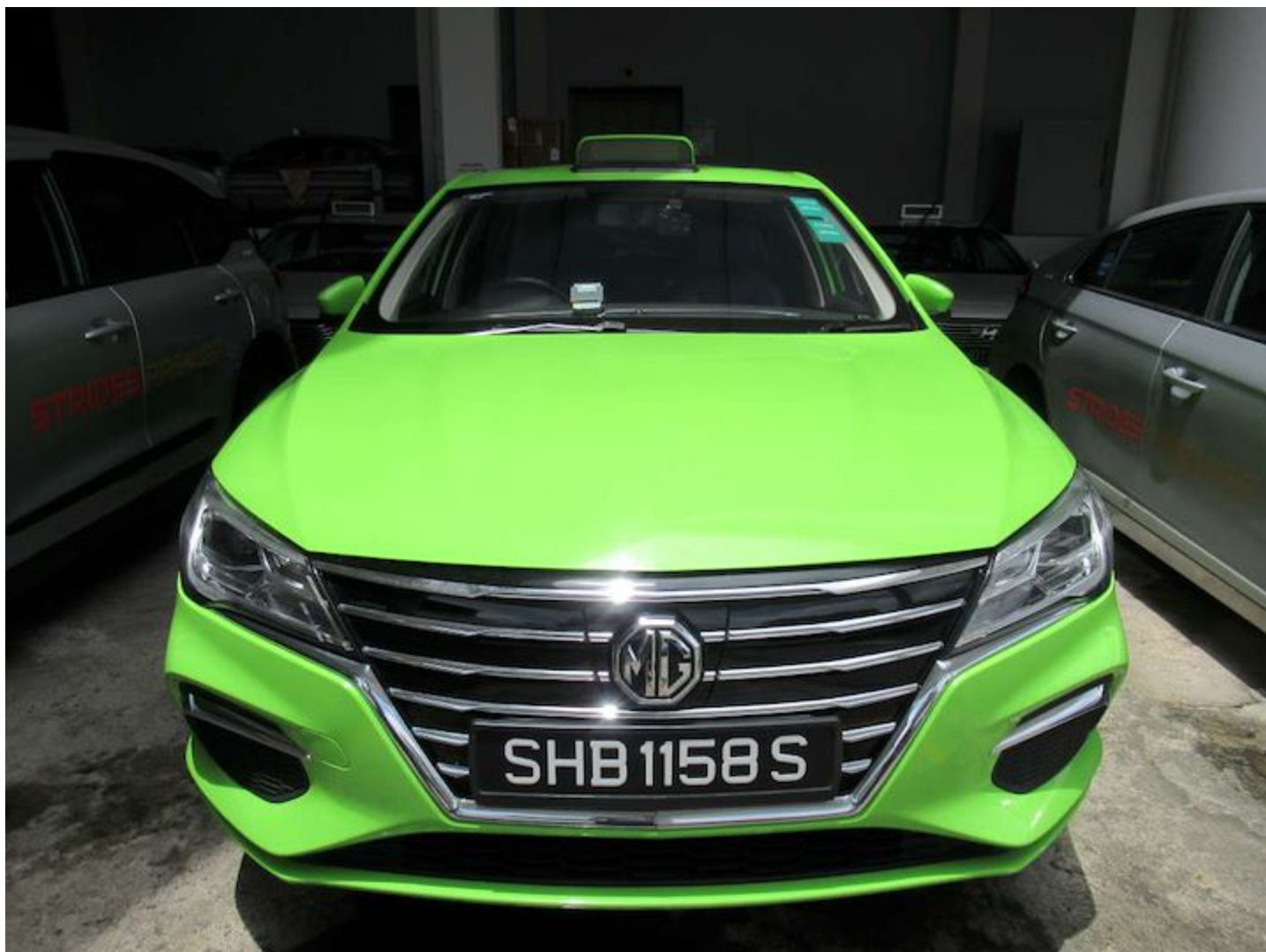
Sketch Plan



vJun2022

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CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Liew Chee Kong (HP: 97110932)
 NRIC/FIN S1594185E, residing at Blk 422 Fajar Road #10-499 670422 has reported to
 police a non-injury traffic accident which occurred at along Commonwealth Avenue
towards Leng Kee Road (performing U-turn)
 on 10/09/2024 at 0905 hrs am/pm involving the following vehicles:

- I SHB1158S (Complainant's Taxi)
- II SMR7187A (other party car)
- III -
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence,
 he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : Sgt Syafiq Mazlan 

Date : 10/09/2024

Time : 1011 hrs

S/D Ref : 39

Police Post/Unit : Bukit Panjang NPC

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999

Original – To be issued to informant
 Duplicate – To be retained at NPC or Police Post