

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	18/11/2024 16:11 (SGT)
Reported by	Actual Driver
Date of Accident	04/11/2024 14:40 (SGT)
Exact Location of Accident	W Coast Vale, Singapore
Additional Location Information	COMPOUND OF PARC RIVERA @ WEST COAST VALE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1003U
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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) +65-91550072
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-02

DRIVER

Name of Driver	HO WUI KHEW
NRIC No	SXXXX172J
Date Of Birth	05/08/1951
Occupation	Outdoor
Driving Pass Date	02/04/1971
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	53 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86792127
Alt. Phone Number	+65-89412211
Email Address	SPARC@STRIDESPREMIER.COM.SG
Address	BLK 510 WEST COAST DRIVE, #08-303
Address complement	-
Postcode	120510
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	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?	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

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	WALL
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	WALL DAMAGED
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	HO WUI KHEW - DRIVER OF VEH. A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	chest pain, legs pain, warded from 04/11/24 - 12/11/24
Injured person in which vehicle?	SHD1003U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.

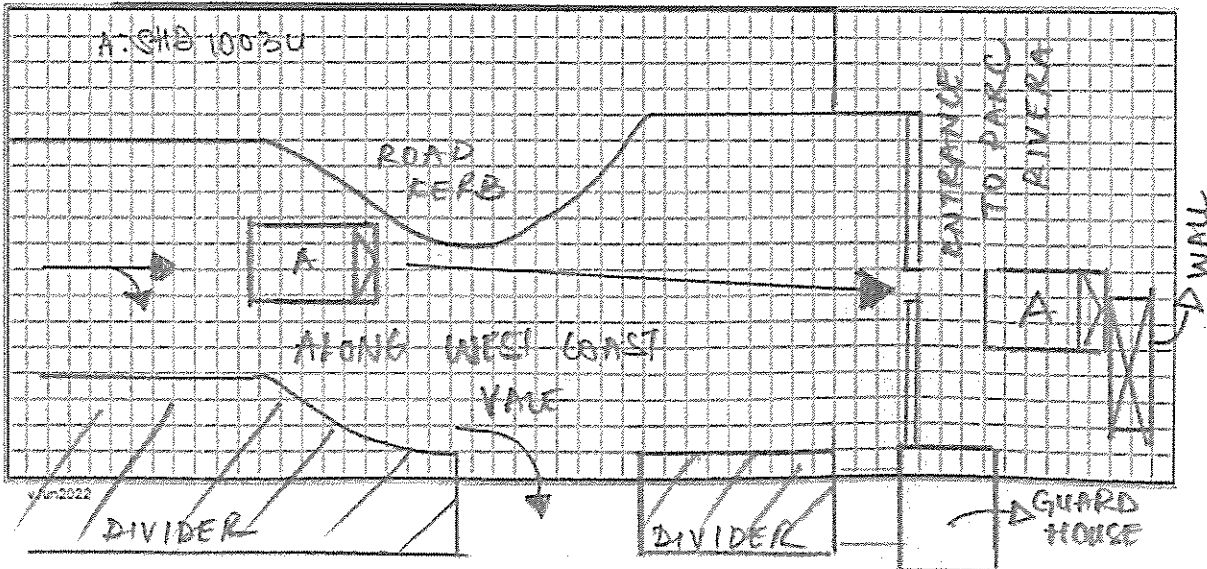
Policyholder's Signature / Date & Time

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

18 NOV 2024

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

Sketch Plan



Describe Circumstances of the Accident

ON 04/11/2024 @ 14:40HRS, I WAS DRIVING MY TAXI (SHD 1003 U) ALONG WEST COAST VALE.

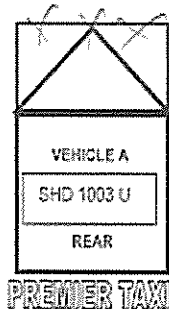
WHILE MOVING AHEAD, I LOST CONTROL OF MYSELF - GONE TOTALLY BLACKOUT, CAUSES MY TAXI TO SURGE FORWARD & HIT ONTO THE WALL @ PARC RIVERA.

AS SUCH, THE FRONT PORTION OF MY TAXI DAMAGED.
THERE WERE DAMAGES TO THE WALL AS WELL.

I WAS THEN CONVEYED TO NG TENG FONG HOSPITAL, WARDED FROM 04/11/2024 & DISCHARGED ON 12/11/2024.

NO PASSENGERS ONBOARD MY TAXI.
NO OTHER VEHICLES INVOLVED.

DAMAGES FOUND ON VEHICLE A



DRIVER'S SIGNATURE
Monday, November 18, 2024 @ 11:02:20 AM

(attended by)



**SINGAPORE
POLICE FORCE**



T/20241118/7124

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241118/7124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 15:42		Video Report No.: D/20241104/0078		Station Diary No.:	
Informant's Particulars					
Name of Informant HO WUI KHEW			Address: 510 WEST COAST DRIVE #08-303 WEST COAST VISTA SINGAPORE 120510		
ID Type / ID No.: NRIC NO / S6242172J			Contact No.: Home/Office: Mobile: 86792127		
Nationality: SINGAPORE CITIZEN			Email: henryho2172@gmail.com		
Sex: Male	Age: 73	Date of Birth: 05/08/1951	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/11/2024 10:00	Type of Location: Bend		
Location: WEST COAST VALE					
Weather: Clear		Road Surface: Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD1003U	Motor car	KIA	Niro	Grey	Seriously Damaged	0

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



**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20241118/7124

CONTINUATION OF REPORT

Driver:			
Name	HO WUI KHEW	ID No.	S0242172J
Related Vehicle	SHD1003U (Motor car)	Contact No.	86792127
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/11/2024	Date Discharge	14/11/2024
No. of Days granted Medical Leave (MC)	19	Degree of Injury	Serious

Brief Details.

I was driving my taxi on 04/11/2024 morning. I drove into Parc Riviera to pick up a passenger. After entering the gantry, I drove straight and I was supposed to turn right. However, I did not and stopped at the curb in front of me on time. I did a reverse. At this point of time I was already a bit unwell and giddy. As I was driving forward and turning right, both of my left wheels mounted the curb and I lost consciousness. After that my vehicle hit into a wall at Parc Riviera. I managed to hear someone asking if I was alright. A few seconds after that I blacked out totally.

When I woke up again I was already in the hospital. On the second or third day while I was in hospital, a police officer came and give me a case card and told me to contact him if I needed him.

I am making this police report to report on the traffic accident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241118/7124

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Report No. T/20241118/7124

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer in Charge Of Case:
TP / TP18 /
MUHAMMAD AFIQ BIN OSMAN
Contact No.: 81863537

This report is lodged at Jurong West NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
18/11/2024 15:42

Classification Of Case: