

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	09/12/2024 14:03 (SGT)
Reported by	Actual Driver
Date of Accident	07/12/2024 22:00 (SGT)
Exact Location of Accident	Tampines Street 22, Singapore
Additional Location Information	OPEN CARPARK DRIVEWAY @ TAMPINES ST 22 (NEARBY BLK 286)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8813M
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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 - Claiming third party
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	TEO SIEW GIOK
NRIC No	SXXXX475G
Date Of Birth	06/10/1962
Occupation	Outdoor
Driving Pass Date	20/02/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98181809
Alt. Phone Number	-
Email Address	SPARC@STRIDESPREMIER.COM.SG
Address	BLK 286 TAMPINES ST 22, #10-191
Address complement	-
Postcode	520286
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)	0
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

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	SMV4985L
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KOK LEONG
NRIC No	SXXXX392G
Contact Number	(Phone) +65-98574959
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

[Handwritten signature]

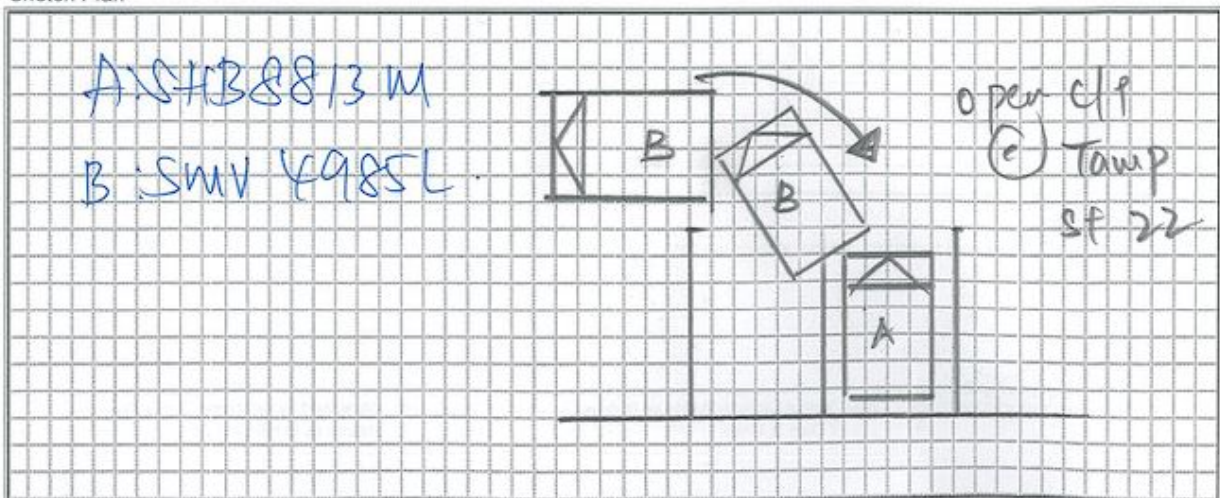
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

09 DEC 2024

[Handwritten signature]

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

Sketch Plan



vJun2022

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Describe Circumstances of the Accident.

AS I WAS WALKING TOWARDS MY TAXI (SHB8813M) – WHICH WAS PARKED AT THE OPEN CARPARK @ TAMPINES ST 22 (NEARBY BLK 286), I NOTICED A PIECE OF PAPER ON THE FRONT WINDSCREEN OF MY TAXI – INDICATING THAT SOMEONE HIT ONTO MY TAXI ON 07/12/24.

BASED ON THE VIDEO FOOTAGE VIEWED, IT OCCURRED ON 07/12/2024 @ 2200HRS.

AS VEHICLE B (SMV 4985 L) WAS REVERSING INTO A VACANT LOT, THE REAR OF VEHICLE B HAD COLLIDED ONTO THE FRONT LEFT OF MY TAXI.

AS SUCH, THE FRONT LEFT PORTION OF MY TAXI DAMAGED.

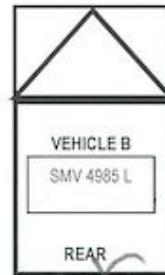
NO INJURY INVOLVED. NO AMBULANCE AT SCENE.
MY TAXI WAS VACANT/PARKED.
VEHICLE B HAD SOME PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



STRIDES
PREMIER
TAXI



THIRD PARTY
VEHICLE



Driver's Signature
Monday, December 09, 2024 @ 11:52:48 AM

(attended by























