

## 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 .....	16/12/2024 09:55 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	14/12/2024 04:10 (SGT)
Exact Location of Accident .....	River Valley Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD1620M
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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 .....	Hyundai
Model .....	Ioniq
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 .....	NG KOK SIONG
NRIC No .....	SXXXX186E
Date Of Birth .....	30/05/1976
Occupation .....	Outdoor
Driving Pass Date .....	09/04/1996
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	28 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91464950
Alt. Phone Number .....	-
Email Address .....	sparc@stridespremier.com.sg
Address .....	BLK 415 ANG MO KIO AVENUE 10 08-957 SINGAPORE 560415
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	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 POLICE REPORT

#### 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 .....	SHC7278J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHONG SOO LEONG
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



1915

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)

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**SINGAPORE  
POLICE FORCE**



T/20241214/7038

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

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Report No, T/20241214/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2024 13:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG KOK SIONG			Address: 415 ANG MO KIO AVENUE 10 #08-957 SINGAPORE 560415		
ID Type / ID No.: NRIC NO / S7615186E			Contact No.: Home/Office: Mobile: 91464950		
Nationality: SINGAPORE CITIZEN			Email: KOKSIONG.NG@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 30/05/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PART-TIME Driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2024 04:05	Type of Location: X-Junction
Location:  RIVER VALLEY ROAD				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7278J	Motor car	TOYOTA	PRIUS	Yellow	Seriously Damaged	0
SHD1620M	Motor car	HYUNDAI	IONIQ	Silver	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20241214/7038

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

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Report No. T/20241214/7038

CONTINUATION OF REPORT

Driver			
Name	NG KOK SIONG	ID No.	S7615186E
Related Vehicle	SHD1620M (Motor car)	Contact No.	91464950
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/12/2024	Date Discharge	14/12/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

On 14/12/2024 at about 0405Hrs,i was traveling my taxi SHD1620M along River Valley Road towards Hill St.While driving straight near to the junction of River Valley Road and Clemenceau Ave,the lights is on my favorable so i continue drive straight.Suddenly a taxi SHC7278J from the opposite direction abruptly right turn towards Clemenceau Ave.As the result,my Front left portion collided onto the said taxi front left side portion and cause badly damage to both vehicle.

After the accident Police arrived and my taxi in car SD card was taken by the Traffic Police and also given me a case number as E/20241214/0041.

My neck,back,chest and left hand was in pain due to the impact of the accident and today when i wake up the pain more worse so i consult doctor and was given 5 days MC.



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POLICE FORCE**

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



T/20241214/7038

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Report No. T/20241214/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KWOK WEI JIE, DANIEL  
Contact No.: 89220186

NP168

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

Date/Time:  
14/12/2024 13:34

Classification Of Case: