

## 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	26/12/2024 16:47 (SGT)
Reported by	Actual Driver
Date of Accident	26/12/2024 01:25 (SGT)
Exact Location of Accident	302 Jln. Ahmad Ibrahim, Singapore 619594
Additional Location Information	ESSO PETROL STATION @ JALAN AHMAD IBRAHIM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4218C
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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	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
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 .....	CHIA HUNG KIANG
NRIC No .....	SXXXX558A
Date Of Birth .....	13/12/1966
Occupation .....	Outdoor
Driving Pass Date .....	15/01/1993
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	31 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-65446676
Alt. Phone Number .....	-
Email Address .....	sparc@stridespremier.com.sg
Address .....	1
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 .....	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 .....	SHB4882P
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	MS First Capital Insurance Ltd
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.



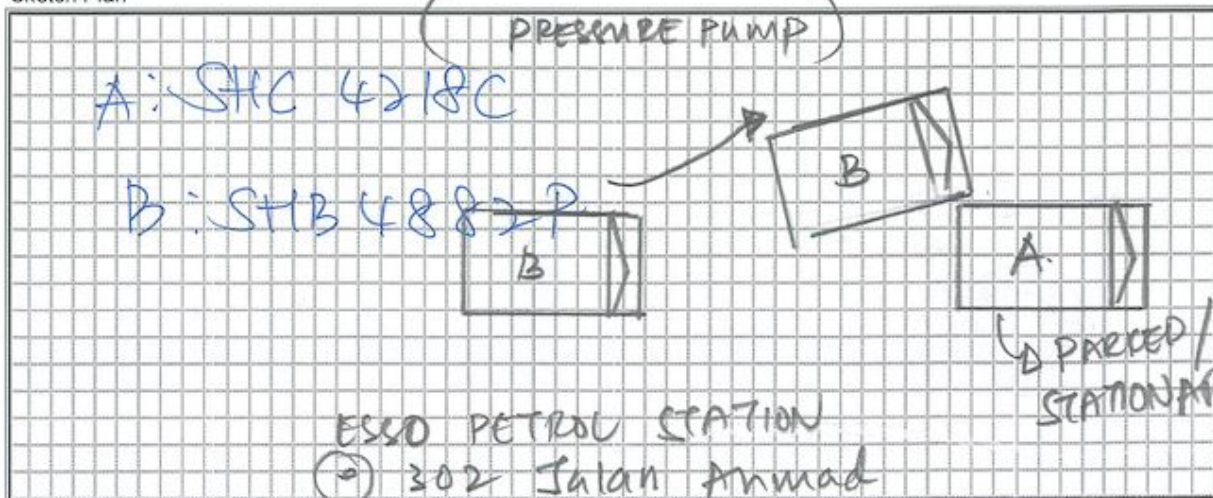
Policyholder's Signature / Date &amp; Time

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

26 DEC 2024

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

## Sketch Plan



vJun2022

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## Describe Circumstances of the Accident.

ON 26/12/2024 @ 01:25 HRS, I PARKED MY TAXI (SHC 4218 C ) ALONG THE DRIVEWAY @ ESSO – 302 JALAN AHMAD IBRAHIM & LEFT TO THE WASHROOM.

WHEN I RETURNED TO MY TAXI, I DISCOVERED THAT VEHICLE B ( SHB 4882 P – CITY CAB TAXI ) HAD COLLIDED ONTO THE REAR LEFT OF MY TAXI.

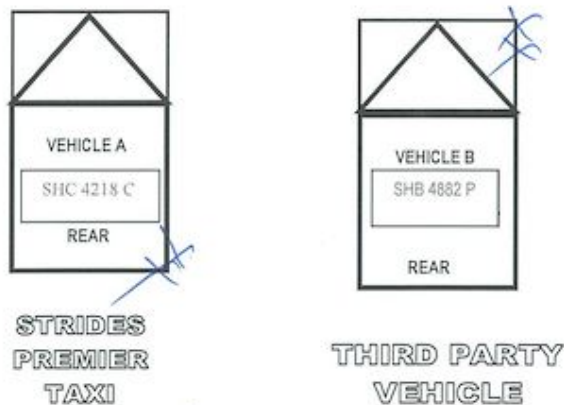
DRIVER OF VEHICLE B CLAIMED HE LOST CONTROL OF HIS TAXI – THUS CAUSING THE RIGHT FRONT OF VEHICLE B TO COLLIDE ONTO THE REAR LEFT OF MY TAXI (WHICH WAS STATIONARY).


DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT REAR & VEHICLE B HAD DAMAGES ON THE RIGHT FRONT.

NO INJURY INVOLVED. NO AMBULANCE AT SCENE.  
NO PASSENGERS ONBOARD BOTH VEHICLES.

\*SCENE PHOTOS TAKEN

## DAMAGES FOUND ON VEHICLE A &amp; VEHICLE B



  
Driver's Signature  
Thursday, December 26, 2024 @ 9:05:56 AM

( attended by  )