SS4B247B0004 / Strides Premier Automotive Services Pte Ltd (486443) ENTRY DATE & TIME: 11/07/2024 13:57 (SGT) SUBMITTED BY: SHANTI B THAIYAL NAYAGI (SMRT05) VERSION: 1 (11/07/2024 13:57 (SGT))

# **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 witholding 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 11/07/2024 13:57 (SGT) Reported by **Actual Driver** Date of Accident 10/07/2024 16:05 (SGT) Exact Location of Accident Dunlop St, Singapore Additional Location Information **PARKING LOT** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHB5217D

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 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

No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto

CC 1800

**INSURANCE COMPANY** 

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

DRIVER

Name of Driver LEE KWANG HANN NRIC No SXXXX920C Date Of Birth 20/04/1958 Occupation Outdoor

Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/07/1978 46 YEARS Male (Phone) +65-65446676 - sparc@stridespremier.com.sg 11 No Hirer No
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Rochor Neighbourhood Police Centre (Phone) +65-18002949999 (Fax) +65-63918583 11 Kampong Kapor Road Singapore 208678 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20240710/2068	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SJV1243A - -

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)	-

## SKETCH PLAN.

#### 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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

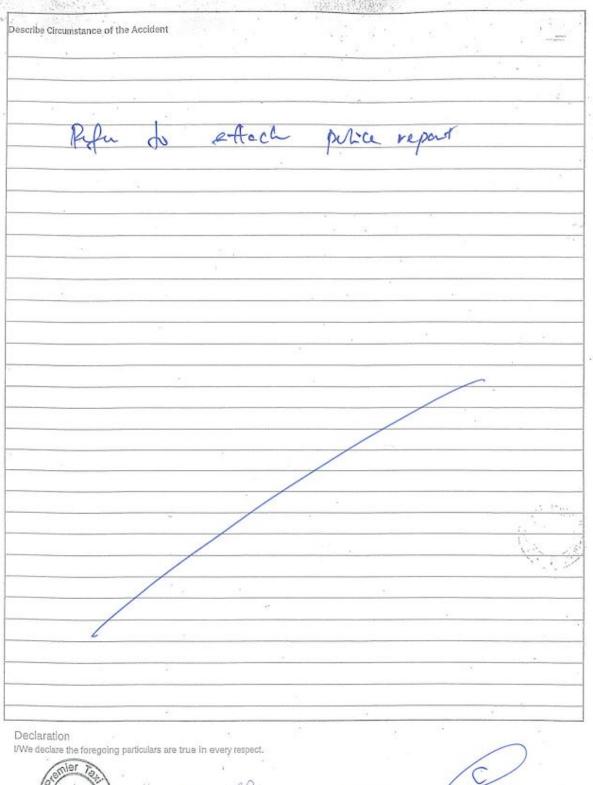
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)

1 1 JUL 2024





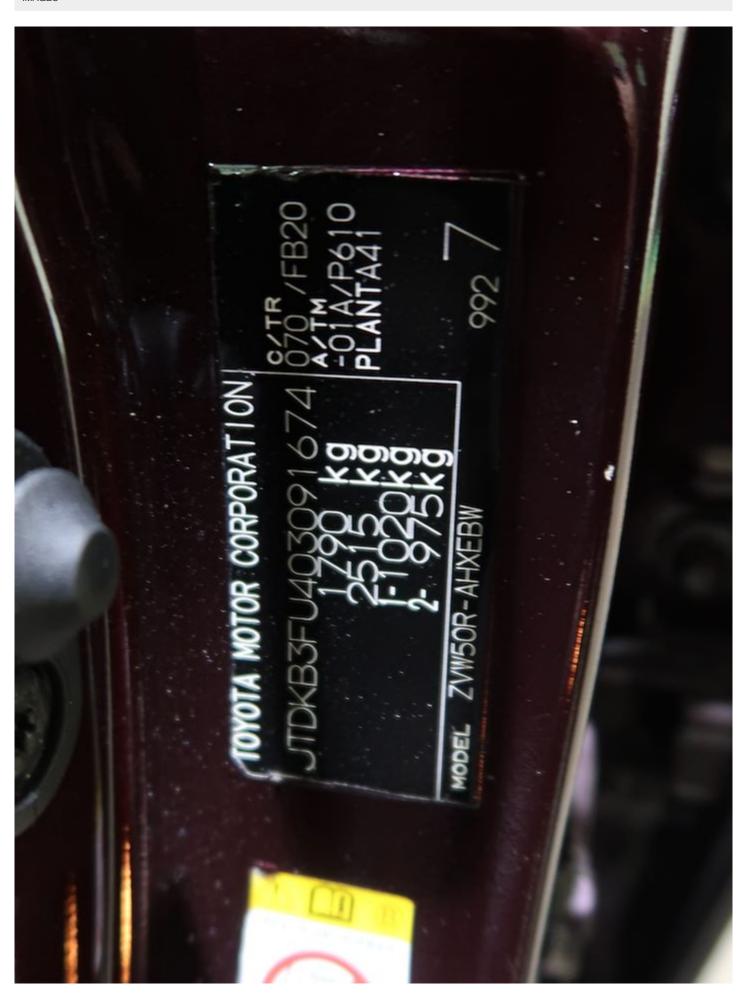
11 JUL 2024

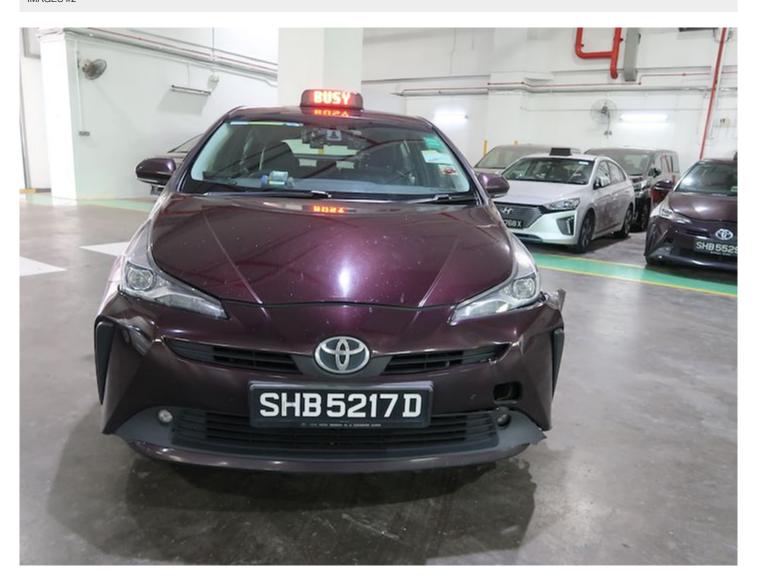


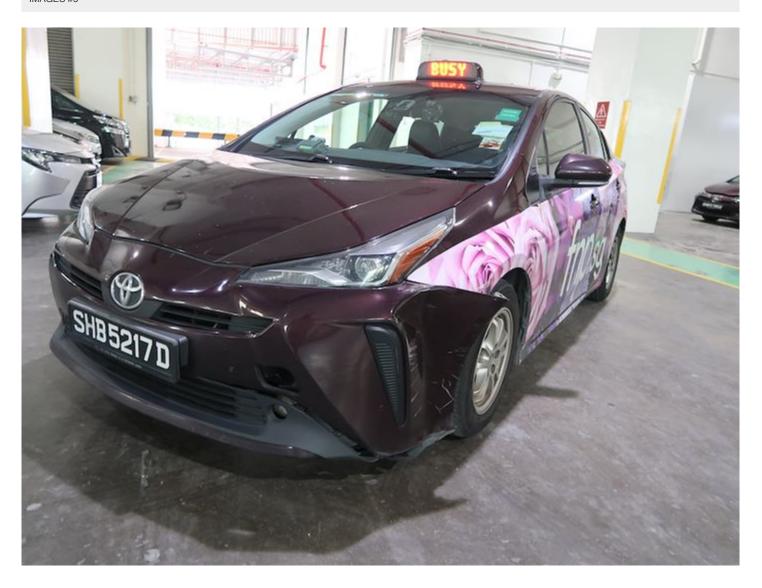
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

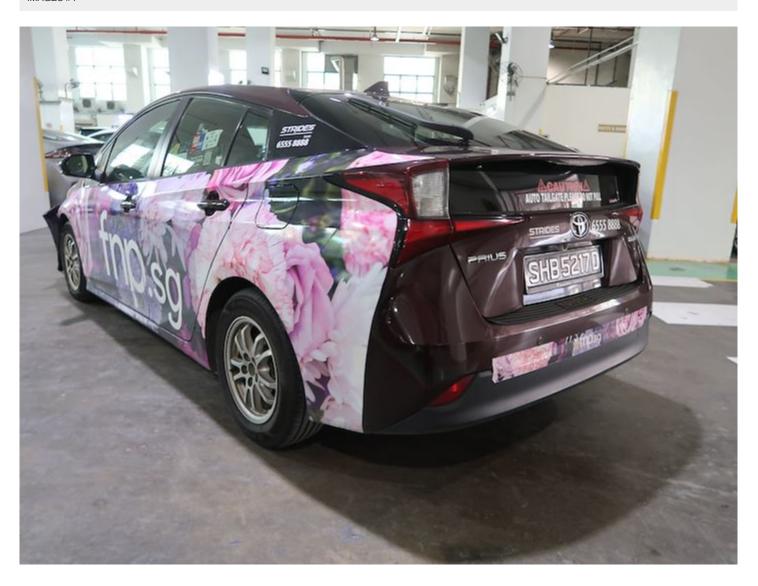
(Name as in NRIC/ID card)

vJun2022

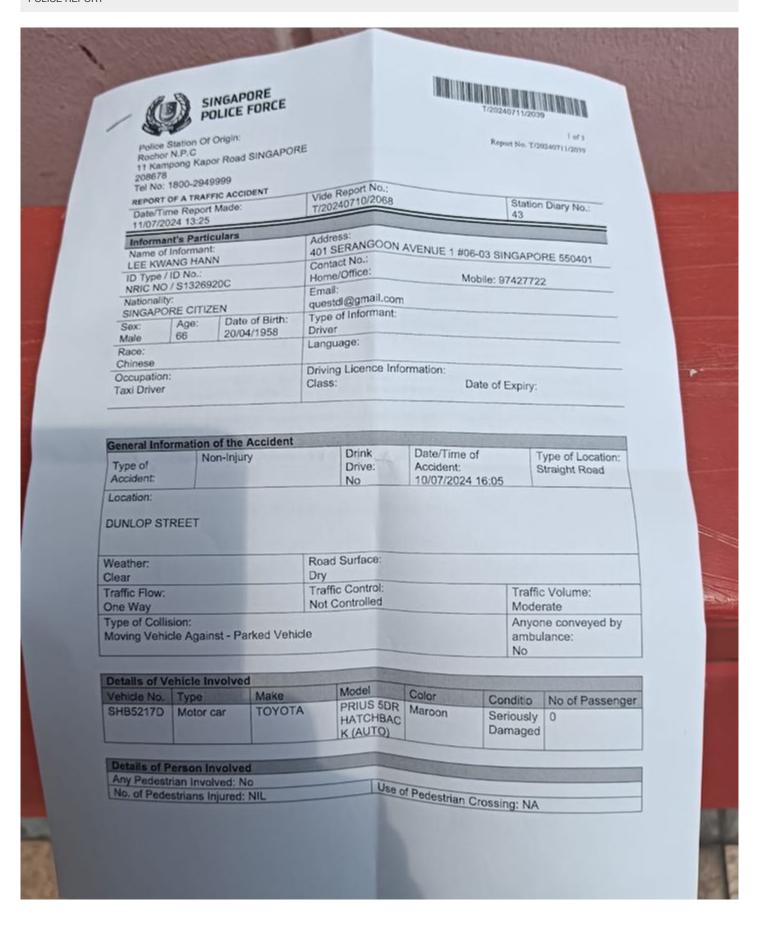














police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE Tel No: 1800-2949999

CONTINUATION OF REPORT



Report No. T/20240711/2039

Driver				ID No.		S1326920C	
Name	LEE KWANG HANN	1		ID No.		31020020	
Related Vehicle	NIL			Contact No.		97427722	
1,0,0,0				-	- 6	Class: NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Date of Expiry: NIL		
ate Treatment NIL				NIL	IL		
		NIL	Degree of		NIL		

#### Brief Details.

On 10/07/2024 at about 1605hrs, I parked vehicle SHB52171D at carpark D005 LOT NO.5 outside shophouse no. 10 Dunlop ST (Elite Exchange) to go for a coffee at nearby coffeeshop. Upon returning to my vehicle at about 1625hrs, I saw a dent/damage at the left front side. Thereafter, there was a gentleman (Daniel) who told me he saw vehicle (SJV1243A) hit my vehicle, changed driver immediately and drove off. I also spoke to the shop owner of Elite Exchange (Ms. Fasha). She informed that she heard a loud bang at about 1610hrs and saw the driver changing place with the front passenger. She is also willing to provide me with a footage from her CCTV outside her shop. I am reporting this for claims purposes.

# Witness

- 1) Daniel (+6583898258)
- 2) Fasha (+6590258562), Staff of Elite Exchange No.10 Dunlop Street

