

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	12/07/2024 11:05 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2024 15:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS UPPER CHANGI ROAD AND BEDOK TOWN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1158S
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Strides Premier Taxi Pte Ltd
Company Reg No	198905369K
Email Address	sparc@stridespremier.com.sg
Mobile Phone No	(Phone) +65-65446676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MG
Model	MG5
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	1

INSURANCE COMPANY

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

DRIVER

Name of Driver	LIEW CHEE KONG
NRIC No	S1594185E
Date Of Birth	05/05/1963
Occupation	Outdoor

Driving Pass Date	26/05/1982
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-65446676
Alt. Phone Number	-
Email Address	sparc@stridespremier.com.sg
Address	11
Address complement	-
Postcode	-
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	STEVEN TAN
Gender	Male

PASSENGER 2

Name	VINCENT NEOH
Gender	Male

PASSENGER 3

Name	JUDY LOW
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TP POLICE REPORT -T 20240711/2070

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident EXCEEDS SIZE LIMIT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL1584U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver EVELYN LIM HUI LI
 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 LIEW CHEE KONG
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? -
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person STEVEN TAN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHB1158S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person -
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SHB1158S



Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 4

Name of injured person STEVEN TAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHB1158S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person VINCENT NEOH
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHB1158S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person JUDY LOW
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHB1158S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

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.
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 Traffic Police Department for investigation.
6. 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.
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.

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.



[Signature]

12/07/24

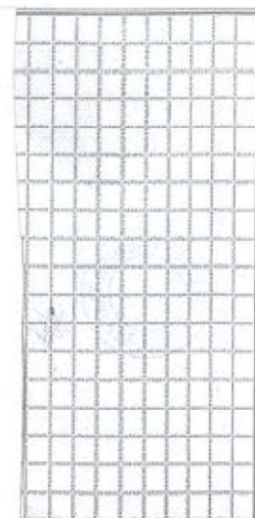
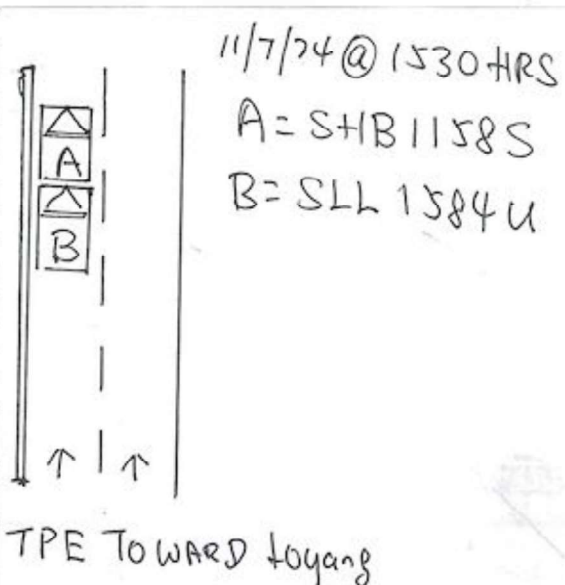
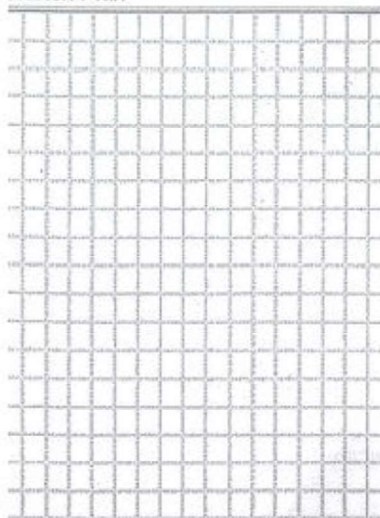
[Signature] 12.7.2024

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)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Lined area for describing the accident circumstances.

Declaration

I/We declare the foregoing particulars are true in every respect.



[Signature]

[Signature] 12/07/24

[Signature] 07.2024

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)

















**SINGAPORE
POLICE FORCE**



T/20240711/2070

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20240711/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2024 19:46		Vide Report No.:		Station Diary No.: 86
Informant's Particulars				
Name of Informant: LIEW CHEE KONG		Address: APT BLK 422 FAJAR ROAD #10-499 SINGAPORE 670422		
ID Type / ID No.: NRIC NO / S1594185E		Contact No.: Home/Office: Mobile: 97110932		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 05/05/1963	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/07/2024 15:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHB1158S	Motor car	MG	MG5 EV EXCITE T		Slightly Damaged	3
SLL1584U	Motor car	MERCEDES BENZ	GLA180 (R18 BI)		Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20240711/2070

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20240711/2070

CONTINUATION OF REPORT

Driver			
Name	LIEW CHEE KONG	ID No.	S1594185E
Related Vehicle	SHB1158S (Motor car)	Contact No.	97110932
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2024	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	EVELYN LIM HUI LI	ID No.	S8302185C
Related Vehicle	SLL1584U (Motor car)	Contact No.	84684356
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 11 July 2024 at 1530hrs, I was travelling along the slip road of Tampines Expressway, exit 2A towards PIE(TUAS), Upper Changi Road East and Bedok Town. This is a 2-lane road, and I was travelling along lane 2. I wish to state that I have 03 passengers in my taxi.

As there was heavy traffic, the speed was slow, and I had to stop. As the vehicles in front moved forward, I began to accelerate from a stopped position on lane 2. Out of a sudden, I felt a hard impact hitting my taxi from behind. Moments later, another impact was felt. I then realized that I have been involved in an accident, and the same vehicle behind me has hit my taxi twice. I checked on my passengers before getting down from my vehicle.

I then exchanged particulars with the other driver. As a result of the accident, my taxi sustained a big dent on the rear boot area. No police or ambulance was called to the scene. I continued to drop-off the 03 passengers at their destination. They also informed me that they will seek medical assistance on their own. I felt discomfort on my neck and back area, as well as giddiness.

I then visited Horizon Medical Pte Ltd and was given 04 days Unfit for Duty from 11 July 2024 to 14 July 2024. I have a in car camera inside my taxi with the front and rear view. I am lodging this report for Traffic Police to assist me in the matter.

Details of Passengers:



**SINGAPORE
POLICE FORCE**



T/20240711/2070

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 4

Report No. T/20240711/2070

CONTINUATION OF REPORT

- 1: Steven Tan HP: 90295672
- 2: Vincent Neoh HP: 83551949
- 3: Judy Low