

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 13:52 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2024 17:45 (SGT)
Exact Location of Accident	Hoot Kiam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1076J
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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) +65-65446671
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Niro
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	1600

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125738511-01

DRIVER

Name of Driver	LAKHVINDAR SINGH S/O TARA SINGH
NRIC No	SXXXX749G
Date Of Birth	08/05/1966
Occupation	Outdoor

Driving Pass Date	29/09/2000
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98561415
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	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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	IQBAL SINGH GILL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
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?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1209G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAKHVINDAR SINGH S/O TARA SINGH
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?	Yes

INJURED 2

Name of injured person	IQBAL SINGH GILL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD1076J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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:

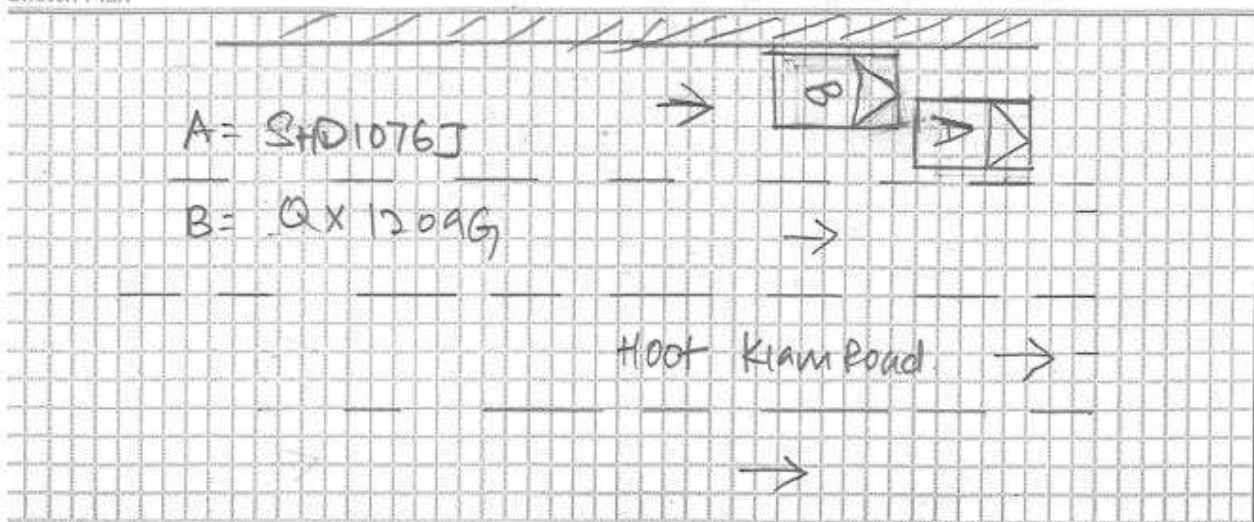
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Policyholder's Signature & 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

Refer to Police Report.

Declaration

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



Policyholder's Signature / Date & Time

X *Lokan*

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



E/20240712/7014

1 of 2

POLICE REPORT (NP299)

Report No. E/20240712/7014

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 12/07/2024 12:03		Vide Report No.		Station Diary No.	
Name Of Informant LAKHVINDAR SINGH S/O TARA SINGH		Address 310 Woodlands St 31 #05-20 SINGAPORE 730310			
ID Type / ID No.		Contact No.			
NRIC NO / S1767749G		Home/Office:		Mobile: 98561415	
Nationality SINGAPORE CITIZEN		Email Address lakhvindar66@gmail.com			
Occupation Taxi driver		Sex Male	Age 58	Date of Birth 08/05/1966	Race Sikh
Institution/School Name		Language English			
Date/Time Of Incident 11/07/2024 17:45 - 11/07/2024 17:45		Location Of Incident 51 GRANGE ROAD MOE HQ (GRANGE ROAD) SINGAPORE 249564			

Brief details.

On the 11th of July 2024 @ 1745hrs, I was travelling on slow moving traffic on the extreme left lane, towards Paterson Road, before turning left towards Grange Road. While moving slowly as there was a vehicle in front of me during the slow moving traffic, out of the blue, I was hit from behind in my vehicle (SHD1076J). I had 1 passenger on board, Iqbal Singh Gill, S9719846B, sitting at the back seat left side of the vehicle. After I came out of the vehicle to check what had happened, I was struck by police vehicle QX1209G that struck my back left bumper by his front right bumper. The driver of the police vehicle was SGT Haris Bin Hamzah, T0223777B, tel 87933347. Ambulance was called by the SPF officers, Ambulance number QX1682Y, brought me and the passenger to Singapore General Hospital from the scene. I received 7 days of MC (11/7/24 - 17/7/24) from the doctor as well as follow up appointments under Orthopaedics @ SGH on the 19/7/24. The passenger was given 3 days of MC (11/7/24 - 13/7/24) from the doctor as follow up appointments at the nearest polyclinic.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 12:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20240712/7014

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240712/7014

Subjects Involved			
Victim			
Person Name	LAKHVINDAR SINGH S/O TARA SINGH		
ID Type	NRIC NO	ID No	S1767749G
Gender	Male	Age	58
Race	Sikh	Language	English
Occupation	Taxi driver	Address	310 Woodlands St 31 #05-20 SINGAPORE 730310
Mobile No	98561415	Is Informant A Victim?	Yes
Person Name			
Iqbal Singh Gill			
ID Type	NRIC NO	ID No	S9719846B
Gender	Male	Age	27
Race	Sikh	Language	English
Occupation	Other administration professionals	Address	310 Woodlands St 31 #05-20 SINGAPORE 730310
Mobile No	86601425	Relation To Informant	Son
Person Name	LAKHVINDAR SINGH S/O TARA SINGH (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2024 12:03
Officer In-Charge Of Case:	Classification Of Case: