

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	05/08/2024 16:48 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2024 21:40 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	TOWARDS BAYFRONT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1045J
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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	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	Manual
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	ALVIN WEE THIAM LYE
NRIC No	SXXXX948H
Date Of Birth	29/04/1979
Occupation	Outdoor
Driving Pass Date	30/03/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81111458
Alt. Phone Number	-
Email Address	AALVINWEEEE@GMAIL.COM
Address	BLK 278 YISHUN STREET 22 04-282 SINGAPORE 760278
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	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?	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?	Yes
Reasons for not uploading a video of the accident	EXCEED LIMIT SIZE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK9701P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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

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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 & Time

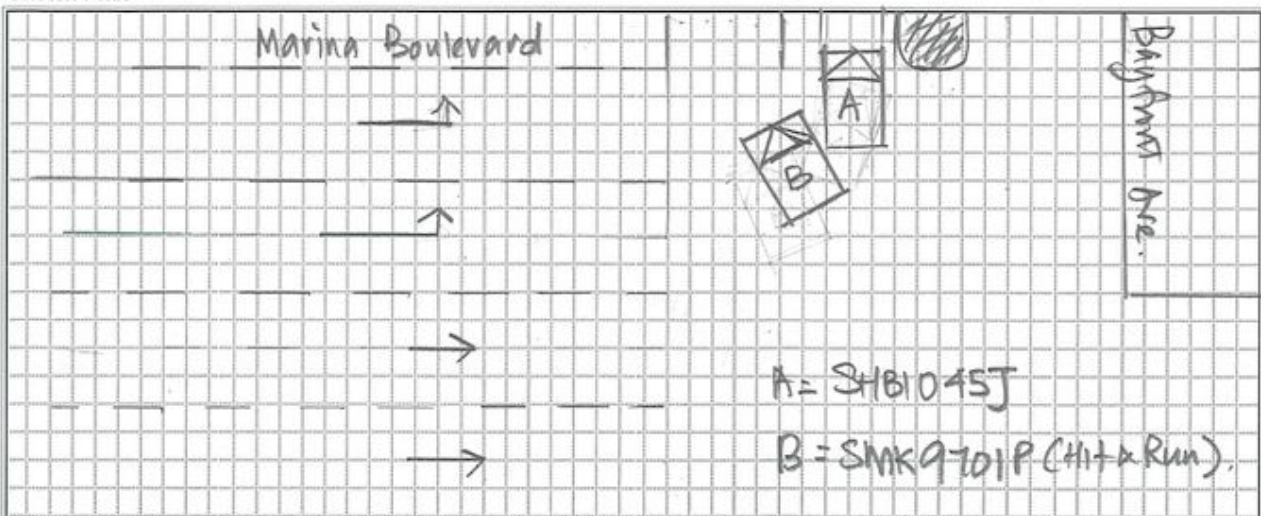
[Handwritten Signature]

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

[Handwritten Signature]

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

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/20240805/7084

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

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Report No. T/20240805/7084

CONTINUATION OF REPORT

Driver			
Name	ALVIN WEE THIAM LYE	ID No.	S7912948H
Related Vehicle	SHB1045J (Motor car)	Contact No.	81111458
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I WAS DRIVING ALONG MARINA BOULEVARD TURNING LEFT TOWARDS BAYFRONT AVE. WHILE TURNING AT THE EXTREME RIGHT LANE. AT THE JUNCTION I WAS STATIONARY AFTER THE YELLOWBOX AS TRAFFIC WAS HEAVY AND THE FRONT VEHICLES DID NOT MOVE. SUDDENLY I FELT AN IMPACT TO THE REAR LEFT OF MY TAXI, BUT THIRD PARTY DID NOT STOPPED AND AS TRAFFIC WAS HEAVY, I COULD NOT GIVE CHASE. WHEN I REVIEW MY IN-CAR CAMERA VIDEO FOOTAGE, I MANAGE TO GET THE THIRD PARTY'S VEHICLE NBR AS SMK9701P.



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T/20240805/7084

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

3 of 3
Report No. T/20240805/7084

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476902

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 05/08/2024 15:39
Classification Of Case:

NP168