

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	02/08/2023 15:59 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2023 16:20 (SGT)
Exact Location of Accident	Senoko S Rd, Singapore
Additional Location Information	SENOKO SOUTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	5435S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STRIDES AUTOMOTIVE SERVICES PTE LTD
Company Reg No	199004280Z
Email Address	Jason.Yeo@stridespremier.com.sg
Mobile Phone No	(Phone) +65-68662692
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Santa fe
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?	Yes
Vehicle Category	Government
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100816MFTP/14

DRIVER

Name of Driver	KONG SEW KUI
Work Permit No	F7770665T
Date Of Birth	23/10/1971
Occupation	Outdoor

Date Of Driving Pass	24/02/2006
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98576861
Alt. Phone Number	-
Email Address	SewKui.Kong@stridespremier.com.sg
Address	BLK 149 WOODLANDS STREET 13
Address complement	#09-851
Postcode	730149
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO RO POLICE REPORT - T/20230801/2101

QX1472L - TRADE PLATE 5435S

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	SG5749D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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

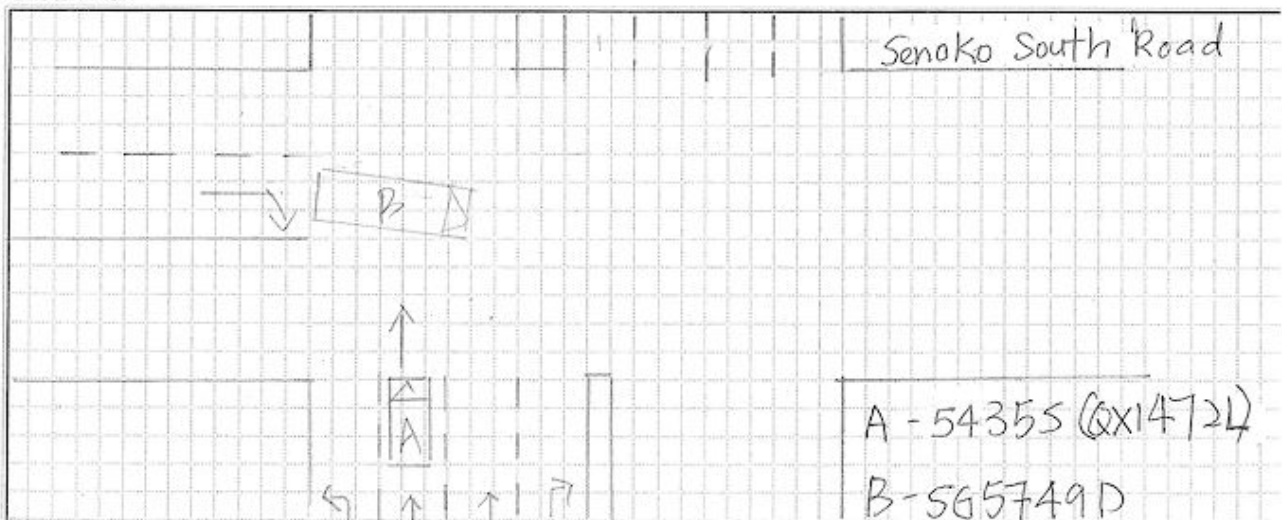
[Signature] 02/08/2023

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

[Signature] 2.8.2023

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

Sketch Plan



vJun2022

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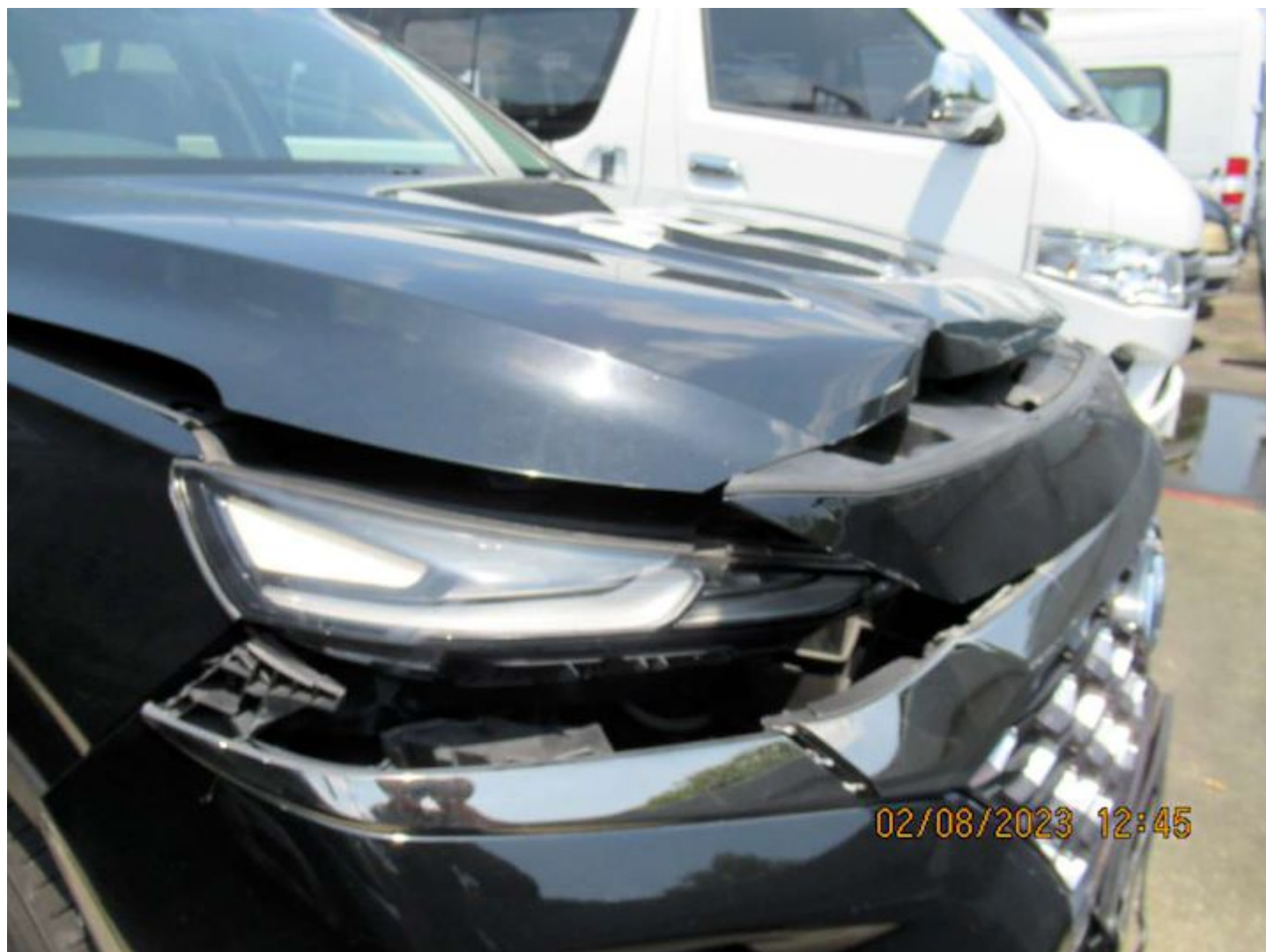






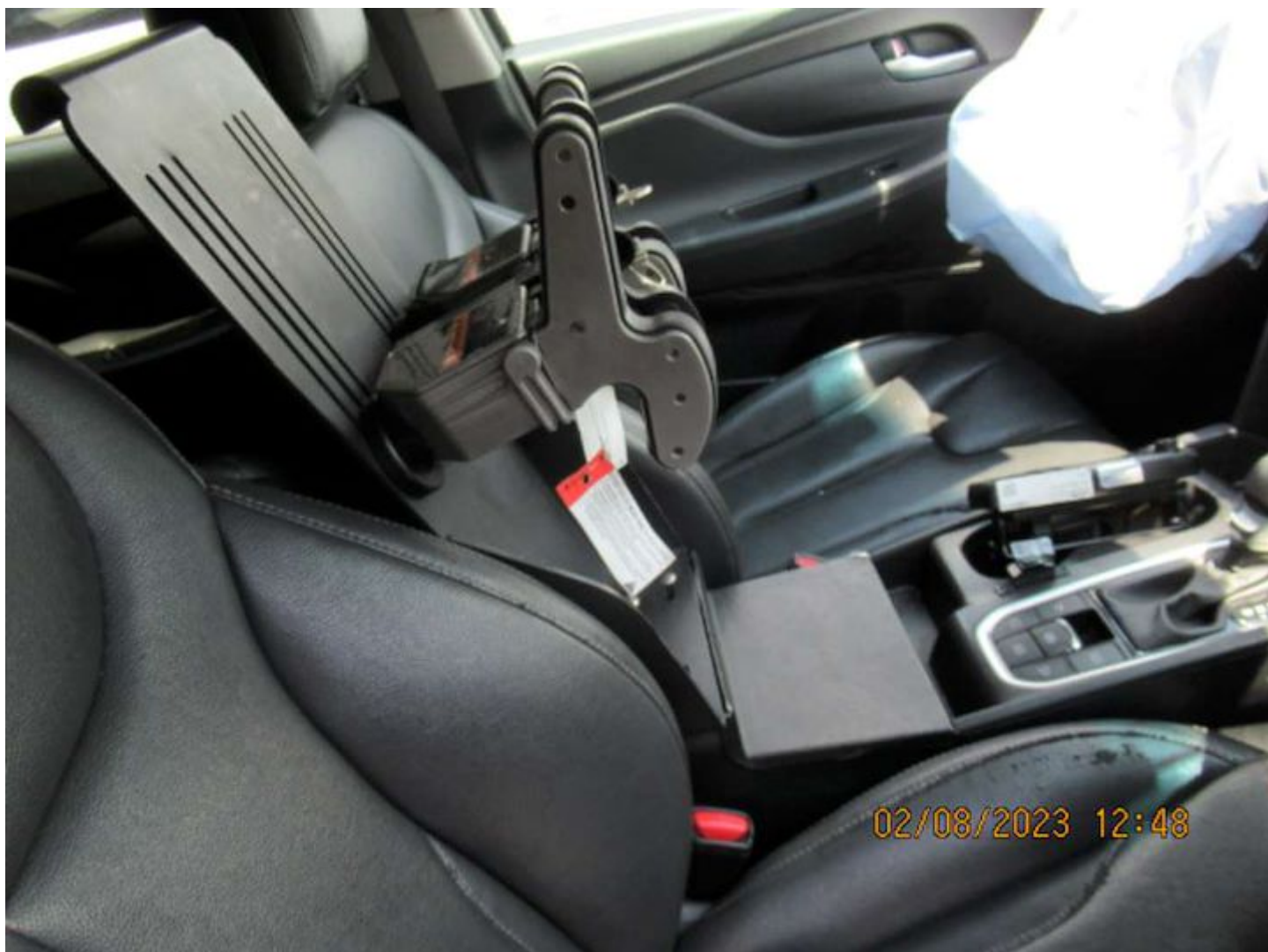
















**SINGAPORE
POLICE FORCE**



T/20230801/2101

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20230801/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2023 22:54		Vide Report No.: L/20230801/0071		Station Diary No.: 149	
Informant's Particulars					
Name of Informant: KONG SEW KUI			Address: APT BLK 149 WOODLANDS STREET 13 #09-851 SINGAPORE 730149		
ID Type / ID No.: FIN NO / F7770665T			Contact No.: Home/Office: Mobile: 98576861		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 23/10/1971	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Automotive mechanic			Driving Licence Information: Class: 2B,3,4A Date of Expiry: 01/03/2026		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2023 16:20	Type of Location: X-Junction
Location: SENOKO SOUTH ROAD				
Lamp Post Number: 160				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1472L	Car	HYUNDAI	Santa Fe	Black	Seriously Damaged	1
SG5749D	Bus/Coach/Minibus	MAN	A95	Multi-Colored	Slightly Damaged	10

Details of Person Involved

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



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Report No. T/20230801/2101

CONTINUATION OF REPORT

Driver			
Name	KONG SEW KUI	ID No.	F7770665T
Related Vehicle	QX1472L (Car)	Contact No.	98576861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: 01/03/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD HAFIZ BIN EKSAN	ID No.	S8727124B
Related Vehicle	SG5749D (Bus/Coach/Minibus)	Contact No.	NIL
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	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned date, time and place, I was driving the Police car bearing plate "QX1472L" (V1) along Admiralty Road West towards Admiralty Road East on the second lane. When approaching the junction, I saw the left green arrow light into Senoko Road was on and mistakenly thought that the traffic light was green in my favour. My vision was obscured due to the heavy rain.

After passing the stop line of the junction, I saw a "Tower Transit bus" bearing plate "SG5749D" (V2) driving from the left to the right in front of me. As such, I jam braked but was unable to stop V1 in time and hit V2. The front of V1 collided into the right front part of V2.

No one on the bus was injured. No ambulance was activated.

The driver of V2 then called for police.

Traffic police officer at scene then informed me to lodge a traffic accident report.

V1 is currently using a trade plate "5435S".

Damages to V1:

1. Front part crumpled

Damages to V2:

2. Right front part dented and scratched.



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POLICE FORCE**



T/20230801/2101

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Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No, T/20230801/2101

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /

SGT 2 NORZARRITH BIN
NORMARITH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/08/2023 22:54

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMED
ALI

Contact No.: 65476960

Classification Of Case:

NP168