

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	26/08/2024 15:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/08/2024 15:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	JALAN TOA PAYOH TWDS CHANGI AIRPORT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ3019J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119742081-03-000066

DRIVER

Name of Driver	LAU KUM THIM
NRIC No	S1476271Z
Date Of Birth	25/08/1961
Occupation	Outdoor
Driving Pass Date	09/07/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98007962
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 939 JURONG WEST STREET 91 #04-413
Address complement	-
Postcode	640939
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)	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

ON 24/08/2024 AT AROUND 1500HRS ALONG PIE JALAN TOA PAYOH TOWARDS CHANGI AIRPORT (LAMP POST 750) SNJ3019J WAS HIT ON THE REAR WHEN VEHICLE STOP DUE TO HEAVY TRAFFIC. VEHICLE SNJ2104C HIT THE BACK OF MY VEHICLE A. I HAVE 5 PASSENGERS ONBOARD MY VEHICLE.

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	SNJ2104C
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

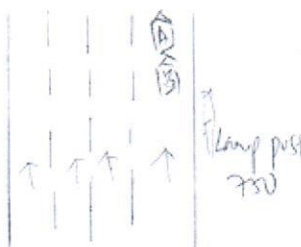
INJURED 1

Name of injured person	LAU KUM THIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNJ3019J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

T. K. R.

917

Jalan TOA PAYUN towards Chang. Airport



A) SNJ 30197

13) SN-7 2104C

Lamp post
750

Appendix: Circumstances of the Accident

On 24/8/2024 at around 1500hrs along PIE
 Jalan Toa Payoh towards Changi Airport (Lamp post
 750) ~~my~~ SNJ3019J was hit on the rear
 when vehicle stop due to heavy traffic.
 vehicle SNJ2104C hit the back of my vehicle (A).
 I have 5 passengers onboard my vehicle.

(A) SNJ3019J

(B) SNJ2104C

Declaration:

I hereby declare that the information provided is true and correct.



Signature of driver

Date of accident

Time of accident



**SINGAPORE
POLICE FORCE**



T/20240826/7048

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

Report No. T/20240826/7048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2024 13:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU KUM THIM			Address: 939 JURONG WEST STREET 91 #04-413 SINGAPORE 640939		
ID Type / ID No.: NRIC NO / S1476271Z			Contact No.: Home/Office: Mobile: 98007962		
Nationality: SINGAPORE CITIZEN			Email: RAYMONDKTLAU.RL@GMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 25/08/1961	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2024 15:00	Type of Location: Straight Road
Location: JALAN TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNJ2104C	Motor car					0
SNJ3019J	Motor car					5

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



**SINGAPORE
POLICE FORCE**



T/20240826/7048

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

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Report No. T/20240826/7048

CONTINUATION OF REPORT

Driver			
Name	LAU KUM THIM	ID No.	S1476271Z
Related Vehicle	SNJ3019J (Motor car)	Contact No.	98007962
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Serious

Brief Details.

ON 24/08/2024 AT ABOUT 1500 HOURS ALONG PIE JALAN TOA PAYOH TOWARDS CHANGI AIRPORT. TRAFFIC WAS HEAVY, I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD. FRONT VEHICLE SLOWED DOWN AND STOP, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISE IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 5 PASSENGERS ONBOARD MY VEHICLE.

AFTER THE ACCIDENT, I FELT DISCOMFORT AND WENT TO CONSULT A DOCTOR AND WAS GIVEN 05 DAYS MC FOR MY INJURY.

- (A) SNJ3019J
(B) SNJ2104C



**SINGAPORE
POLICE FORCE**

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



T/20240826/7048

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Report No. T/20240826/7048

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
26/08/2024 13:00

Classification Of Case: