fering accident claims assistance?	YES / MO
ave you been approach by unknown person	
Original Language Used	English / Mandarin / Others:
Who is Reporting	Driver / Owner / Both
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES ANO YES ANO
TINESS CONTACT NO.	
NY WITNESS	7
EHICLE F NO.	Any Passenger .
EHICLE E NO.	Any Passenger .
EHICLE D NO.	Any Passenger .  Any Passenger .
EHICLE C NO.	Any Passenger
ONTACT NO.	
AME	CH2424 Any Passenger.
OTICE OF INTENDED PROSECUTION GIVEN EHICLE B NO.	C.
OLICE REPORT	No / If yes . Where?
ONVEYED BY AMBULANCE	NO7 If yes . Who?
ny injuries	No / It Ves. Who? Phivax - VFH D- 28/1665.
OAD SURFACE	Dry / Wet / Other.
VEATHER CONDITION	Clear / Raining / Other.
ELATIONSHIP	Employee / If No. Mij2 m.
OOES DRIVER OWN OTHER VEHICLES?	NO / If yes , Reg No. INSURER. —
DDRESS	445 CHOW CHU ROAL ANG 4 #106-3/1 SC6849
	TONCHUISIR & GAMIL. COM
MAIL	
CONTACT NO	Mobile, 5/6/5555. Office,
	Malc. / Female
DATE OF DRIVING PASS	24168184.
OCCUPATION	Quideor   Indoor
GENDER OF PASSENGER	MALE / FEMALE.
NAME OF PASSENGER	
ANY PASSENGER	
DATE OF BIRTH	69 1 66 1 1863
NAME OF DRIVER	AS ABOVE 1 HTNO: LL SIGN TECK.
NAME OF DRIVER	AS ABOVE 1 HENDS LL SIGN TECK.
POLICY NO.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
INSURANCE CO.	Clu Minine.
FLEET POLICY:	YES / NO??
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
NRIC	262121962N.
EMAIL charlottevehicles@gmai	1.com Office. MOBILE, 9697 1767
NAME OF OWNER	2AXIS PRESTIGE LEASING DIE CITI
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
LOCATION OF ACCIDENT	UPPA RUCIT TIMBURD.
TIME OF ACCIDENT	9725. AM PM

### 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.
- 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.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

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, hendling end/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 alted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Describe Circumstance of the Accid	ient	
Mics 2	epoft.	
hada-anaga fina can can can sa dhandah can can dha dhada an aghaga ta can an can an		
the state of the state of the particular states and executive transfer the state of		
regularity and approximate the property of the state of t		
Declaration  I/We declare the foregoing particulars	are true in every respect.	
UEN: 202121962N	Men	
Policyfloider's Signature / Date & Time	Daver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel

## T\_20240827\_7...





Police Station Of Origin Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 1 of 3 Report No. T/20240827/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 27/08/2024 11 17		de	Vide Report No.	Station Diary No		
Informan	re Perticular			SER MATTER CONTRACTOR		
Name of Informant: Low Sian Teck		A CONTRACTOR OF THE CONTRACTOR	Address: 445 chao chu kang ave 4 #06-311 SINGAPORE 680445			
ID Type / ID No NRIC NO / \$1603319G		oG .	Contact No Home/Office.	Mobile. 91615555		
Nationality SINGAPORE CITIZEN		N	Email: tomcruisir@gmail.com			
Sex Male	Age. 61	Date of Birth. 09/06/1963	Type of Informant. Driver			
Race Chinese			Language. English			
Occupation: Private hire car driver		f	Driving Licence Information: Class: 2B.3	Date of Expiry		

Type of Accident	Injury Others	Drink Drive. No	Date/Time of Accident 26/08/2024 07 25	Type of Location Straight Road
Location			-	
JALAN ANAK BUK	aT.			
	and the second section of the second	Road Surface Dry		
Clear Traffic Flow		Dry Traffic Control.		fic Volume.
Weather Clear Traffic Flow One Way		Dry		fic Volume. Jerate

Type	Make	Model	Color	Condition	No of Passengel
Motor car	TOYOTA	velifire	White	No. ang Aur 1440, Balawa to un buminalisa katalon di Salawa ta	0
Motor car	HONDA	vezel	White	Slightly	1
	Motor car	Motor car TOYOTA	Motor car TOYOTA velifire	Motor car TOYOTA velifire White	Motor car TOYOTA velifire White

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMN3005P	CHINA TAIPING INSURANCE	DMHCSNA00023042	19/09/2023	18/09/2024
500050	(SINGAPORE) PTE LTD	301	TOTOLICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,



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



2 of 3 Report No. T/20240827/7031

CONTINUATION OF REPORT

Details of Person Involved

111





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



Report No. T/20240827/7031

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians	Use of Pedestrian Crossing NA				
Driver			10.82	BUACE.	and the second second second second
Name	LOW SIAN TECK		ID No		S1603319G
Related Vehicle	SMN3005P (Motor car)		Conta	ct No.	91615555
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g ce &	Class 2B.3 Date of Expiry NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No of Days grant	ed Medical Leave (MC) NIL	Degree of	njury	Sligh	l

### Brief Details.

cives travelling along upper built timal road towards town on 26/08/2024 around 7.25am. I was going straight and there was a traffic light at the junction, suddenly a vehicle on the right cut into my iane and hit my vehicle from the right. I felt a huge impact from the rear right side of my vehicle, driver of EH2020C (white valifire) refused to exchanged particulars.





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



Report No. 7/20240827/7031







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



3 of 3 Report No. T/20240827/7031

CONTINUATION OF REPORT

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 27/08/2024 11 17
Officer in Charge Of Case: TP / AE(T / FAHKRUL RAZ) BIN SUHAIME. Contact No.: 65476404	Classification Of Case

NP168