

## 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 .....	28/08/2024 16:49 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/08/2024 07:25 (SGT)
Exact Location of Accident .....	Upper Bukit Timah Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN3005P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	1AXIS PRESTIGE LEASING PTE. LTD.
Company Reg No .....	202121962N
Email Address .....	charlottevehicles@gmail.com
Mobile Phone No .....	(Phone) +65-96971707
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00023042301

#### DRIVER

Name of Driver .....	LOW SIAN TECK
NRIC No .....	S1603319G
Date Of Birth .....	09/06/1963
Occupation .....	Outdoor
Driving Pass Date .....	24/09/1987
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91615555
Alt. Phone Number .....	-
Email Address .....	charlottevehicles@gmail.com
Address .....	BLK 445 CHOA CHU KANG AVENUE 4 #06-311
Address complement .....	-
Postcode .....	680445
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 .....	Side Swipe
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) .....	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 .....	UNKNOWN
Gender .....	Female

#### 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

PLEASE REFER TO POLICE REPORT T/20240827/7031

#### 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 ..... EH2020C  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LOW SIAN TECK  
Gender ..... Male  
Phone No ..... (Phone) +65-91615555  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... SERIOUS INJURY  
Injured person in which vehicle? ..... SMN3005P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

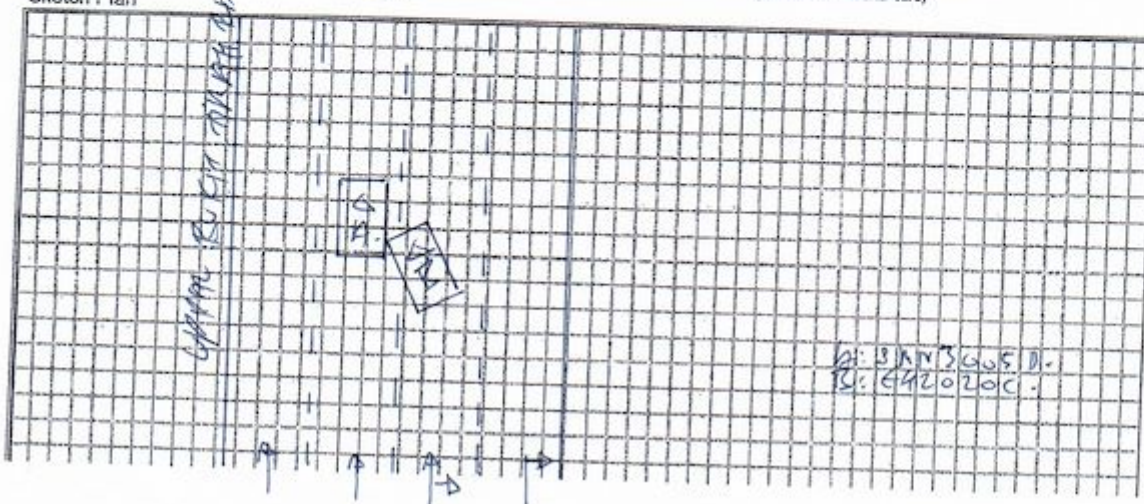


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

POLICE REPORT. T/20240827/7031

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date

*[Signature]*  
28/08/2024

Witnessed by Reporting Centre Personnel













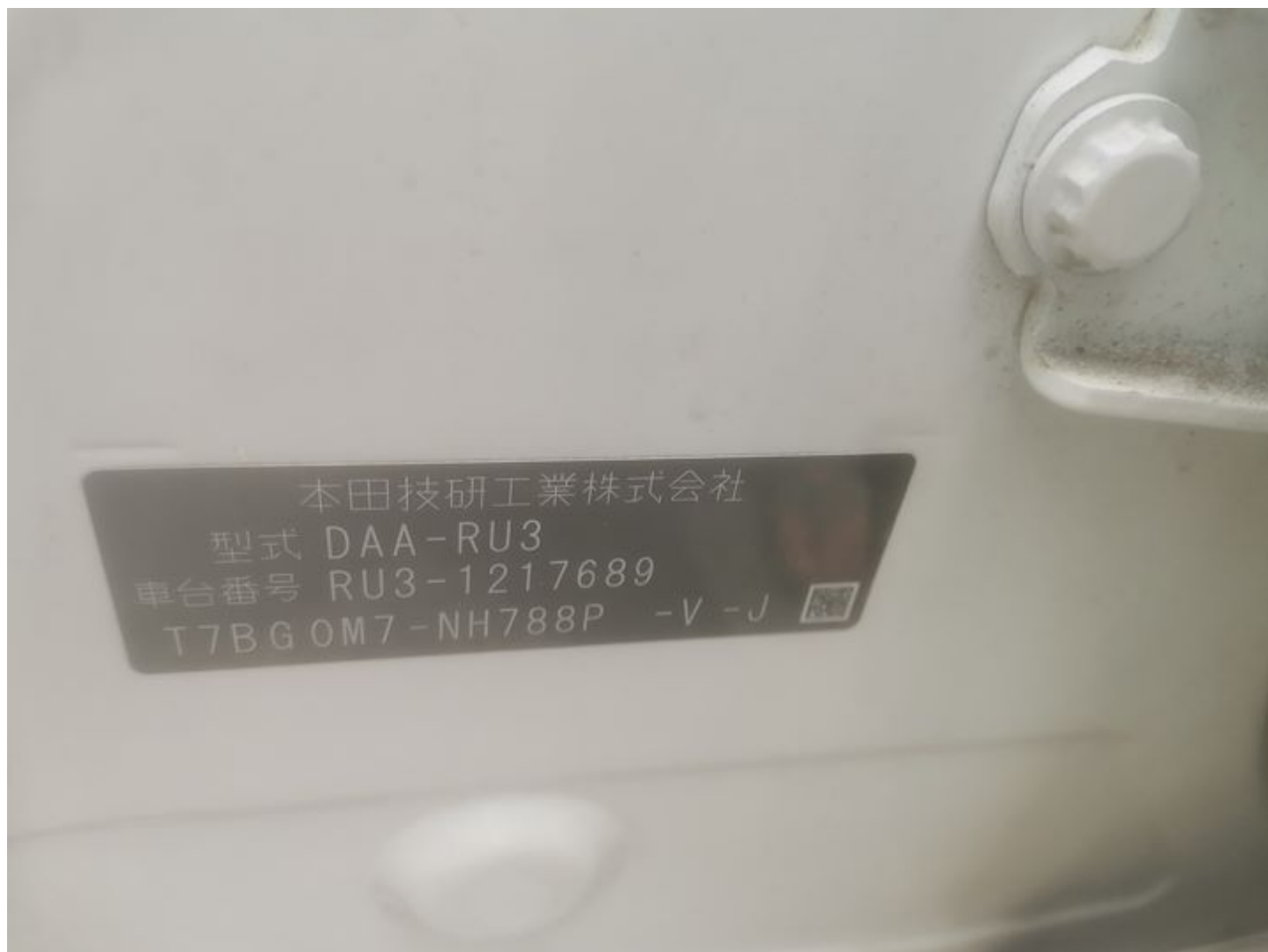












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SINGAPORE  
POLICE FORCE

T/20240827/7031

1 of 3

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

Report No: T/20240827/7031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 11:17 Vide Report No.: Station Diary No.:

## Informant's Particulars

Name of Informant: Low Sian Teck			Address: 445 chao chu kang ave 4 #06-311 SINGAPORE 680445		
ID Type / ID No.: NRIC NO / S1603319G			Contact No.: Home/Office: Mobile: 91615555		
Nationality: SINGAPORE CITIZEN			Email: tomcruisr@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			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

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 BUKIT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
EH2020C	Motor car	TOYOTA	veitfe	White		0
SMN3005P	Motor car	HONDA	vezel	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SMN3005P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD	DMH/CSNA00023042 301	19/09/2023	18/09/2024

SINGAPORE  
POLICE FORCE

T/20240827/7031

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

Report No: T/20240827/7031

CONTINUATION OF REPORT

## Details of Person Involved

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SINGAPORE  
POLICE FORCEPolice Station Of Origin:  
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10 Ubi Avenue 3 SINGAPORE 408865  
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T/20240827/7031

2 of 3

Report No: T/20240827/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW SIAN TECK	ID No	S1603319G
Related Vehicle	SMN3005P (Motor car)	Contact No.	91615555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

**Brief Details.**

I was travelling along upper bukit timah 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 lane and hit my vehicle from the right. I felt a huge impact from the rear right side of my vehicle. driver of EH2020C (white veilfire) refused to exchanged particulars



Saving image to Gallery...

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

3 of 3

Report No: T/20240827/7031



CONTINUATION OF REPORT

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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T/20240827/7031

3 of 3

Report No: T/20240827/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAH KRUL RAZI BIN SUHAIME  
Contact No.: 65476404

NP158

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

Date/Time:  
27/08/2024 11:17

Classification Of Case:

3/3



18:08



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SINGAPORE  
POLICE FORCE

T/20240827/7031

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SINGAPORE  
POLICE FORCE

T/20240827/7031

2 of 3

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

Report No. T/20240827/7031

CONTINUATION OF REPORT

## Details of Person Involved

&amp;nu; Perfection Innuant: Nn