

# 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 .....	26/10/2024 18:01 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/10/2024 17:00 (SGT)
Exact Location of Accident .....	Bukit Timah Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA9317C
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYCAB PTE LTD
Company Reg No .....	199502839G
Email Address .....	fleetsafety@cdgtaxi.com.sg
Mobile Phone No .....	(Phone) +65-88793893
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1798
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKB3FU903538774
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-24101860MFCT

### DRIVER

Name of Driver .....	LOW FOCK CHEE
NRIC No .....	S1610175C
Date Of Birth .....	26/07/1963
Occupation .....	Outdoor
Driving Pass Date .....	16/03/1985
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	39 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88793893
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	674 HOUGANG AVENUE 8 #06-621
Address complement .....	-
Postcode .....	530674
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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 - Change/cross lane
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NUMBER T/20241025/2084

#### 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 .....	FILE IS NOT SUITABLE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNT3163Y
Vehicle Manufacturer .....	Porsche
Vehicle Model .....	TAYCAN 4+1
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT HAND SIDE
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

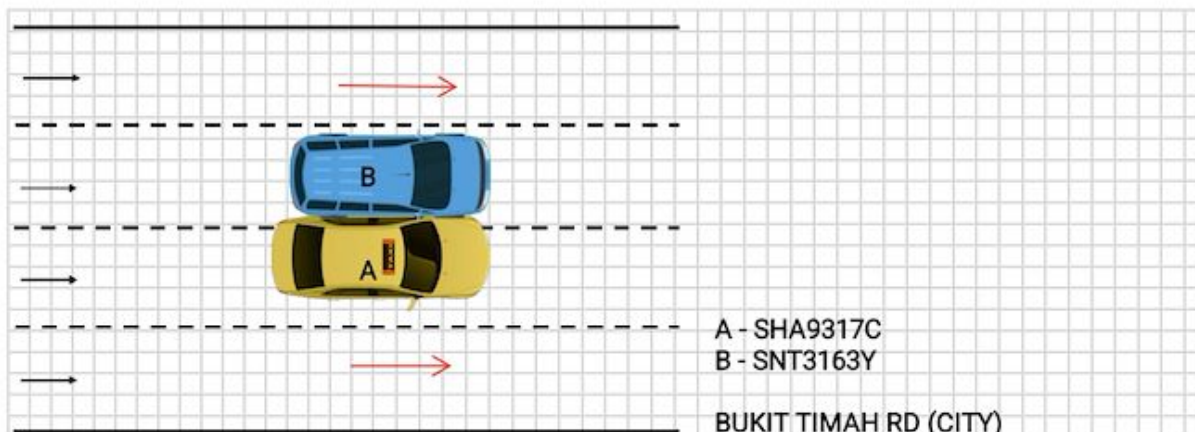
Policyholder's Signature / Date & Time

**Sketch Plan**

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

26/10/2024 - 1330 HRS HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NUMBER T/20241025/2084

Declaration

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



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

















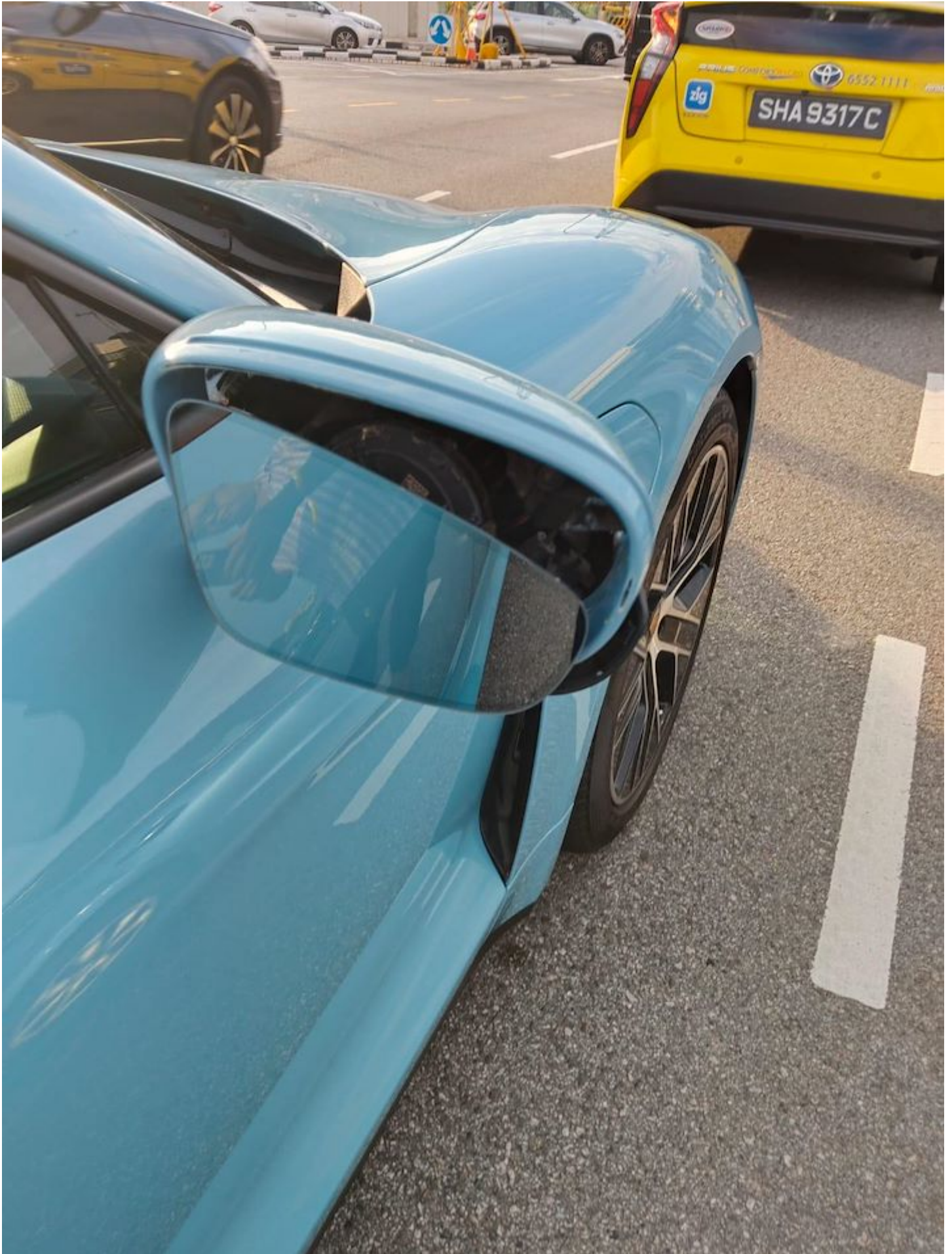














# SINGAPORE POLICE FORCE



T/20241025/2084

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20241025/2084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2024 21:20		Vide Report No.:		Station Diary No.: 114
<b>Informant's Particulars</b>				
Name of Informant: LOW FOCK CHEE		Address: 674 HOUGANG AVENUE 8 #06-621 SINGAPORE 530674		
ID Type / ID No.: NRIC NO / S1610175C		Contact No.: Home/Office: Mobile: 88793893		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 26/07/1963	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2024 17:00	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHA9317C	Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Yellow	Slightly Damaged	0
SKW5558Z	Sports utility car	TOYOTA	HARRIER 2.0 AT PREMIUM STYLE MAUVE 2WD	White	Slightly Damaged	0





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Report No. T/20241025/2084

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNE2608S	Sports utility car	NISSAN	KICKS PREMIUM 1.2L E-POWER	White	Slightly Damaged	0
SNT3163Y	Sports car	PORSCHE	TAYCAN 4+1	Blue	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW FOCK CHEE	ID No.	S1610175C
Related Vehicle	SHA9317C (Taxi)	Contact No.	88793893
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	HOO KOK PENG	ID No.	S8111643A
Related Vehicle	SKW5558Z (Sports utility car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 25 October 2024, at about 5pm, I was driving my taxi - SHA9317C along Bukit Timah Road towards City when a Porsche - SNT3163Y came up next to me on the lane to my left. Suddenly, my taxi's left passenger-side mirror grazed the Porsche's driver-side side mirror. We managed to stop our vehicles ahead and as I was panicking; I did not manage to record the particulars of the other driver. We then left the location after documenting the damages. Both of our cars suffered minor scratches on our side mirror.

After the first incident, on the same day at about 6pm, I was on the way home to hand over the taxi to another hirer. On the way home, I had exited CTE at Ang Mo Kio Avenue 5. I then lined up in my lane at the traffic light junction, preparing to turn right, with a white color car -



**SINGAPORE  
POLICE FORCE**



T/20241025/2084

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Report No. T/20241025/2084

**CONTINUATION OF REPORT**

SNE2608S in front of me. At that moment, I decided to filter to the lane to my right. As I was filtering, the front left corner of my car collided into the rear right corner of the white car. We both stopped our vehicles and check for damages. However, no particulars were exchanged as I was in a panic state. I then recalled both our car leaving the location after taking a few photos. Both of our cars suffered minor dents and scratches.

I then immediately drove the taxi to Northstar@AMK along Ang Mo Kio Avenue 5 to hand the taxi over to the hirer. As I was trying to reverse into a parking lot, when my taxi's rear right corner grazed a stationary parked car - SKW5558Z in the lot to my right. The driver was present, and we managed to exchange particulars. I could not recall the parking lot location as I was in a state of panic after getting into several accidents in a single day. Both of our cars suffered minor scratches and paint transfer.

I then handed over the car to my hirer and stopped driving for the day. I did not suffer any injuries at any of the incidents. I have a dashcam installed in my taxi.



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T/20241025/2084

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Report No. T/20241025/2084

CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 3 MUHAMMAD RIHDWAN  
BIN RAMLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (2) LOW MENG FATT  
Contact No.: 97577566

Signature Of Informant:

Date/Time:  
25/10/2024 21:20

Classification Of Case:

NP168





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1K24AQ000K Vehicle Registration No: SHA9317C  
 Name (as shown in NRIC): CityCab Pte Ltd NRIC/FIN/Passport No: 1XXXXX839G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 25/10/2024 Time of Accident: 17:00  
 Place of Accident: Bukit Timah Rd,  
 Insurance Company: MS First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

RE ATTACHED CORRECT SKETCH PLAN

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Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 28.10.2024