

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	19/11/2024 15:40 (SGT)
Reported by	Actual Driver
Date of Accident	16/11/2024 00:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG9758K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG CAR CHOICE PTE. LTD.
Company Reg No	2XXXXX635K
Email Address	LEASINGOPS@CARCHOICE.COM.SG
Mobile Phone No	(Phone) +65-91999068
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
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	Income Insurance Limited
Policy Number / Cover Note Number	5130360490-02

DRIVER

Name of Driver	LIM ZHI WEI, FABIAN
NRIC No	SXXXX168F
Date Of Birth	02/12/1985
Occupation	Outdoor
Driving Pass Date	25/06/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96878823
Alt. Phone Number	-
Email Address	LEASINGOPS@CARCHOICE.COM.SG
Address	BLK 458 CHOA CHU KANG AVE 4
Address complement	#07-203
Postcode	680458
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	WEI ANN LOW
Gender	Male

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

REFER TO ATTACH

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 SHA7758B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLL3668Z
 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 LIM ZHI WEI, FABIAN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 2 DAYS MC
 Injured person in which vehicle? SNG9758K
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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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

A: SNG 9758K
B: SHA 7758B
C: SLL 3668Z


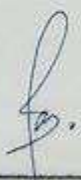



Describe Circumstance of the Accident

Please refer to police report attached.

7/2024 1118/7107

Declaration
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 (Name as in NRIC/ID card)


**SINGAPORE
POLICE FORCE**

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



T/20241118/7107

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Report No: T/20241118/7107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 14:54		Vide Report No.: E/20241116/0009		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM ZHI WEI, FABIAN		Address: 458 CHOA CHU KANG AVENUE 4 #07-203 SINGAPORE 680458		
ID Type / ID No.: NRIC NO / S8536168F		Contact No.: Home/Office: Mobile: 96878823		
Nationality: SINGAPORE CITIZEN		Email: FABIANLIMZHIWEI@YAHOO.COM		
Sex: Male	Age: 38	Date of Birth: 02/12/1985	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 16/11/2024 00:50	Type of Location: X-Junction
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stopped Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7758B	Taxi	HYUNDAI	Ioniq	Blue	Slightly Damaged	2
SLL3668Z	Motor car	MAZDA	3 Hatchback	Red	Seriously Damaged	2
SNG9758K	Motor car	HONDA	Shuttle	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNG9758K	NTUC Income Insurance Co-Operative Limited	5130360490-02	20/09/2024	19/09/2025



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10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20241118/7107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Passenger		Use of Pedestrian Crossing: NA	
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHA7758B (Taxi)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
Driver			Degree of Injury Slight
Name	KOH		ID No. NIL
Related Vehicle	SHA7758B (Taxi)		Contact No. 81700141
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
Passenger			Degree of Injury NIL
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SLL3668Z (Motor car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
		Degree of Injury	NIL


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Traffic Police
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Tel No: 65470000



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CONTINUATION OF REPORT

Driver			
Name	TAN SENG HWA		ID No.
Related Vehicle	SLL3668Z (Motor car)		Class No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
Driver			Degree of Injury
Name	LIM ZHI WEI, FABIAN		ID No.
Related Vehicle	SNG9758K (Motor car)		Contact No.
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date
Date Treatment	18/11/2024		Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	02	Date Discharge	18/11/2024
Passenger			Degree of Injury
Name	WEI ANN LOW		ID No.
Related Vehicle	SNG9758K (Motor car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
Date Treatment	NIL		Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
			Degree of Injury

Brief Details.

I had just come to a stop due to a red light at the junction of Bukit Timah Road and Stevens Road when I heard a loud bang and was almost immediately hit in the rear by a Comfort Taxi (SHA7758B) which was in turn hit in the rear quite hard by a Red Mazda (SLL3668Z). I am a PHV driver and was with a passenger heading to 490A Choa Chu Kang Ave 5. Me and the taxi driver, Mr Koh got out to check on the damage and our passengers. The driver of the red Mazda, Mr Tan Seng Hwa subsequently approached us and admitted that it was his fault and we subsequently also found out that he had been drinking. An ambulance was also called as the passenger of the taxi had a sore neck, while my passenger said he felt alright. Shortly after the ambulance arrived, 2 Traffic Police officers arrived to check on the situation. My passenger left just before the police officers arrived after he was cleared by the paramedics. The driver of the Mazda was subsequently arrested after he failed the breathalyzer test. Our particulars were taken by the traffic police officers and my dashcam SD Card was also taken by the officers, after which I was cleared to leave. I have videos of the aftermath exceeding 2mb if required.



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T/20241118/7107

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Report No. T/20241118/7107

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
TAN WEI SIONG
Contact No.: 96723584

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

Date/Time:
18/11/2024 14:54

Classification Of Case:

NP168