

# 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

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. 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.
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.



*[Handwritten signature]*



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




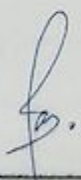
Describe Circumstance of the Accident


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)

2







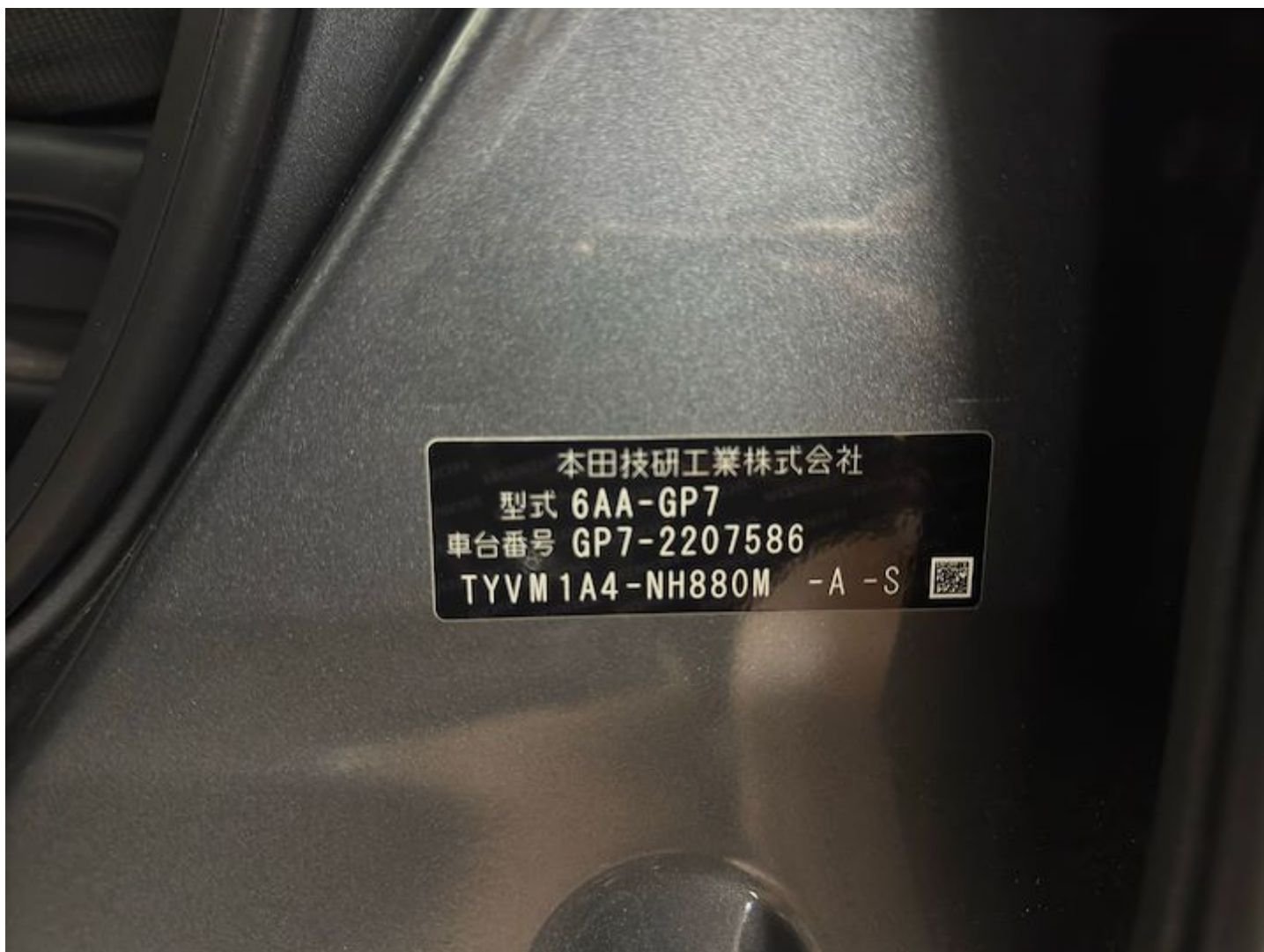






















**SINGAPORE  
POLICE FORCE**

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



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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


**SINGAPORE  
POLICE FORCE**

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



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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.:
<b>Informant's Particulars</b>			
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




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



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Report No. T/20241118/7107

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN SENG HWA		
Related Vehicle	SLL3668Z (Motor car)	ID No.	S1528033F
Hospital/Clinic	NIL	Contact No.	94876719
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
Driver		Degree of Injury	NIL
<b>Driver</b>			
Name	LIM ZHI WEI, FABIAN		
Related Vehicle	SNG9758K (Motor car)	ID No.	S8536168F
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Contact No.	96878823
Date Treatment	18/11/2024	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	02	Date Discharge	18/11/2024
Passenger		Degree of Injury	Slight
<b>Passenger</b>			
Name	WEI ANN LOW		
Related Vehicle	SNG9758K (Motor car)	ID No.	NIL
Hospital/Clinic	NIL	Contact No.	NIL
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
No. of Days granted Medical Leave (MC)	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**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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POLICE FORCE**

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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	
Name	KOH		Slight
Related Vehicle	SHA7758B (Taxi)		ID No. NIL
Hospital/Clinic	NIL		Contact No. 81700141
			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	
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

