

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	27/11/2024 09:46 (SGT)
Reported by	Actual Driver
Date of Accident	23/11/2024 04:15 (SGT)
Exact Location of Accident	Near Rochor Rd, Singapore
Additional Location Information	ROCHOR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2036T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Company Reg No	1XXXXX293Z
Email Address	admin@primeautoclaims.com.sg
Mobile Phone No	(Phone) +65-68982000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1497
Vehicle Fuel	-
First Registration Date	31/03/2021
Chassis no	GP72007784
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0006372-03

DRIVER

Name of Driver	LOH FONG SIONG
NRIC No	SXXXX811D
Date Of Birth	23/04/1956
Occupation	Outdoor
Driving Pass Date	13/07/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93667080
Alt. Phone Number	-
Email Address	admin@primeautoclaims.com.sg
Address	21 BEDOK SOUTH ROAD #10-37
Address complement	-
Postcode	460021
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	PASSENGER A
Gender	Male

PASSENGER 2

Name	PASSENGER B
Gender	Male

PASSENGER 3

Name	PASSENGER C
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20241125/2101.

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 SD CARD WAS TAKEN BY TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF4409Z
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name Lonpac Insurance Bhd
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOH FONG SIONG
Gender Male
Phone No (Phone) +65-93667080
Address 21 BEDOK SOUTH ROAD #10-37
Address Complement -
Post Code 460021
Approximate Age Years Old 68
Injuries Sustained -
Injured person in which vehicle? SHD2036T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person PASSENGER A
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SHD2036T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person PASSENGER B
Gender Male
Phone No -
Address -
Address Complement -

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD2036T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	PASSENGER C
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD2036T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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

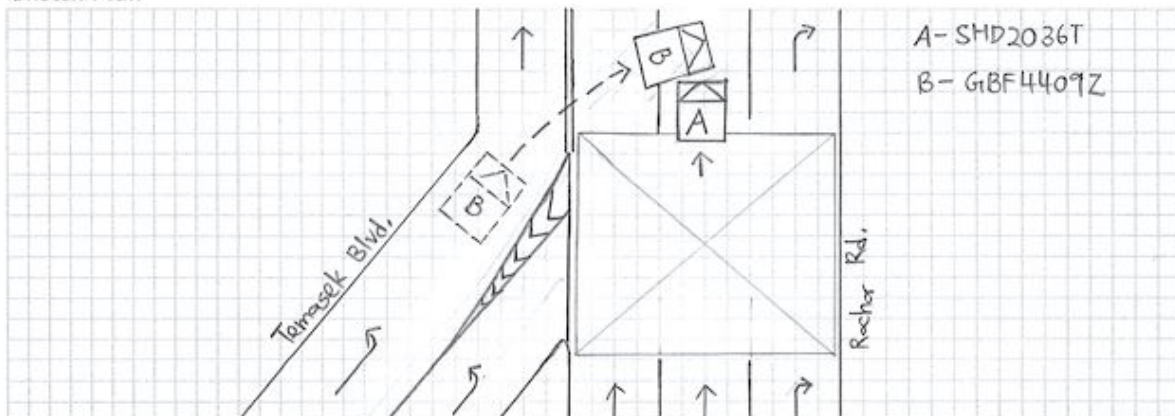
[Signature]

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

12.20
25/11/24

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

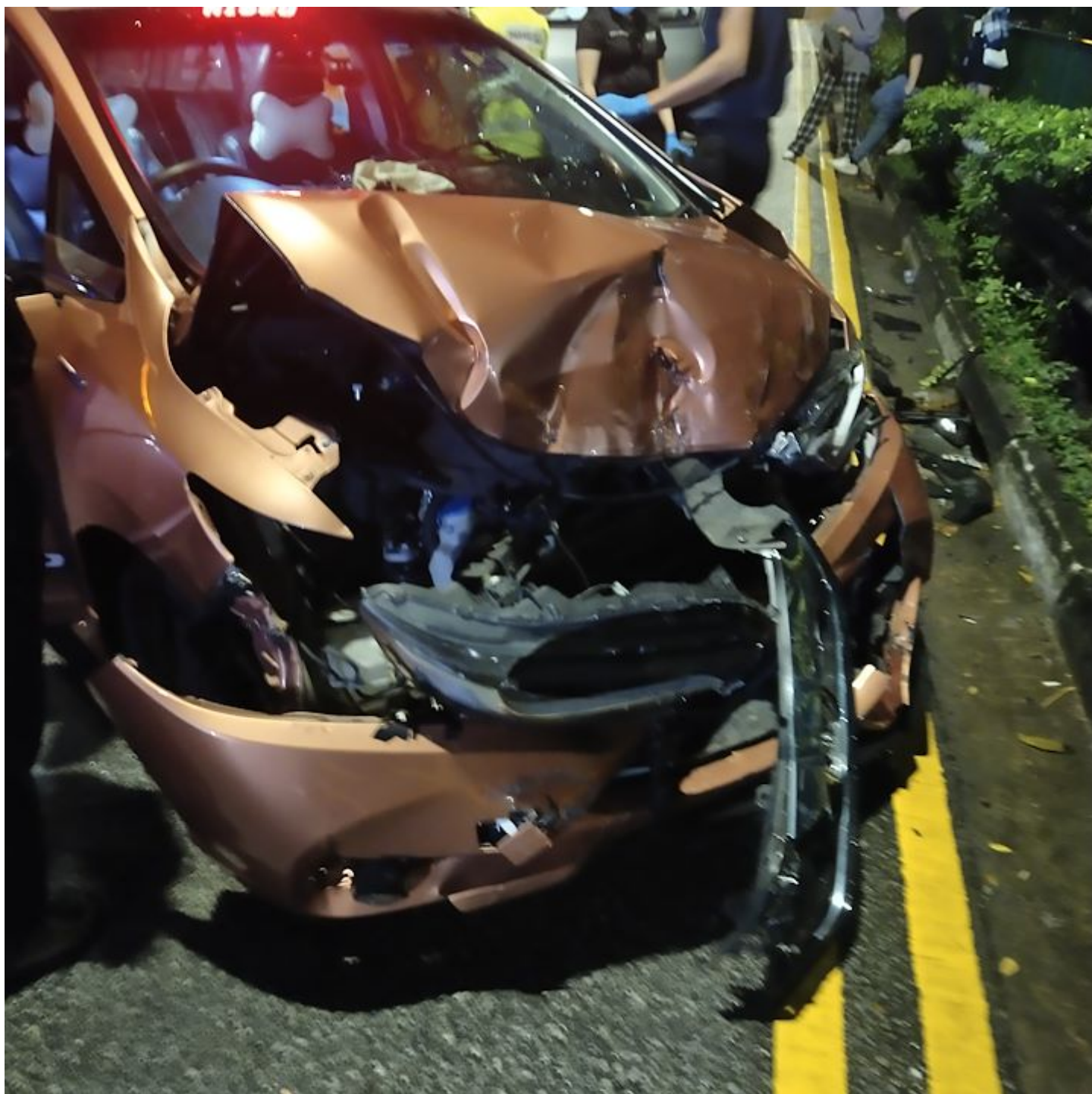
On 23.11.2024 @ approximately 0400hrs, I was driving taxi SHD2036T with 3 passengers along Rochor Road on lane 2. While travelling, all of sudden one van GBF4409Z dashing out from Temasek Blvd encroached my lane. As a result, the said van collided to my taxi front left & center portion. Traffic police arrived to the accident scene in a later time. I was conveyed to hospital together with my 2 male and 1 female passengers. I didn't exchanged particulars with third party driver.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel






**SINGAPORE
POLICE FORCE**


T/20241125/2101

1 of 4

Report No. T/20241125/2101

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2024 19:15	Vide Report No.:	Station Diary No.: 95
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Informant's Particulars

Name of Informant: LOH FONG SIONG		Address: 21 BEDOK SOUTH ROAD #10-37 SINGAPORE 460021	
ID Type / ID No.: NRIC NO / S1189811D		Contact No.: Home/Office: Mobile: 93667080	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 23/04/1956	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: grab driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 23/11/2024 04:15	Type of Location: Bend
Location: TEMASEK BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBF4409Z	Motor van				Seriously Damaged	3
SHD2036T	Motor car				Seriously Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241125/2101

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No: T/20241125/2101

CONTINUATION OF REPORT

Driver			
Name	LOH FONG SIONG	ID No.	S1189811D
Related Vehicle	SHD2036T (Motor car)	Contact No.	93667080
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	23/11/2024	Date Discharge	25/11/2024
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	AFFENDI BIN ALI	ID No.	A61408936
Related Vehicle	SHD2036T (Motor car)	Contact No.	0127066859
Hospital/Clinic	KLNK CENTRAL 24 JAM(STULANG LAUT)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	25/11/2024	Date Discharge	25/11/2024
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	WOO YEW KIN	ID No.	G7614875P
Related Vehicle	SHD2036T (Motor car)	Contact No.	85714054
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2024	Date Discharge	25/11/2024
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	LOW CHIN HO	ID No.	G2325211U
Related Vehicle	SHD2036T (Motor car)	Contact No.	90502511
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2024	Date Discharge	25/11/2024
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20241125/2101

3 of 4

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20241125/2101

CONTINUATION OF REPORT

Brief Details.

On 23/11/24 at about 0400hrs, I was driving taxi SHD 2036T with 3 passengers along Rochor Road on lane 2, suddenly one van GBF4409Z dashing out from Temasek Blvd on the right, as a result the van collided to my taxi from the left and center portion. TP arrived to the accident scene in a later time. I was conveyed to hospital together with 2 Male and 1 female passengers, as I was convey to the hospital I get the particulars with the third party driver.

**SINGAPORE
POLICE FORCE**

T/20241125/2101

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Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20241125/2101

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 1 GOH QINGHUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/11/2024 19:15

Officer In Charge Of Case:
TP / FAIT /
SI MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

Classification Of Case:

NP168