

## 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	09/12/2024 14:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/12/2024 10:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Changi Airport Terminal 2 Boulevard
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	ED9770X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OWENS TRAVIS ROY
NRIC No	S7913687E
Email Address	ROYBOM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96904787
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VOXY HYBRID 1.8SZ CVT
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	Petrol-Electric
First Registration Date	28/09/2023
Chassis no	ZWR900103287
Effective Date/Time of Ownership	28/09/2023 10:09 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5139506027-01

### USEFUL

Name of Driver	OWENS TRAVIS ROY
NRIC No	S7913687E
Date Of Birth	23/05/1979
Occupation	Outdoor
Driving Pass Date	08/04/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96904787
Alt. Phone Number	-
Email Address	ROYBOM@HOTMAIL.COM
Address	BLK 470A UPPER SERANGOON CRESCENT 09-306 SINGAPORE 531470
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

#### 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)	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	David
Gender	Male

#### PASSENGER 2

Name	Unknown
Gender	Male

#### PASSENGER 3

Name	Unknown
Gender	Female

#### DETAILS OF POLICE STATION

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

Accident report SK0N24C9M000

If yes, against whom?

Refer to attached

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 size too large

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9136H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Lim Yong Cheng
NRIC No	S8100871Z
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	OWENS TRAVIS ROY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	ED9770X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

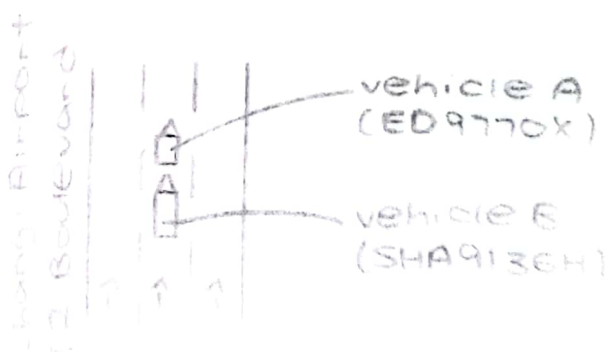
I hereby agree to the collection, use and disclosure of my Personal Information by the Insurers for the purposes of:

- investigating the accident and/or dealing with my claims, including the settlement of the claims and any necessary proceedings relating to the claims;
- investigating the accident and/or dealing with my claims;
- investigating, but not dealing with my instructions or responding to any enquiries by me;
- investigating, but not dealing with my claims (including the making of correspondence, statements, notices, notices or notices to me which could result in the disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes, letters, packages) and/or;
- complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").

I (all Insurers) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(4) my Personal Information may be disclosed by any of the Insurers and/or GAs to their third party service providers or agents (including their law yers/law firms) which may be based outside of Singapore for one or more of the above Purposes.

*[Signature]* 14/5 hrs, 1/12/2024, *[Signature]* Over



I was driving along Changi Airport terminal 2 Boulevard towards Terminal 2 departure suddenly, vehicle B hit onto the rear portion of my vehicle. I felt unwell after the collision.

14/11/2019  
14/11/2019  
14/11/2019





# SINGAPORE POLICE FORCE



T/20241210/7070

1 of 3

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

Report No. T/20241210/7070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2024 14:58		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: OWENS TRAVIS ROY			Address: 470A UPPER SERANGOON CRESCENT #09-306 SINGAPORE 531470		
ID Type / ID No.: NRIC NO / S7913687E			Contact No.: Home/Office:		Mobile: 96904787
Nationality: SINGAPORE CITIZEN			Email: ROYBOM@HOTMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/05/1979	Type of Informant: Driver		
Race: American			Language: English		
Occupation: Grab Driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2024 10:05	Type of Location: Straight Road
Location:  AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ED9770X	Motor car	TOYOTA	VOXY HYBRID 1.8SZ CVT	Black		3
SHA9136H	Taxi					1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
ED9770X	NTUC Income Insurance Co-Operative Limited	5139506027-01	28/09/2024	27/09/2025



**SINGAPORE  
POLICE FORCE**



T/20241210/7070

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

2 of 3

Report No. T/20241210/7070

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	OWENS TRAVIS ROY	ID No.	S7913687E
Related Vehicle	ED9770X (Motor car)	Contact No.	96904787
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

I was driving along Changi Airport terminal 2 Boulevard towards Terminal 2 departure. Suddenly, vehicle B (SHA9136H) hit onto the rear portion of my vehicle. I felt unwell after the collision and went to consult the doctor. I was given 3 days MCs.



**SINGAPORE  
POLICE FORCE**



T/20241210/7070

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

3 of 3

Report No. T/20241210/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
10/12/2024 14:58

Classification Of Case: