

## 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	12/12/2024 10:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 07:45 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM1684K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KER HONG SHENG
NRIC No	S9103351H
Email Address	KERHONGSHENG1@GMAIL.COM
Mobile Phone No	(Phone) +65-88850534
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00016632401

### DRIVER

Name of Driver	KER HONG SHENG
NRIC No	S9103351H
Date Of Birth	27/01/1991
Occupation	Outdoor
Driving Pass Date	17/07/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88850534
Alt. Phone Number	-
Email Address	KERHONGSHENG1@GMAIL.COM
Address	404 BEDOK NORTH AVE 3 #11-203
Address complement	-
Postcode	460404
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	Side Swipe
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?	No
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	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 POLICE REPORT: T/20241211/7093

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6439M
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	KER HONG SHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNM1684K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





Discussion

With respect to the investigation, the following is a summary of the results.

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Investigator's Signature: [Signature]

Driver's Signature: [Signature]

Witness's Signature: [Signature]





**SINGAPORE  
POLICE FORCE**



T/20241211/7093

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

Report No. T/20241211/7093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 16:56	Video Report No.:	Station Diary No.:
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## Informant's Particulars

Name of Informant: KER HONG SHENG			Address: 404 BEDOK NORTH AVENUE 3 #11-203 SINGAPORE 460404		
ID Type / ID No.: NRIC NO / S9103351H			Contact No.: Home/Office: Mobile: 88650534		
Nationality: SINGAPORE CITIZEN			Email: KERHONGSHENG1@GMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 27/01/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PHV DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2024 07:45	Type of Location: Straight Road
Location:  ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6439M	Motor car	TOYOTA	PRIUS	Maroon	Slightly Damaged	0
SNM1684K	Motor car	TOYOTA	VOXY HYBRID S-Z	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNM1684K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00016632 401	30/08/2024	30/08/2025



**SINGAPORE  
POLICE FORCE**



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

Report No. T/20241211/7093

## 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	LOW TIAN SIONG	ID No.	S1655164C
Related Vehicle	SHD6439M (Motor car)	Contact No.	96229587
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KER HONG SHENG	ID No.	S9103351H
Related Vehicle	SNM1684K (Motor car)	Contact No.	88850534
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/12/2024	Date Discharge	11/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

**Brief Details.**

On 11/12/2024 at about 0745Hrs, I was driving my vehicle SNM1684K along Orchard Road towards Mount Elizabeth at Lane 3 of 4 Lane Road. I wish to state that Lane 4 is Full-Days Bus Lane which operational hours is from 0730am to 11pm are not permitted to private vehicle.

At the point of time, I was making a left turn towards Mount Elizabeth, out of sudden I felt a great impact from my vehicle left rear portion. I alighted my vehicle and discover that a taxi SHD6439M from the Lucky Plaza drive way Exit dash out without stopping at the stop line giving way to the main traffic. As the result, his front portion collided onto my vehicle left rear portion.

After the accident we exchanged particular and my neck and back pain due to the impact of the accident so I consult doctor and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20241211/7093

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

Report No. T 20241211/7093

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/12/2024 16:56
Classification Of Case:

NP168