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 witholding 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.

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 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 27/12/2024 16:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 27/12/2024 07:17 (SGT) Exact Location of Accident Singapore Additional Location Information 79 CIRCUIT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SMW855A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOW JOO SOON NRIC No S1644684Z Email Address LOWJOOSOON17@GMAIL.COM Mobile Phone No (Phone) +65-93809831 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model FIT 1.3 BASIC 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? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1317 Vehicle Fuel Petrol First Regisration Date 30/10/2020 Chassis no GR11002840 Effective Date/Time of Ownership 01/06/2023 07:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5136717911-01

DRIVER

Name of Driver LOW JOO SOON NRIC No S1644684Z Date Of Birth 17/02/1964 Occupation Outdoor Driving Pass Date 08/05/1985 Driving License Pass Class Driving License Validity Valid Driving experience 39 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-93809831 Alt. Phone Number Email Address LOWJOOSOON17@GMAIL.COM Address BLK 55 PIPIT ROAD 10-14 SINGAPORE 370055 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 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) 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 PR ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

FILE WITH OWNER

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3950Y
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	LOW JOO SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MC 7 DAYS
Injured person in which vehicle?	SMW855A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

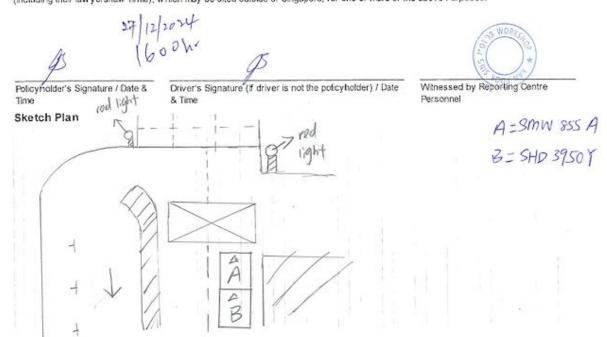
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of potcy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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	Please	refer	to	the	police	report	T/20241227	7060
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leclare the f	oregoing part	iculars are	e true in	every re	spect.			SCA WORKSHO
		1600	ALL					(5) *

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

& Time

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel



T/20241227/7060

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241227/7060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2024 15:47		nde:	Vide Report No.:	Station Diary No.:			
Informan	t's Particular	S					
Name of Informant: LOW JOO SOON			Address: 55 PIPIT ROAD #10-14 SINGAPORE 370055				
ID Type / ID No.: NRIC NO / S1644684Z		1Z	Contact No.: Home/Office:	Mobile: 93809831			
Nationali SINGAPO	ly: ORE CITIZE	N	Email: lowjoosoon17@gmail.com				
Sex: Age: Date of Birth: Male 60 17/02/1964			Type of Informant: Vehicle Owner				
Race: Chinese		and Landau and the same of the	Language: English				
Occupation: Private-hire car driver		г	Driving Licence Information: Class: 3 Date of Expiry:				

Seneral Information	of the Accident			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2024 07:20	Type of Location: X-Junction
Location:				
CIRCUIT ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	10.575	ffic Volume: derate
Type of Collision: Between Moving Vehicles - Head To Rear				one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD3950Y	Motor car					0
SMW855A	Motor car	HONDA	FIT 1.3 BASIC	Blue	Seriously Damaged	0

Details of Vel	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMW855A	NTUC Income Insurance Co-Operative Limited	5136717911-01	31/05/2024	30/05/2025



T/20241227/7060

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241227/7060

CONTINUATION OF REPORT

Details of Person	Involved		10 K 2 1 10 10 10 10 10 10 10 10 10 10 10 10 1		
Any Pedestrian In	volved: No				
No. of Pedestrians	s Injured: NIL	Use of Pedestrian Crossing: NA			
Vehicle Owner					
Name	LOW JOO SOON		ID No.		S1644684Z
Related Vehicle	SMW855A (Motor car)	Contact No.		93809831	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2024	Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC) 07	Degree of I	njury	Slight	

Brief Details.

ON 27.12.2024 AT ABOUT 07.17A.M. I WAS TRAVELLING ALONG 79 CIRCUIT ROAD. I WAS STOP AT THE TRAFFIC LIGHT JUNCTION CAUSE THE TRAFFIC LIGHT IS TURN TO RED COLOUR. SUDDENLY, VEHICLE B (SHD 3950Y) CAME FROM MY REAR SIDE AND COLLIDED ON TO MY REAR SIDE OF MY VEHICLE (SMW 855A).AS THE ACCIDENT TIME, I WAS TRAVELLING ALONE , NO ANY PASSENGER INSIDE MY CAR.

AS A RESULT OF THE ACCIDENT. I FELT PAIN ON MY SHOULDER, LOWER BACK AND WAIST. I VISITED TO MYDOCTOR@BALESTIER AFTER THE ACCIDENT. THE DOCTOR GAVE ME 7 DAYS MC.

- I HAVE VIDEO FOR MY IN CAR CAMERA
- NO PASSENGER INSIDE MY CAR.



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



3 of 3 Report No. T/20241227/7060

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2024 15:47
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	