

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	18/07/2024 14:44 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 21:35 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS ANG MO KIO (BEFORE JALAN BAHAGIA EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF7966U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE ELECTRIC VEHICLES PTE LTD
Company Reg No	199803133G
Email Address	OPS@SEV.COM.SG
Mobile Phone No	(Phone) +65-89098133
Alternative Phone No	(Office) +65-89098133

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
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 hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0034338

DRIVER

Name of Driver	LIAW CHWEN REN
NRIC No	S7375529H
Date Of Birth	09/10/1973
Occupation	Outdoor

Driving Pass Date	10/07/2004
Driving experience	20 YEARS
Gender	Female
Mobile Number	(Phone) +65-91851677
Alt. Phone Number	-
Email Address	OPS@SEV.COM.SG
Address	64 POTONG PASIR AVE 1 #13-17
Address complement	-
Postcode	358393
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	UNKNOWN
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 POLICE REPORT T/20240718/7031

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	SHC7328Z
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	LIM KHEH BIN
NRIC No	S1443579D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH5998D
Vehicle Manufacturer	Honda
Vehicle Model	HRV 1.5 DX CVT
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM HONG TEO
NRIC No	S1187795H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIAW CHWEN REN
Gender	Female
Phone No	(Phone) +65-91851677
Address	64 POTONG PASIR AVE 1 #13-17
Address Complement	-
Post Code	358393
Approximate Age Years Old	50
Injuries Sustained	UNWELL. 7 DAYS MC.
Injured person in which vehicle?	SNF7966U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

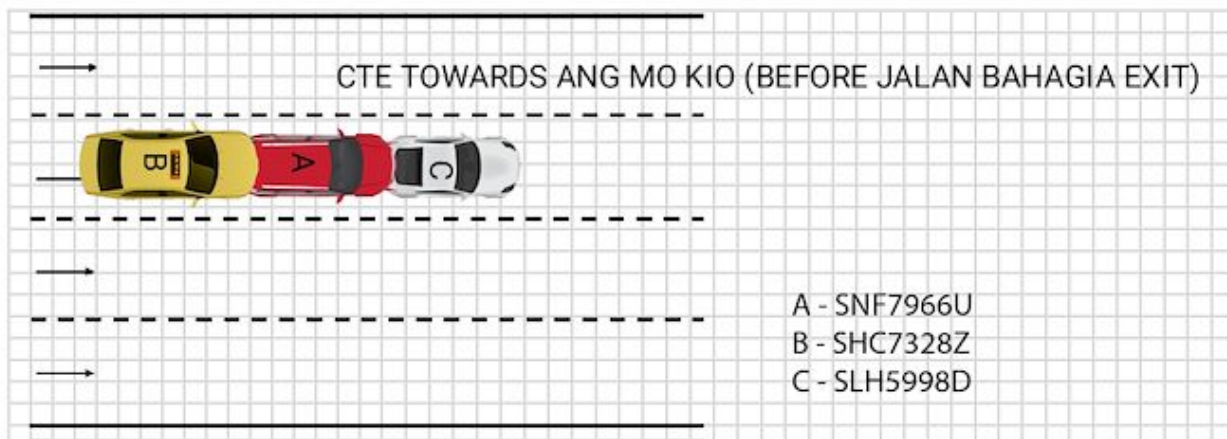
Policyholder's Signature / Date & Time

Sketch Plan

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

18072024
1330HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO T/20240718/7031.

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

18072024
1330HRS



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240718/7031

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

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Report No. T/20240718/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2024 11:47		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LIAW CHWEN REN		Address: 64 POTONG PASIR AVENUE 1 #13-17 SINGAPORE 358393		
ID Type / ID No.: NRIC NO / S7375529H		Contact No.: Home/Office: Mobile: 91851677		
Nationality: SINGAPORE CITIZEN		Email: RENALIAW@GMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 09/10/1973	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2024 21:45	Type of Location: Straight Road
Location: JALAN BAHAGIA				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7328Z	Motor car			Yellow		0
SLH5998D	Motor car			Grey		1
SNF7966U	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240718/7031

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

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Report No. T/20240718/7031

CONTINUATION OF REPORT

Driver			
Name	LIAW CHWEN REN		ID No. S7375529H
Related Vehicle	SNF7966U (Motor car)		Contact No. 91851677
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2024	Date Discharge	18/07/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious
Driver			
Name	LIAW CHWEN REN		ID No. S7375529H
Related Vehicle	SNF7966U (Motor car)		Contact No. 91851677
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

Brief Details.

On the above mentioned date and time,
I was driving PH taxi plate no.SNF7966U with1 passenger travelling along CTE (before Jalan Bahagia)toward Ang mo Kio at lane 3 the road have 4 lanes,suddenly
the front vehicle plate no. SLH 5998D stop ,
I followed stopped.
a Citycab taxi SHC7328Z stop not in time and collided onto my vehicle from the rear.
and my vehicle push forward and collided onto SLH5998D ,
After accident I felt unwell.
The next on 18/07/2024 I went to sunshine family practice & surgery consult doctor and was given 7days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240718/7031

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Report No. T/20240718/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:
18/07/2024 11:47

Classification Of Case: