

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 Authorised 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 Submission 05/03/2022 11:48 (SGT)
Date of Accident 04/03/2022 08:58 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE TOWARDS PORTSDOWN ROAD EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ5902Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STREAM MOBILITY PTE LTD
Company Reg No 2XXXXX450D
Email Address JAMES.SOO@STREAMMOBILITY.COM.SG
Mobile Phone No (Phone) +65-91089186
Alternative Phone No +65-91089186

VEHICLE PARTICULARS

Manufacturer Renault
Model Kangoo
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 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5122054090
Cover Note Number -

DRIVER

Name of Driver LOW KUM WYE
NRIC No SXXXX488F

Date Of Birth	09/09/1960
Occupation	Outdoor
Date Of Driving Pass	16/02/1981
Driving experience	41 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91089186
Alt. Phone Number	-
Email Address	JAMES.SOO@STREAMMOBILITY.COM.SG
Address	BLK 444 JURONG WEST AVENUE 1 #06-770
Address complement	-
Postcode	640444
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TUO SHIA LIU
Gender	Male

PASSENGER 2

Name	QUEK POO SIONG
Gender	Female

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 THE POLICE REPORT

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	VIDEO WITH THE OWNER.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN6644K
Vehicle Manufacturer	Ssangyong
Vehicle Model	Actyon
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	TUO SHIA LIU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ5902Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	QUEK POO SIONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ5902Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

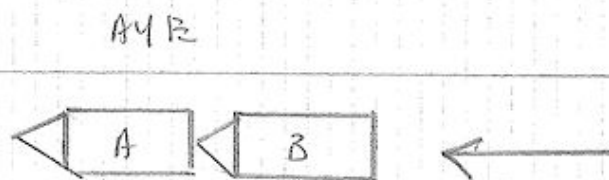


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A' SMZ 5902 Z

B' SJN 6644 K

Describe Circumstances of the Accident

police Report Attached .

Declaration

I/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

Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20220304/7009

1 of 4

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

Report No. T/20220304/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2022 10:47	Vide Report No.: D/20220304/0054	Station Diary No.:
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Informant's Particulars

Name of Informant: LOW KUM WYE			Address: 444 JURONG WEST AVENUE 1 #06-770 SINGAPORE 640444	
ID Type / ID No.: NRIC NO / S1452488F			Contact No.: Home/Office:	Mobile: 91089186
Nationality: SINGAPORE CITIZEN			Email: frankie.low18@gmail.com	
Sex: Male	Age: 61	Date of Birth: 09/09/1960	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/03/2022 08:58	Type of Location: Straight Road
Location: AYE before Portsdown Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJN6644K	Car	SANGYANG		White		0
SMZ5902Z	Car	RENAULT		Brown		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220304/7009

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

Report No. T/20220304/7009

CONTINUATION OF REPORT

Driver			
Name	LOW KUM WYE		ID No. S1452488F
Related Vehicle	SMZ5902Z (Car)		Contact No. 91089186
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TUO SHIA LIU		ID No. S0522109I
Related Vehicle	SMZ5902Z (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	QUEK POO SIONG		ID No. S1278096F
Related Vehicle	SMZ5902Z (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 4/3/2022 at about 0858hrs, I was driving my vehicle SMZ5902Z along AYE from Jurong heading towards SGH. My vehicle accommodates to Wheelchair bound passengers. There were Two passengers in my vehicle at that time, one of them was a wheelchair bound elderly. While i was driving on Lane 1 right before Queensway Exit, i noticed that the Traffic was slowing down and I then slowed my vehicle down. While my vehicle was slowing down, I suddenly felt an impact on the rear of my vehicle and my Wheelchair bound passenger fell off her wheelchair even though she was wearing the seatbelt. The passenger was then stuck under the wheelchair. Both my passengers informed me that they were not injured however I had called for the ambulance just in case. The passenger was then conveyed to NUH by ambulance. I then exchanged particulars with the vehicle that contacted me, SJN6644K, Lim Beng Siong S8102945H, HP 91878115. There is an in car camera in my



**SINGAPORE
POLICE FORCE**



T/20220304/7009

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

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Report No. T/20220304/7009

CONTINUATION OF REPORT

vehicle.



SINGAPORE POLICE FORCE



T/20220304/7009

4 of 4

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

Report No. T/20220304/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JUN YAN
Contact No.: 65476311

This report is lodged at Queenstown NPC Kiosk 1
NP168

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

Date/Time:
04/03/2022 10:47

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220308/2033

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20220308/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2022 12:03	Vide Report No.: T/20220304/7009	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LOW KUM WYE	Address: APT BLK 444 JURONG WEST AVENUE 1 #06-770 SINGAPORE 640444		
ID Type / ID No.: NRIC NO / S1452488F	Contact No.: Home/Office: Mobile: 91089186		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 61	Date of Birth: 09/09/1960	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/03/2022 08:55	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN6644K	Car					0
SMZ5902Z	Car					2

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**


T/20220308/2033

2 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220308/2033

CONTINUATION OF REPORT

Passenger			
Name	QUEK POO SIONG	ID No.	S1278096F
Related Vehicle	SMZ5902Z (Car)	Contact No.	NIL
Hospital/Clinic	IDOC CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2022	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	LOW KUM WYE	ID No.	S1452488F
Related Vehicle	SMZ5902Z (Car)	Contact No.	91089186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TUO SHIA LIU	ID No.	S0522109I
Related Vehicle	SMZ5902Z (Car)	Contact No.	97499869
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 4/3/2022 at about 0858hrs, I was driving the vehicle SMZ5902Z along AYE from Jurong towards SGH, my vehicle accommodates to wheelchair bound passengers. There were two passengers in my vehicle at that time and one of the was a wheelchair bound elderly. I was driving along Lane 1 along AYE near to the Queensway exit when I noticed that the traffic was slowing down, I then reduced speed on my vehicle. While my vehicle was slowing down, I suddenly felt an impact on the rear of my vehicle and the wheelchair bound passenger fell off her wheelchair even though she was wearing a seatbelt. Due to the impact, the passenger was then stuck under her wheelchair. Both my passengers had informed that they were not injured at the time and I had called the ambulance for assistance, the wheelchair bound passenger was then conveyed to NUH by the ambulance. I exchanged particulars with the vehicle that came into contact with my vehicle, SJN6644K, Lim Beng Siong S8102945H, HP: 91878115. I have an in car Camera.

**SINGAPORE
POLICE FORCE**

T/20220308/2033

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20220308/2033

CONTINUATION OF REPORT

I was updated by my passengers about their medical status however I was informed by the Daughter of Tuo Shia Liu that she was given 3 days of medical leave from 4/3/2022 to 6/3/2022 but she is currently under observation at NUH A&E due to internal bleeding from her private parts.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220308/2033

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Report No. T/20220308/2033

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
D / SGT 3 ANG KHENG HAOU,
THAWAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2022 12:03

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

NP168





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0P22350002 Vehicle Registration No: SMZ5902Z

Name (as shown in NRIC): STREAM MOBILITY PTE LTD NRIC/FIN/Passport No: XXXXXX450D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 45 SIXTH AVENUE Singapore (276487)

Contact (Tel): _____ Mobile No.: 9108 9186

Email Address: JAMES.SOO@STREAMMOBILITY.COM.SG

Date of Accident: 04/03/2022 Time of Accident: 08:58

Place of Accident: AYE TOWARDS PORTSDOWN ROAD EXIT

Insurance Company: NTUC

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Passenger Name: Tuo Shia Liu (Male), Quek Poo Siong (Female)

Both passengers are injured.

Amended police report submitted.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: