

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	14/03/2022 18:33 (SGT)
Date of Accident	11/03/2022 01:30 (SGT)
Exact Location of Accident	Dunlop St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH4880H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW BOON TIN
NRIC No	SXXXX094G
Email Address	huameng@live.com.sg
Mobile Phone No	(Phone) +65-97478752
Alternative Phone No	+65-97478752

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D-210097799MSH
Cover Note Number	-

DRIVER

Name of Driver	LOW BOON KUN
NRIC No	SXXXX204A

Date Of Birth	04/11/1960
Occupation	Outdoor
Date Of Driving Pass	31/12/1980
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97478752
Alt. Phone Number	-
Email Address	huameng@live.com.sg
Address	BLK 407 SIN MING AVE
Address complement	#07-219
Postcode	570407
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220314/2006

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8352P
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW BOON KUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SH4880H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

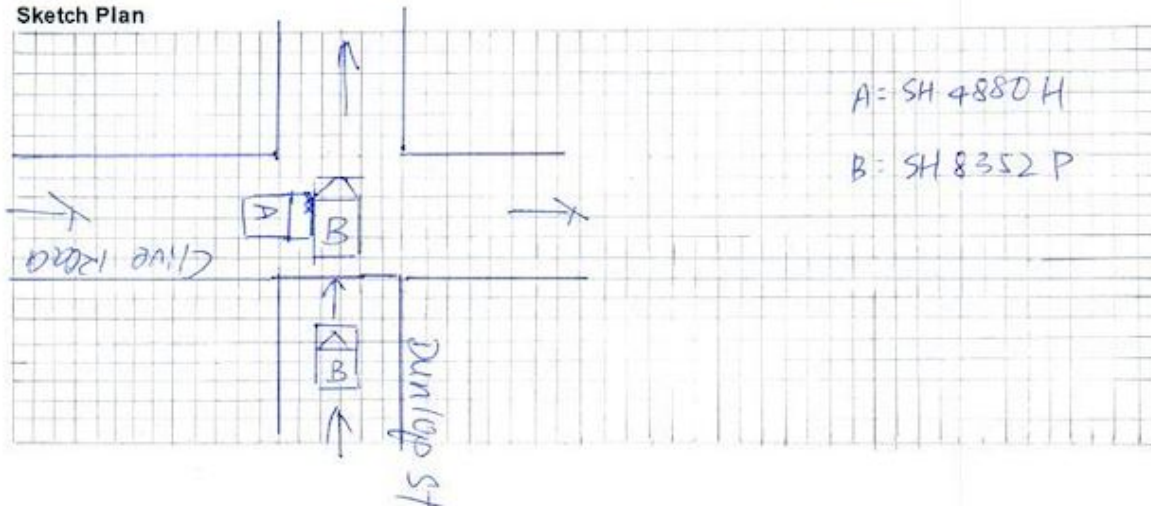
SKETCH PLAN

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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	 14/03/22 Witnessed by Reporting Centre Personnel
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Sketch Plan



Refer to Police Report No = T/20220314/2006

We declare the foregoing particulars are true in every respect.

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

Witnessed by	Reporting Centre
Personnel	



**SINGAPORE
POLICE FORCE**



T/20220314/2006

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20220314/2006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH4880H	FIRST CAPITAL INSURANCE LIMITED	D-210097799MSH	26/06/2021	25/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW BOON KUN		ID No.	S1406204A
Related Vehicle	SH4880H (Car)		Contact No.	97478752
Hospital/Clinic	UNITED MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/03/2022		Date Discharge	11/03/2022
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Name	Unknown		ID No.	NIL
Related Vehicle	SH8352P (Car)		Contact No.	NIL
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		NIL	Degree of Injury	NIL

Brief Details.

On 11/03/2022 at about 0130 hrs, I was driving in my taxi SH4880H along Clive Street. While I was about to pass the Dunlop Street junction, another taxi SH8352P suddenly drove out of Dunlop Street and onto Clive Street.

There was a stop line from Dunlop Street onto Clive Street however the taxi did not stop. As such, I had no time to react, and I collided into the taxi. The front of my taxi hit onto the left side of his taxi.

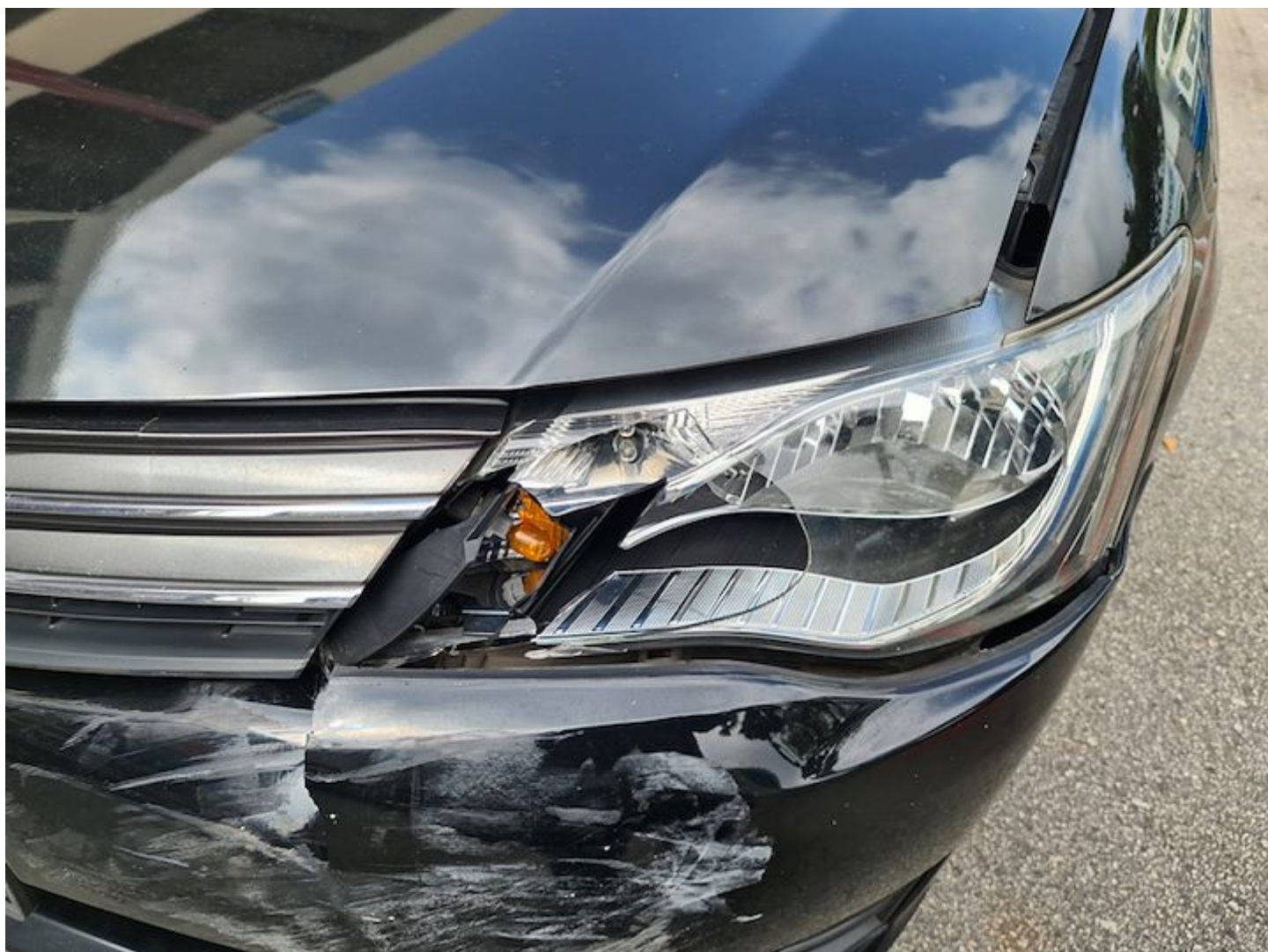
The both of us then took photos of the accident and the other taxi driver left the incident location as he had a passenger. We did not manage to exchange particulars. At about 0900 hrs, I felt pain on my neck and right knee. I went to the doctor and got 7 days mc.

As such, I wish to lodge a traffic accident report.

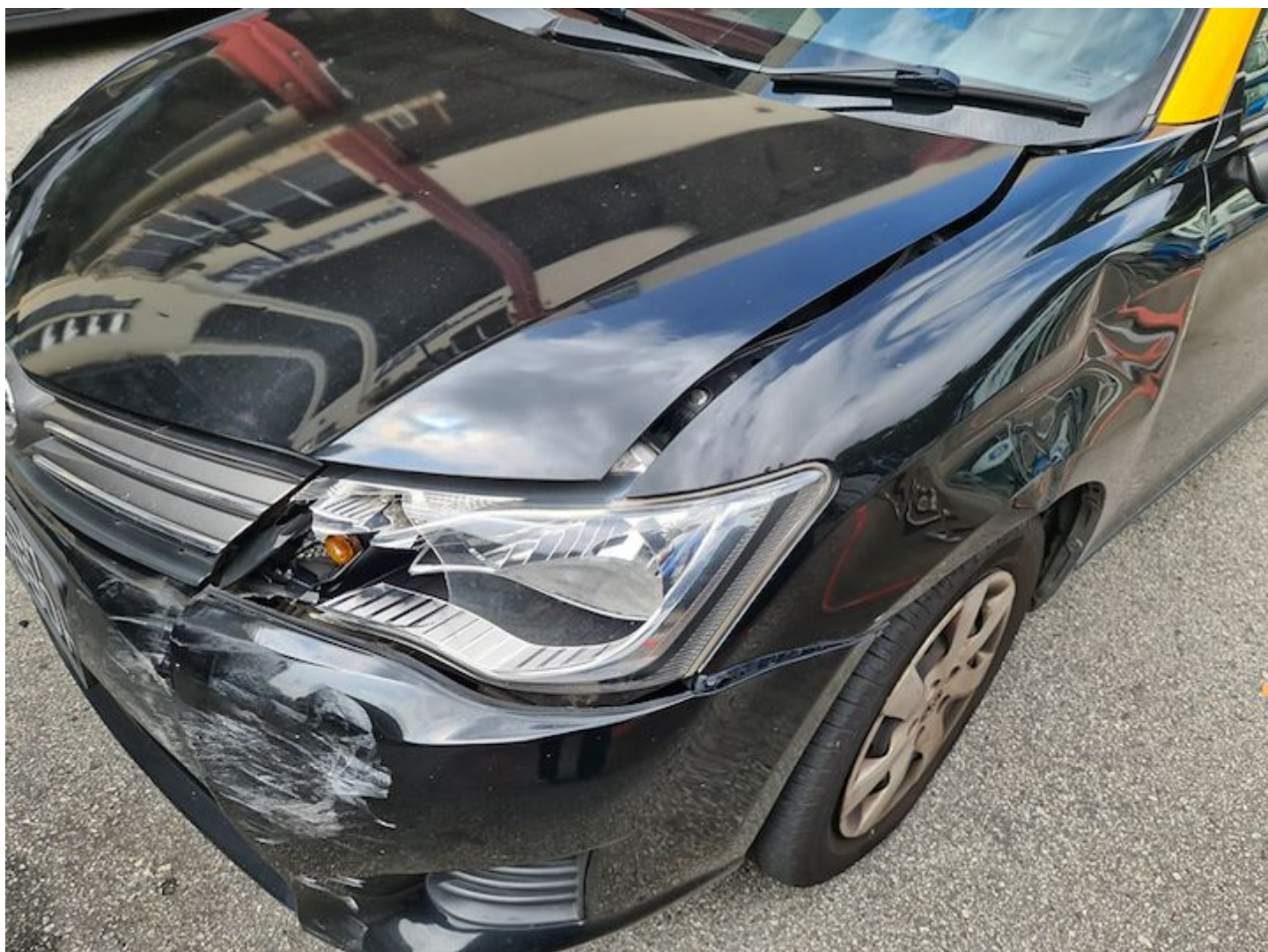


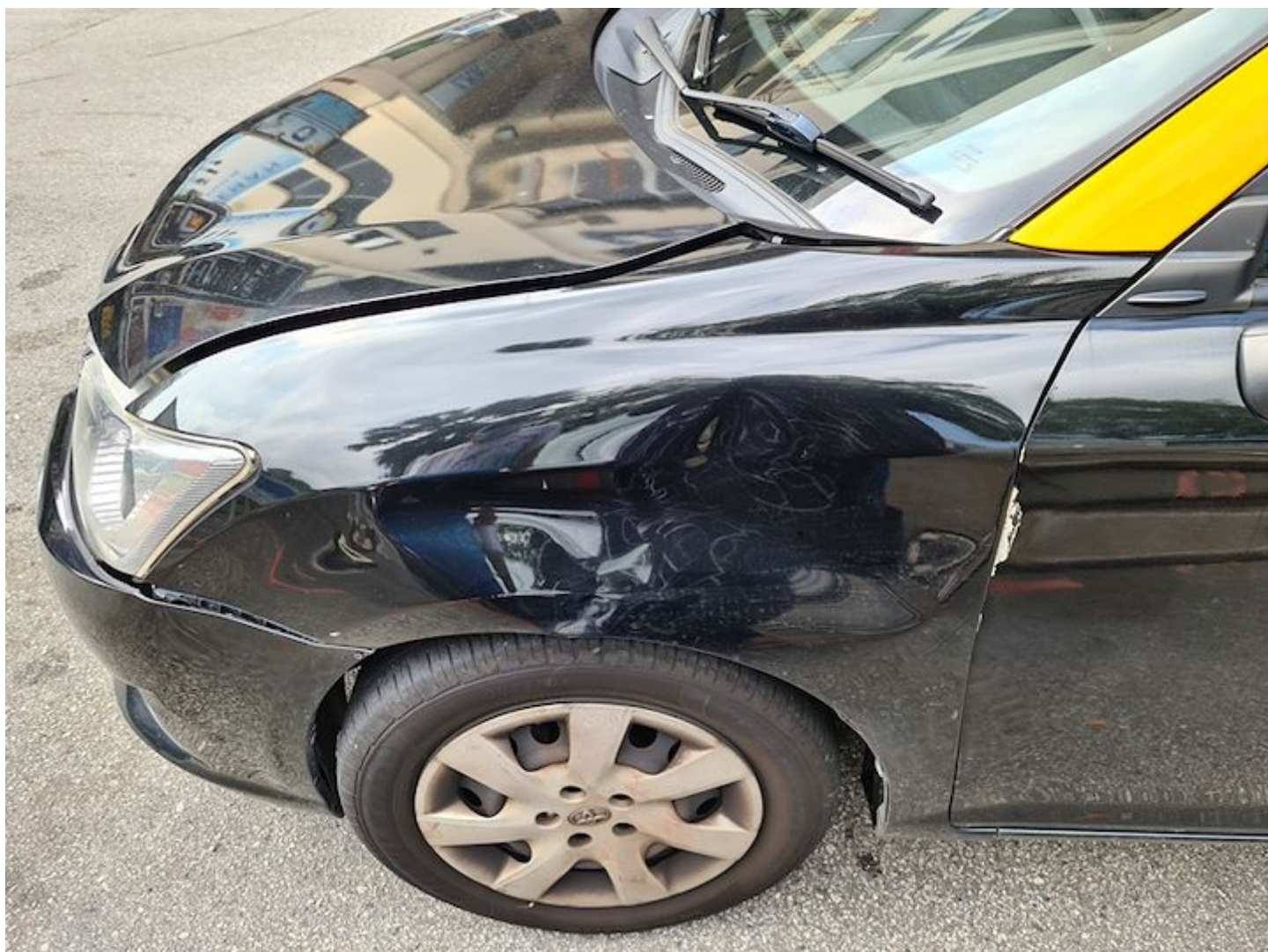




















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T/20220314/2006

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Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20220314/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 01:18		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: LOW BOON KUN		Address: APT BLK 407 SIN MING AVENUE #07-219 SINGAPORE 570407			
ID Type / ID No.: NRIC NO / S1406204A		Contact No.:		Mobile: 97478752	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 61	Date of Birth: 04/11/1960	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2022 01:30	Type of Location: X-Junction
Location: DUNLOP STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SH4880H	Car	TOYOTA	COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD	Black	Slightly Damaged	0
SH8352P	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE
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Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW BOON KUN		ID No.	S1406204A
Related Vehicle	SH4880H (Car)		Contact No.	97478752
Hospital/Clinic	UNITED MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/03/2022		Date Discharge	11/03/2022
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Name	Unknown		ID No.	NIL
Related Vehicle	SH8352P (Car)		Contact No.	NIL
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		NIL	Degree of Injury	NIL

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T/20220314/2006

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Report No. T/20220314/2006

CONTINUATION OF REPORT



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T/20220314/2006

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Report No. T/20220314/2006

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:
A / SGT 2 AL-IMRAN SHAH BIN
HASNI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2022 01:18

Officer In Charge Of Case:
TP / GIA /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476201

Classification Of Case:

NP168

