

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	25/07/2022 18:10 (SGT)
Reported by	Driver
Date of Accident	23/07/2022 13:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JALAN SULTAN JUNCTION TOWARDS BEACH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9278A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	2XXXXX843R
Email Address	TALISMAN170271@GMAIL.COM
Mobile Phone No	(Phone) +65-97975764
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003712200

DRIVER

Name of Driver	LOW PUAY HWA ROGER
NRIC No	SXXXX125G
Date Of Birth	17/02/1971
Occupation	Outdoor

Date Of Driving Pass	12/10/1989
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97975764
Alt. Phone Number	-
Email Address	TALISMAN170271@GMAIL.COM
Address	137 RIVERVALE ST #16-744
Address complement	-
Postcode	540137
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	Collision - Change/cross lane
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

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 WORK SHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD2262Y
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 PUAY HWA ROGER
Gender	Male
Phone No	(Phone) +65-97975764
Address	137 RIVERVALE ST #16-744
Address Complement	-
Post Code	540137
Approximate Age Years Old	51
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ9278A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

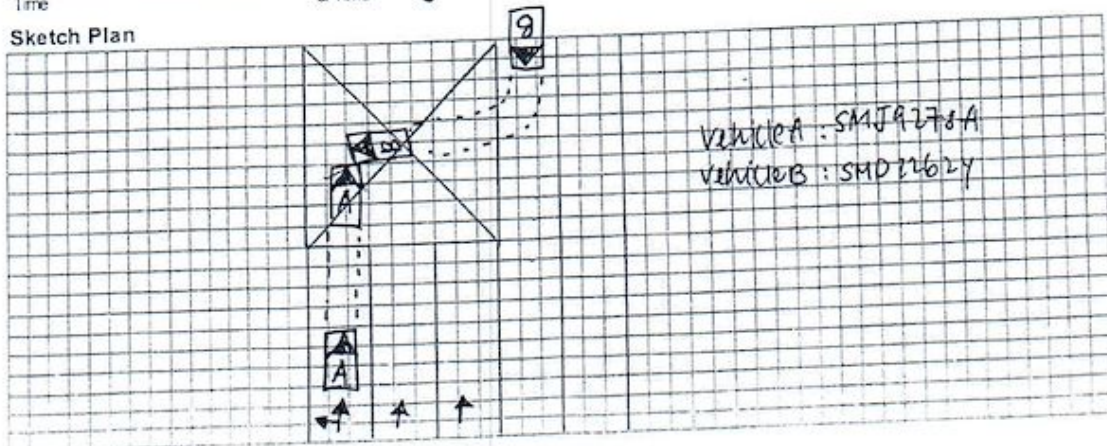


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

— Refer To police Report —
T/20220725/7013

Declaration

We declare the foregoing particulars are true in every respect.



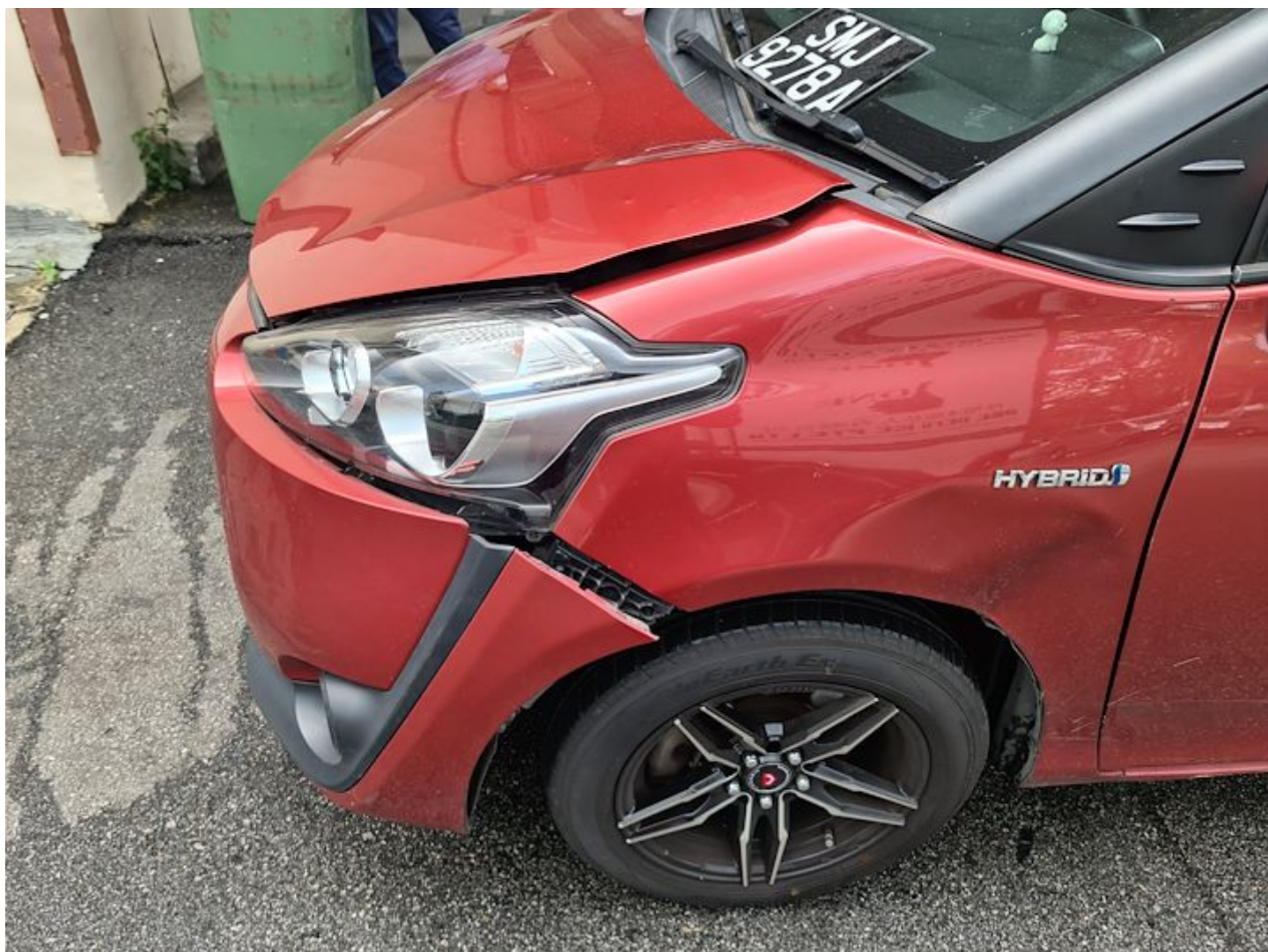
Policyholder's Signature / Date & Time

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

W/25/07/22
Witnessed by Reporting Centre Personnel









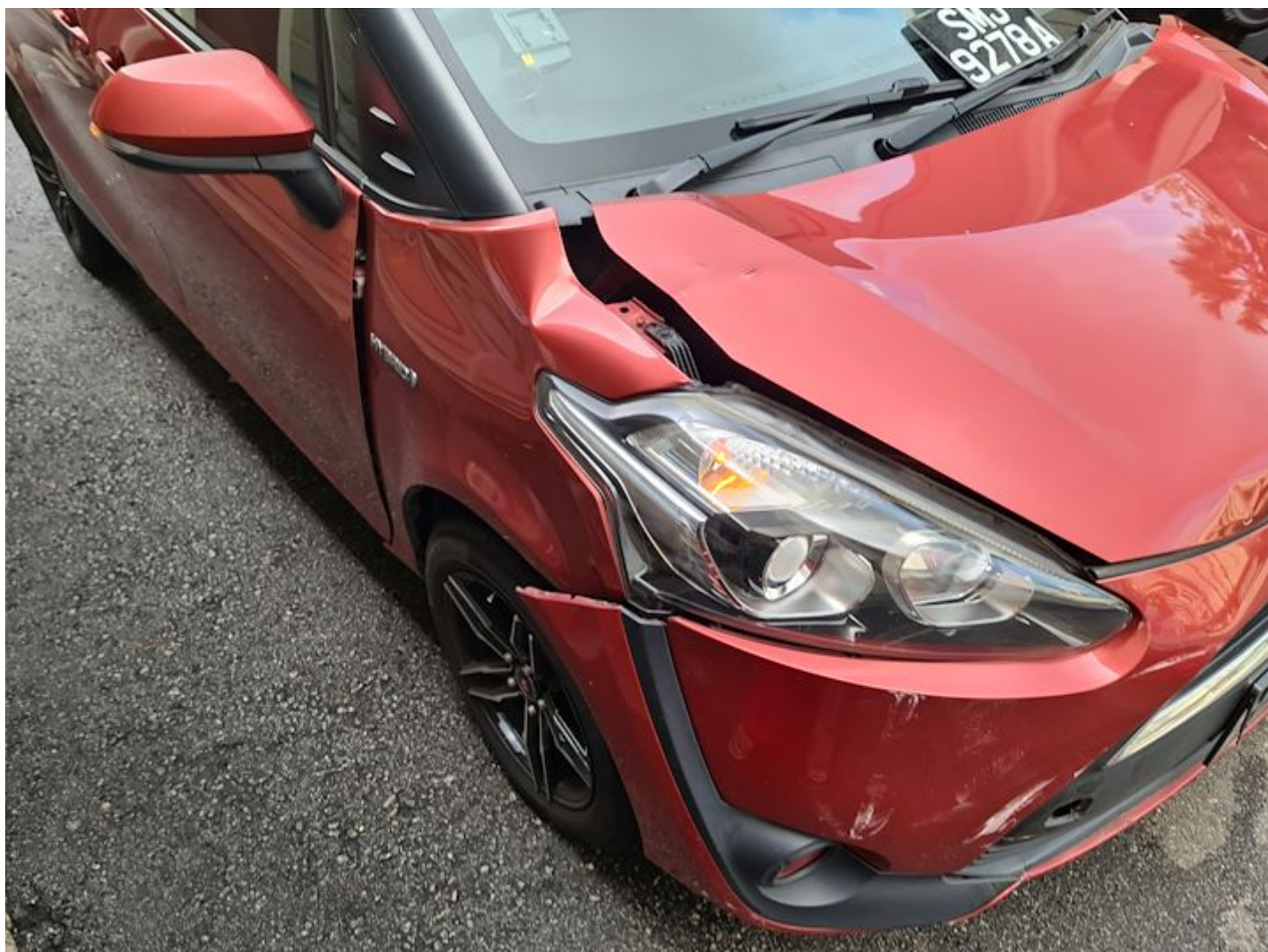


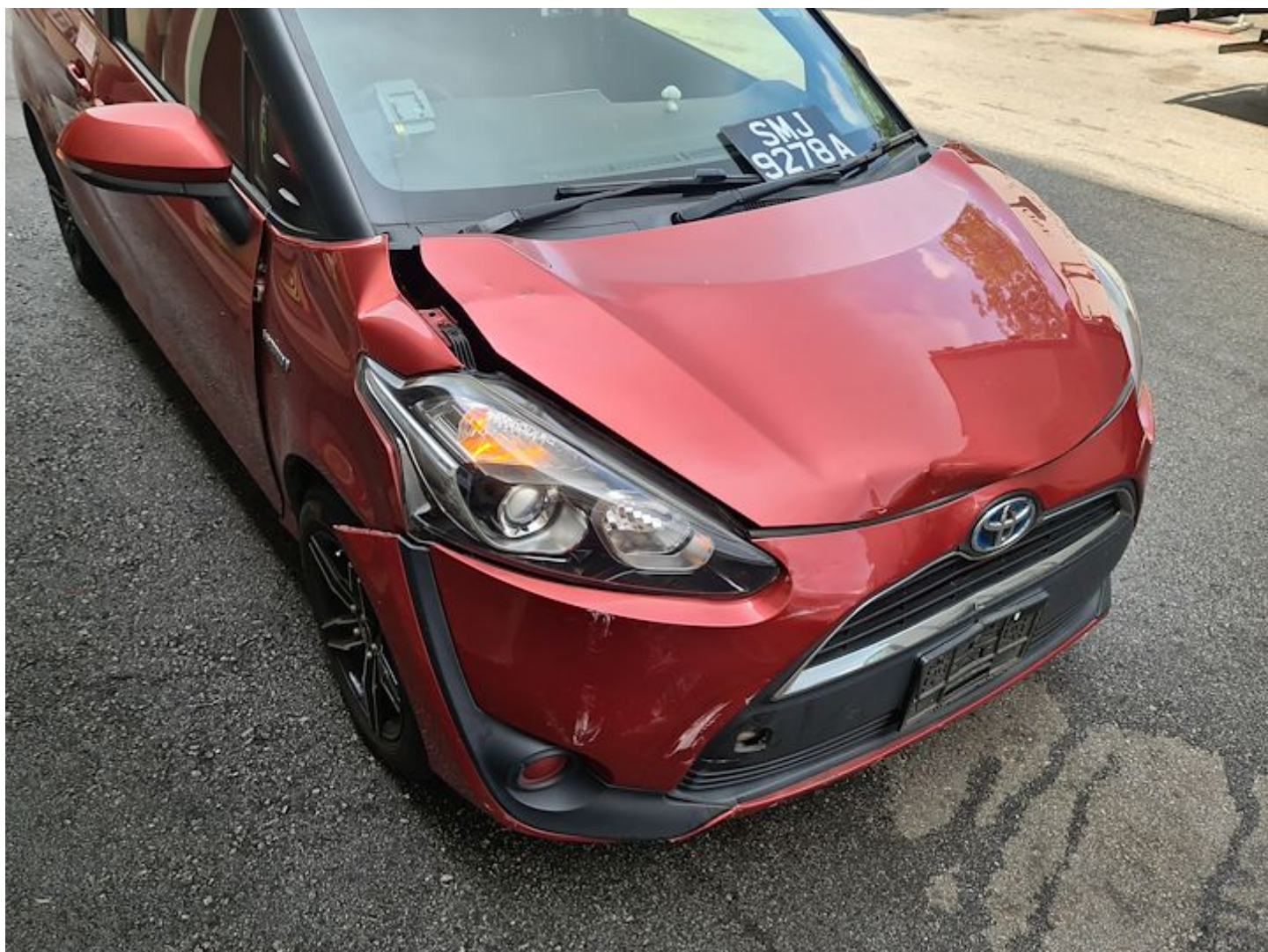


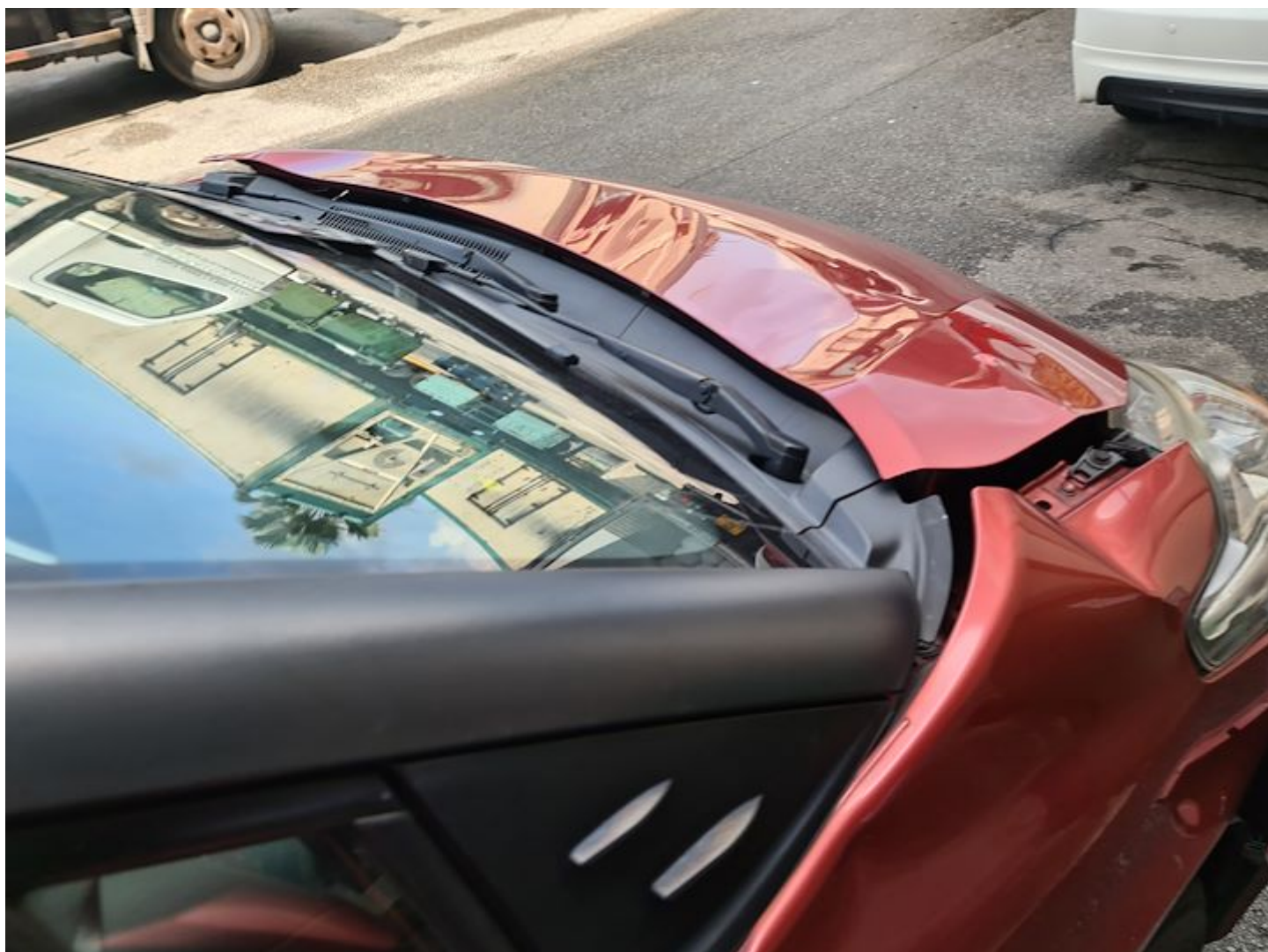
















SINGAPORE POLICE FORCE

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



T/20220725/7013

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Report No. T/20220725/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 11:33		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LOW PUAY HWA ROGER		Address: 137 RIVERVALE STREET #16-744 SINGAPORE 540137	
ID Type / ID No.: NRIC NO / S7108125G		Contact No.: Home/Office: Mobile: 96952279	
Nationality: SINGAPORE CITIZEN		Email: TALISMAN170271@GMAIL.COM	
Sex: Male	Age: 51	Date of Birth: 17/02/1971	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2022 13:40	Type of Location: X-Junction
Location: JALAN SULTAN				
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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMD2262Y	Car					0
SMJ9278A	Car					0

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



**SINGAPORE
POLICE FORCE**

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



T/20220725/7013

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Report No. T/20220725/7013

CONTINUATION OF REPORT

Driver			
Name	LOW PUAY HWA ROGER		ID No. S7108125G
Related Vehicle	SMJ9278A (Car)		Contact No. 96952279
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	25/07/2022		Date 25/07/2022
No. of Days granted Medical Leave	03		Degree of Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMJ 9278 A) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, I FELT A HUGE IMPACT ON THE FRONT RIGHT PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (SMD 2262 Y) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE MAKING A RIGHT TURN FROM THE OPPOSITE LANE .

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT KOVAN CLINIC (HOUGANG) AS I FELT PAIN IN MY NECK AND BACK.
I WAS GIVEN 3 DAYS MC.



SINGAPORE POLICE FORCE

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



T/20220725/7013

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Report No. T/20220725/7013

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
25/07/2022 11:33

Classification Of Case:

