

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 Submission | 28/06/2023 13:30 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 27/06/2023 17:23 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WOODLANDS AVE 3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJL8655B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | LOW FANG HAO |
| NRIC No | S8726281B |
| Email Address | PATRICKLOWFH@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96412935 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| 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 | 1600 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5119838359-02 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LOW FANG HAO |
| NRIC No | S8726281B |
| Date Of Birth | 28/08/1987 |
| Occupation | Outdoor |

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 20/07/2007 |
| Driving experience | 15 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96412935 |
| Alt. Phone Number | - |
| Email Address | PATRICKLOWFH@GMAIL.COM |
| Address | BLK 491E TAMPINES STREET 45 #07-208 |
| Address complement | - |
| Postcode | 524491 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 on 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 | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Woodlands East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007679999 |
| Police Station Address | 3 Woodlands Drive 63 Singapore 737890 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ATTACHED 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 OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKV8856Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TAI CHIA FU |
| NRIC No | S8680268F |
| Contact Number | (Phone) +65-86959567 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

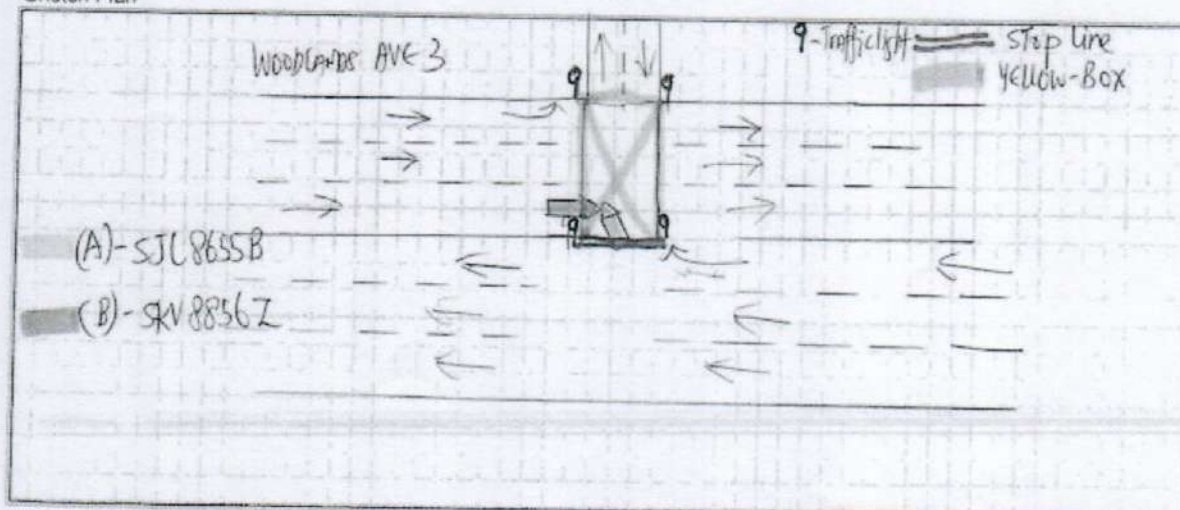
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/59/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



| Describe Circumstance of the Accident | |
|---|--|
| Refer To police Report ATTACHED Report/NO: T/20230627/2095 * DRIVER WITH 30 DAYS MEDICAL LEAVES * | |
| Remark: - 3rd party claimant: - | EM SOLUTION PTE LTD 160 Sin Ming Drive #03-18/19 Sin Ming Autocity Singapore 575722 Tel: 6456 0226 Fax: 6458 4500 Email: emautosolution@singnet.com.sg |
| | |

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

CITY AUTO PTE LTD

Bik 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)



**SINGAPORE
POLICE FORCE**



T/20230627/2095

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20230627/2095

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|---------------------------|------------------|
| Date/Time Report Made: 27/06/2023 19:27 | | Vide Report No.: | | Station Diary No.: 101 | |
| Informant's Particulars | | | | | |
| Name of Informant: LOW FANG HAO | | | Address: APT BLK 491E TAMPINES STREET 45 #07-208 SINGAPORE 524491 | | |
| ID Type / ID No.: NRIC NO / S8726281B | | | Contact No.: | | Mobile: 96412935 |
| Nationality: SINGAPORE CITIZEN | | | Email: patricklowfh@gmail.com | | |
| Sex: Male | Age: 35 | Date of Birth: 28/08/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: PRIVATE HIRE 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: 27/06/2023 17:20 | Type of Location: T-Junction |
| Location: WOODLANDS AVENUE 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|------------------------|--------|------------------|-----------------|
| SJL8655B | Car | TOYOTA | COROLLA ALTIS 1.6 AUTO | Silver | Slightly Damaged | 0 |
| SKV8856Z | Car | MERCEDES BENZ | E 250 SEDAN (R17) | Red | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**



T/20230627/2095

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20230627/2095

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJL8655B | NTUC Income Insurance Co-Operative Limited | 5119838359-02 | 15/12/2022 | 14/12/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--|--|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | LOW FANG HAO | | ID No. | S8726281B |
| Related Vehicle | SJL8655B (Car) | | Contact No. | 96412935 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | TAI CHIA FU | | ID No. | S8680268F |
| Related Vehicle | SKV8856Z (Car) | | Contact No. | 86959567 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 27/06/2023 at about 1720hrs, I was driving my car SJL8655B along Woodlands Avenue 3 turning right towards Woodlands Street 13 on first lane. I stopped at the T-junction as the traffic light was red at that point of time. When the traffic light turned green, I started to move off and was looking towards the right side. Out of a sudden, I noticed that there was an on-coming car SKV8856Z from the opposite side of the road going straight towards me. I tried to brake however the front right side of the car collided with the front of my car. I went out of my car to make a check. I manage exchange particulars and take photos of the accident. Both parties agreed to go to the police station to lodge a police report.

No traffic police or ambulance attended to the accident. Due to the accident, the front of my car is dented and scratched, and front plate number is also dented. The front right side of the car is scratched and slightly dented, the right headlight cracked.

I wish to state that both parties were not injured. I have an in-car camera in my car, and it recorded the accident.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20230627/2095

3 of 3

Report No. T/20230627/2095

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /
SCSGT(1) MUHAMMAD RAFIQ
ZULHILMI BIN ZULKIFLEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/06/2023 19:27

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476204

Classification Of Case:

NP168



T/20230628/2022

2 of 3

Report No. T/20230628/2022

Continuation of CSF For NP168

| Driver | | | |
|-----------------------------------|-----------------------|--|---------------------------------|
| Name | Low Fang Hao | ID No. | S8726281B |
| Related Vehicle | SJL8655B (Car) | Contact No. | 96412935 |
| Hospital/Clinic | KINDRED FAMILY CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 28/06/2023 | Date Discharge | 28/06/2023 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | Tai Chia Fu | ID No. | S8680268F |
| Related Vehicle | SKV8856Z (Car) | Contact No. | 86959567 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Facts.

CSF amendment report for original report T/20230627/2095.

To add on that the driver of vehicle SKV8856Z had failed to comply with the red traffic light signal and drove forward causing the collision. My vehicle SJL8655B was turning into Woodlands Street 13 as the green arrow traffic light signal was on.

Due to the collision, I sustained neck and back pain and was given 3 days MC from the doctor.

That's all.