

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	18/11/2024 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/11/2024 17:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE(CTE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8739D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW XIAN SEN
NRIC No	S9247690A
Email Address	Fiona@layauto.com
Mobile Phone No	(Phone) +65-97495308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107505201-05

DRIVER

Name of Driver	LOW TIM MENG
NRIC No	S2554308D
Date Of Birth	07/07/1959
Occupation	Indoor
Driving Pass Date	19/11/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-90619873
Alt. Phone Number	-
Email Address	LOW.07071959@GMAIL.COM
Address	BLK 685C #02-164 JURONG WEST CENTRAL 1
Address complement	-
Postcode	643685
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	HE KWI FA
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 police report. I am not sure how many pax in other vehicles.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFV9966S
 Vehicle Manufacturer Volkswagen
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver TEO
 Contact Number (Phone) +65-91113391
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE1724M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver YEO KHEE TONG
 NRIC No S1232229A
 Contact Number (Phone) +65-97881483
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKU4709Y
 Vehicle Manufacturer Nissan
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver HEE CHING HUA
 NRIC No S1415382I
 Contact Number (Phone) +65-90180682
 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 TIM MENG

Gender	Male
Phone No	(Phone) +65-90619873
Address	BLK 685C #02-164 JURONG WEST CENTRAL 1
Address Complement	-
Post Code	643685
Approximate Age Years Old	65
Injuries Sustained	NECK , CHEST AND RIGHT LEG PAIN
Injured person in which vehicle?	SMH8739D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	HE KWI FA
Gender	Female
Phone No	(Phone) +65-91933973
Address	BLK 685C #02-164 JURONG WEST CENTRAL 1
Address Complement	-
Post Code	643685
Approximate Age Years Old	61
Injuries Sustained	Head pain Feel like vomitting
Injured person in which vehicle?	SMH8739D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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.
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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
(Name as in NRIC/ID card)

Sketch Plan

A-SMH8739D B-GBE1724M C-SKU4709Y D-SFV9966S		

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Describe Circumstance of the Accident

REFER TO GEARS

Declaration

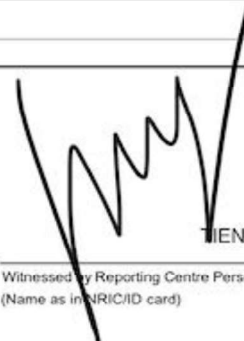
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



18/11/2024
1430hrs

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



TJEN TOH KIAT HENRY

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

2





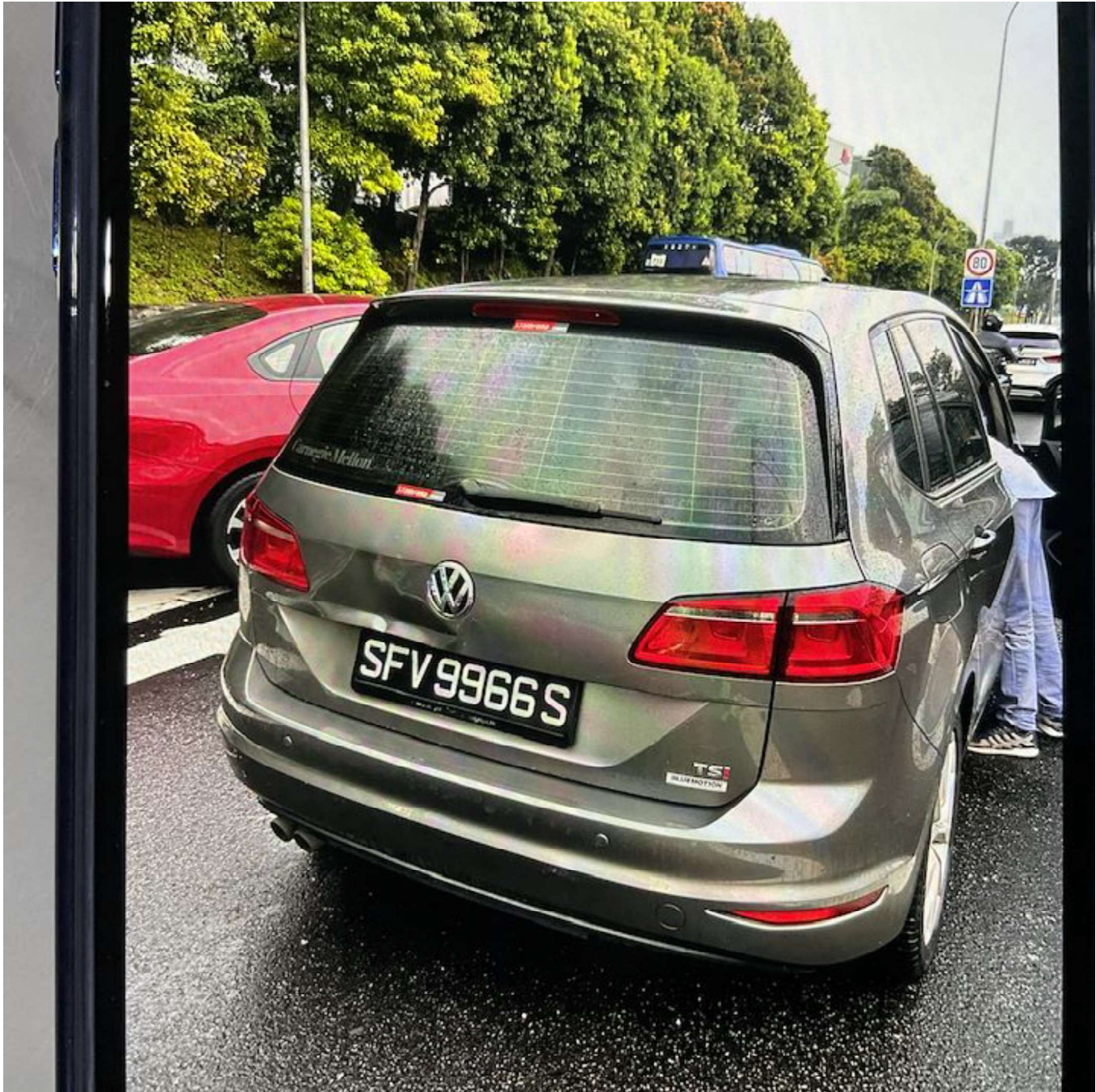




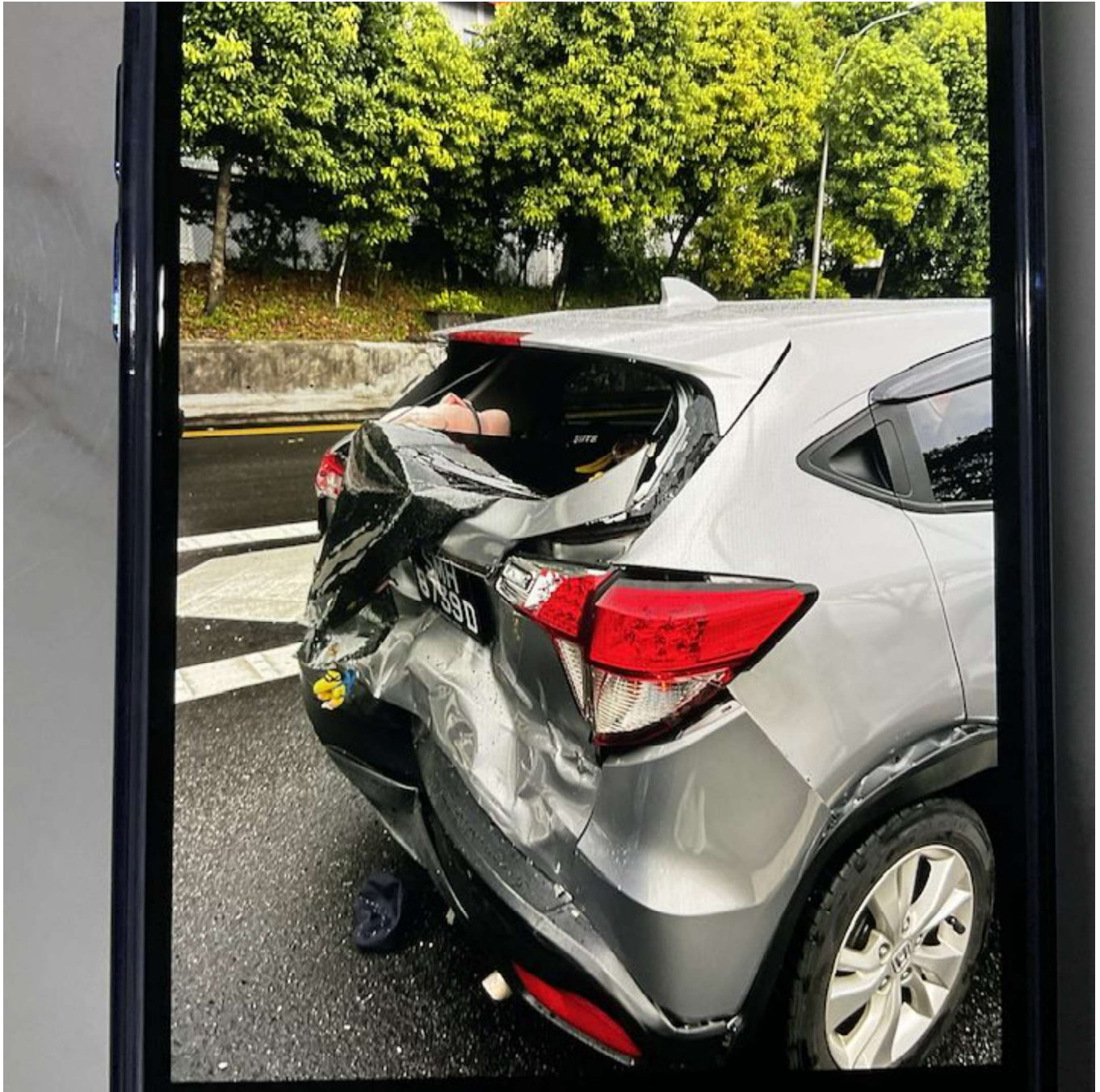


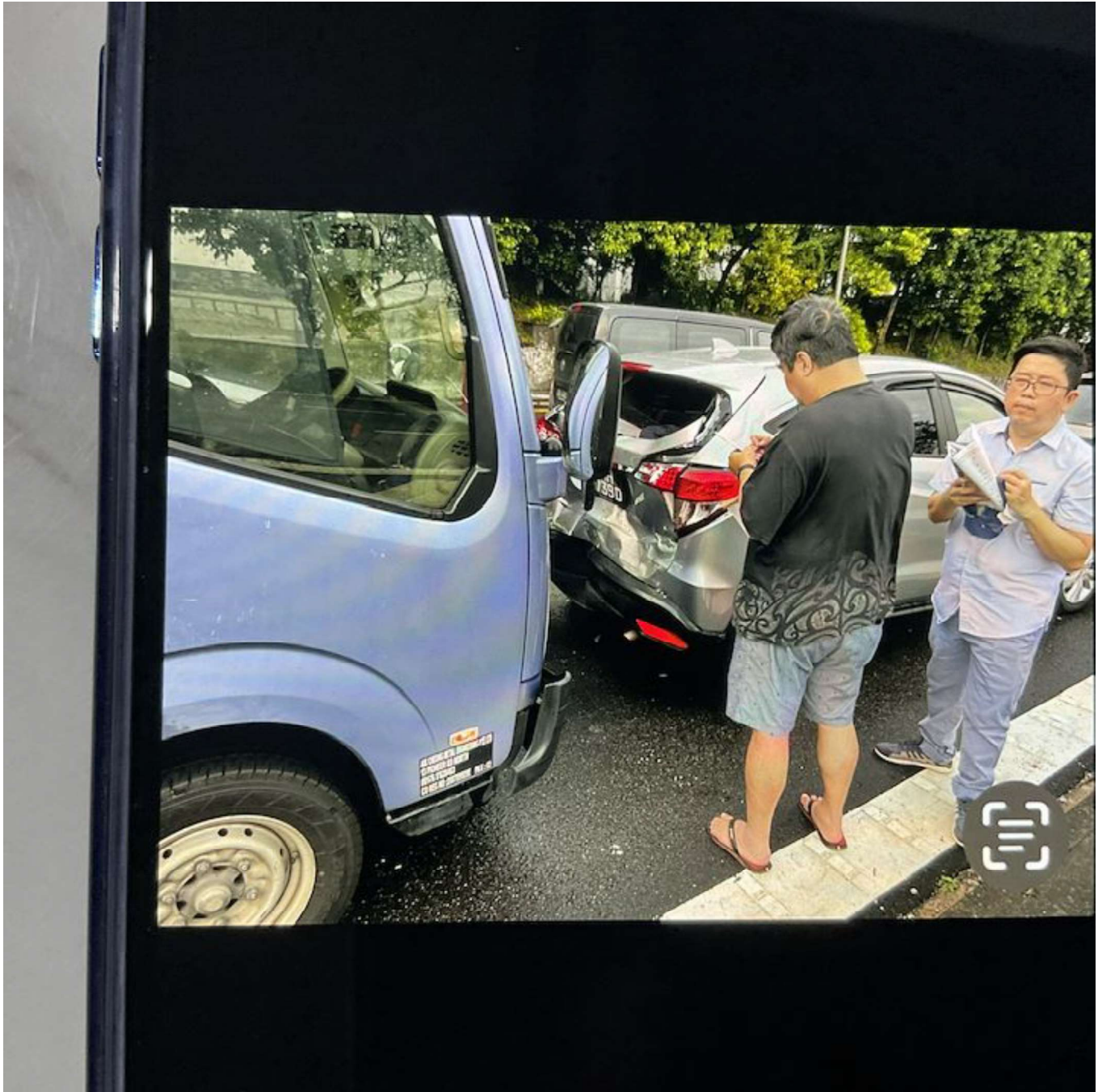
















**SINGAPORE
POLICE FORCE**



T/20241118/7104

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20241118/7104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 14:47	Vide Report No.:	Station Diary No.:
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Informant's Particulars



Name of Informant: LOW TIM MENG			Address: 685C JURONG WEST CENTRAL 1 #02-164 SINGAPORE 643685	
ID Type / ID No.: NRIC NO / S2554308D			Contact No.: Home/Office: Mobile: 90619873	
Nationality: SINGAPORE CITIZEN			Email: LOW.07071959@GMAIL.COM	
Sex: Male	Age:	Date of Birth: 07/07/1959	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Welder and flame cutter			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2024 17:05	Type of Location: Straight Road
Location: BOON LAY DRIVE				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE1724M	Lorry					0
SFV99665	Motor car					0
SKJ4709Y	Motor car					0
SMH8738D	Motor car	HONDA	HONDA VEZEL	Silver	Seriously Damaged	2

 SINGAPORE POLICE FORCE		 T/20241118/7104
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000		3 of 3 Report No. T/20241118/7104
CONTINUATION OF REPORT		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable		Date/Time: 18/11/2024 14:47
Officer In Charge Of Case: TP / AEST / LEE GUANG HUI Contact No.: 65476414		Classification Of Case:
NP158		

Windows taskbar: Search, File Explorer, Edge, Chrome, etc.



**SINGAPORE
POLICE FORCE**



T/20241118/7104

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

2 of 3

Report No. T/20241118/7104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW TIM MENG	ID No.	S2554308D
Related Vehicle	SMH8739D (Motor car)	Contact No.	90619873
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	16/11/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

I was driving straight in my lane, front vehicle SFV9966S jam brake and stop due to heavily traffic. I also come to a stop. few min later GBE1724M without stopping and bang onto my rear portion due to the bad impact my car been force to push forward and bang into front vehicle SFV9966S. I was badly injury due to the bad impact. Few mins later I came down to check on my vehicle damaged and realized there was a chain collision into this accident. Total 4 vehicle. after that I went to hospital to see doctor MC was give to me and my wife.