

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 ability.
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 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 Report	09/01/2018 16:17
Date Of Accident	08/01/2018 19:50
Exact Location Of Accident	SLIP ROAD ALONG BRADDELL ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7286B
Insured/Policyholder	
Name Of Registered Owner	LOW AH KEOW
NRIC No	S2117920E
Email Address	SI_YEAN95@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94669668
Alternative Phone No	OTHERS-94669668

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093174796
Cover Note Number	

Driver

Name of Driver	LOW SI YEAN
NRIC No	S9537125F
Date Of Birth	08/10/1995
Occupation	INDOOR
Date Of Driving Pass	18/12/2015
Driving Experience	2 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94669668
Fax Number	
Contact Number	OTHERS-94669668
Email Address	SI_YEAN95@HOTMAIL.COM

Address	BLK 104 COMMONWEALTH CRESCENT #05-150
Postcode	140104
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NIECE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170108/2202

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9228K
Vehicle Make/Model/Colour	CHEVROLET EPICA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE POON LUP
NRIC/Passport Number	S0425843F
Contact Number	93838792
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

4

Sketch Plan

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

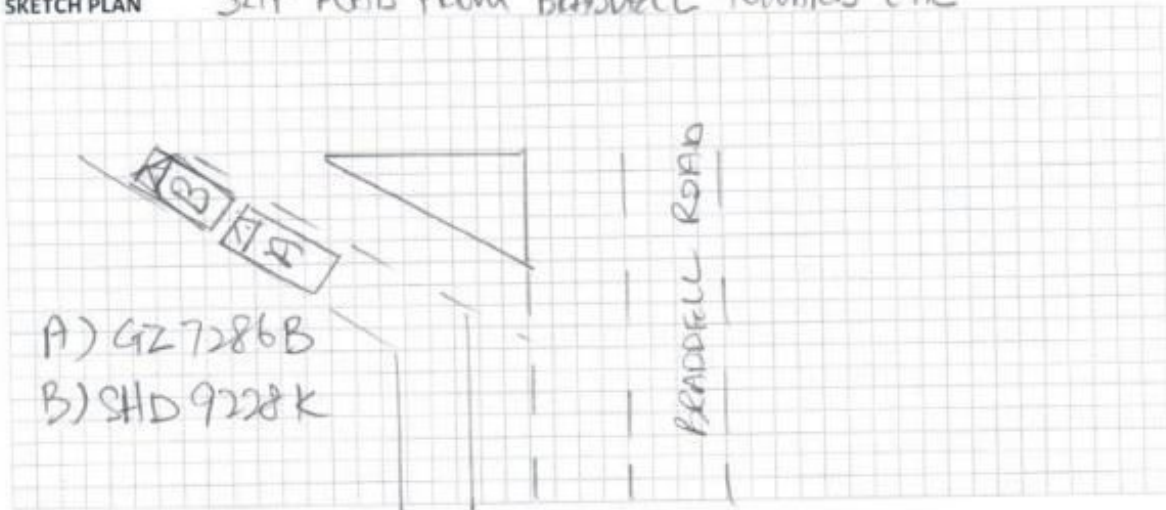
Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/1/18

Reporting Centre Personnel's Signature
Name: Ker Li Wah
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

SLIP ROAD FROM BRADDELL TOWARDS C7K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180108/2202

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:

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

QUAKOR Sketch Plan Form, 02

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180108/2202

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20180108/2202

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 21:45	Vide Report No.: E/20180108/0143	Station Diary No.: 37
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Informant's Particulars			
Name of Informant: LOW SI YEAN		Address: APT BLK 104 COMMONWEALTH CRESCENT #05-150 SINGAPORE 140104	
ID Type / ID No.: NRIC NO / S9537125F		Contact No.: Home/Office: Mobile: 94669668	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 22	Date of Birth: 08/10/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Unemployed		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/01/2018 19:50	Type of Location: Straight Road
Location: Along Road 1 BRADDELL ROAD				
A slip road along Braddell Rd towards CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
GZ7286B	Lorry	TOYOTA		Grey	Slightly Damaged	0
SHD9228K	Car	CHEVROLET	Epica	Red	Seriously Damaged	3

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180108/2202

2 of 3

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Report No. T/20180108/2202

CONTINUATION OF REPORT

Driver			
Name	LOW SI YEAN		ID No. S9537125F
Related Vehicle	GZ7286B (Lorry)		Contact No. 94669668
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	LEE POON LUP		ID No. S0425843F
Related Vehicle	SHD9228K (Car)		Contact No. 93838792
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 8/1/18 at about 1950hrs, I was driving a Toyota lorry, GZ7286B, along a slip road towards CTE. I saw a Transcab taxi, SHHD9228K, was stopping in front for about 1 and a half car distance. I did slow down my lorry and wanted to stop. However, it hit onto the rear of the taxi. There were dents on the rear of the taxi. There were scratches on the front of my lorry. We then exchanged particulars. He called for Police assistance and was conveyed by Ambulance to hospital for medical attention. He had 3 passengers on the taxi and they were not injured.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999



T/20180108/2202

3 of 3

Report No. T/20180108/2202

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 2 LI SHI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/01/2018 21:45

Officer In Charge Of Case:

TP / GIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476423

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



The photograph shows a shattered car window with a spiderweb pattern of cracks. In the foreground, a white document titled 'TEST CERTIFICATE' is partially visible. The document includes the following text:

- TEST CERTIFICATE**
- Autorty**
- ROAD TRAFFIC ACT 1988**
- NO.**
- STATION**
- DATE**
- TIME**
- TESTER**
- TEST RESULT**
- TESTER'S SIGNATURE**
- TESTER'S NAME**
- TESTER'S ADDRESS**
- TESTER'S PHONE**
- TESTER'S EMAIL**
- TESTER'S WEBSITE**
- TESTER'S SOCIAL MEDIA**
- TESTER'S CONTACT INFORMATION**
- TESTER'S NOTES**
- TESTER'S COMMENTS**
- TESTER'S OBSERVATIONS**
- TESTER'S CONCLUSIONS**
- TESTER'S RECOMMENDATIONS**
- TESTER'S SIGNATURE**
- TESTER'S NAME**
- TESTER'S ADDRESS**
- TESTER'S PHONE**
- TESTER'S EMAIL**
- TESTER'S WEBSITE**
- TESTER'S SOCIAL MEDIA**
- TESTER'S CONTACT INFORMATION**
- TESTER'S NOTES**
- TESTER'S COMMENTS**
- TESTER'S OBSERVATIONS**
- TESTER'S CONCLUSIONS**
- TESTER'S RECOMMENDATIONS**

The background of the photograph shows the interior of a car. A sign on the wall reads 'MAY THE' and another sign on the wall reads 'HERE'. There are also some red and pink tassels hanging from the ceiling.

Accident Photo





Accident Photo



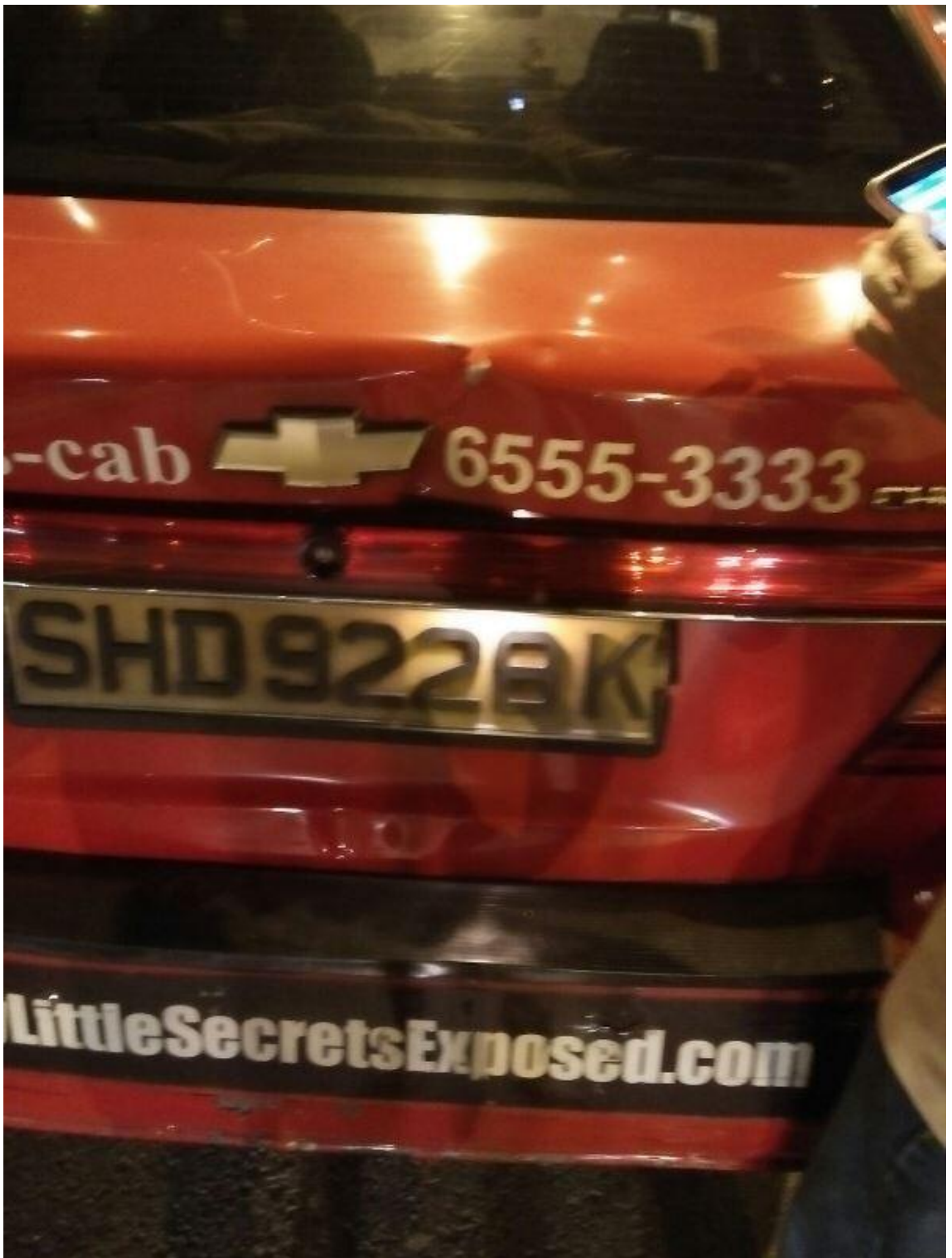
Accident Photo



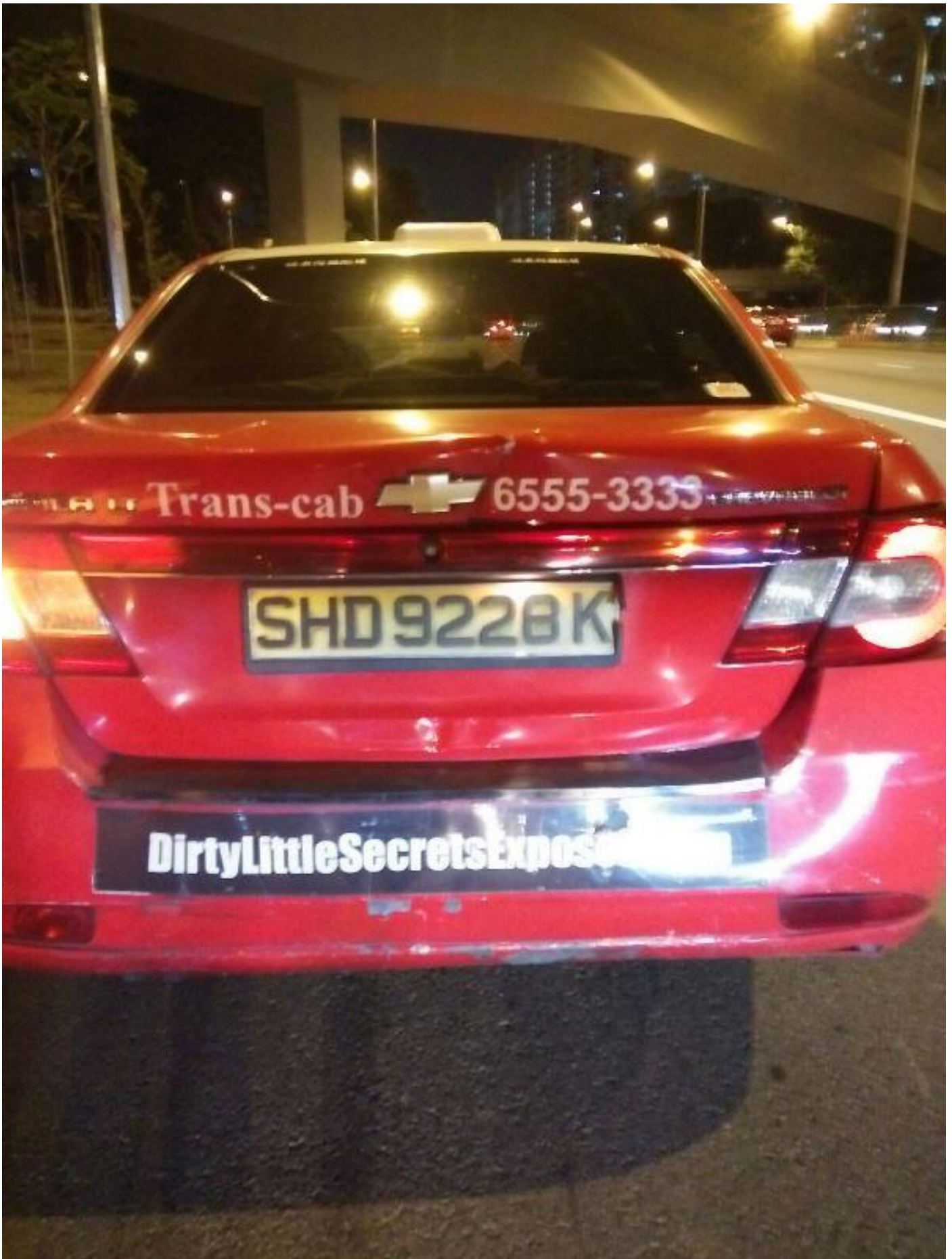
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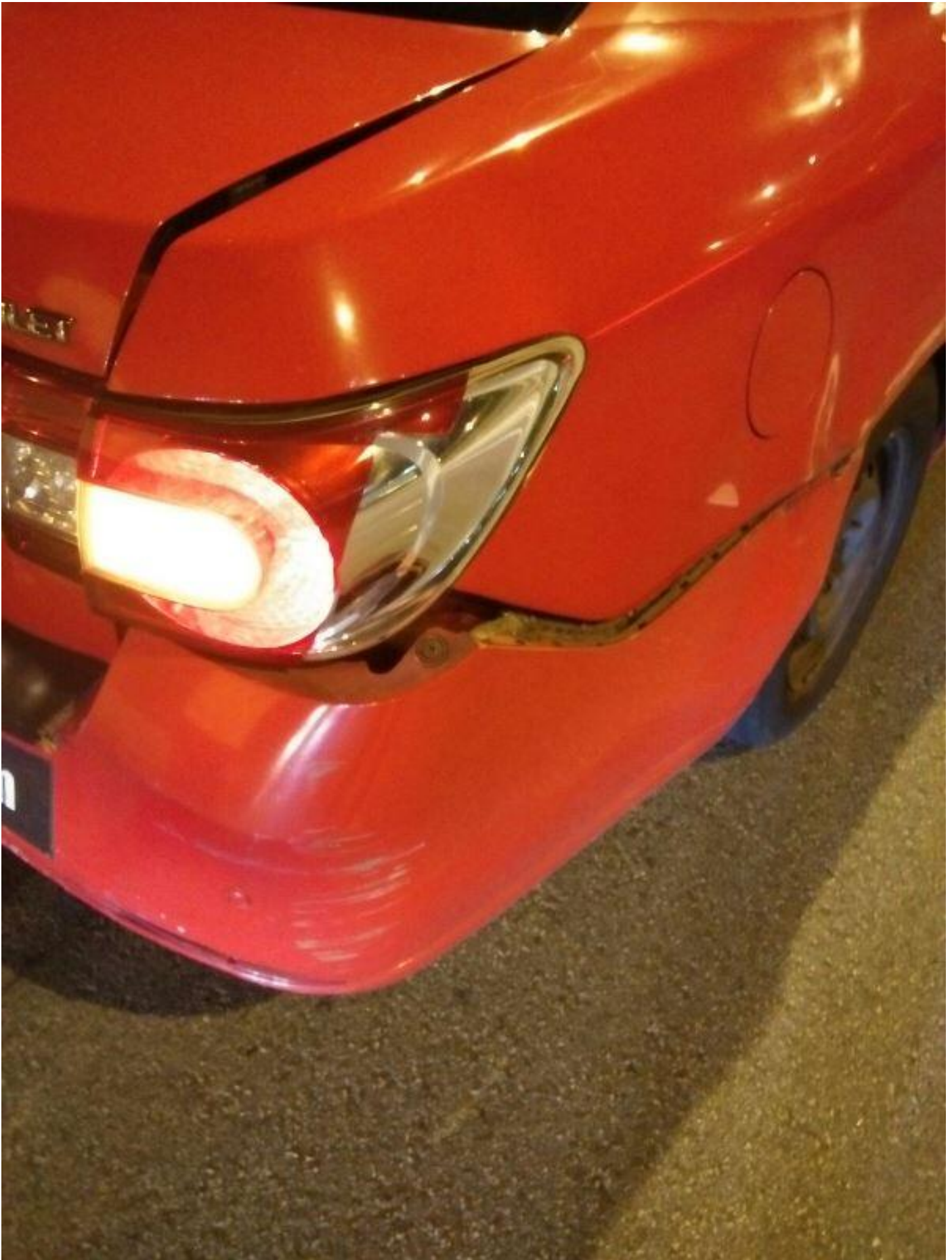
Accident Photo



Accident Photo



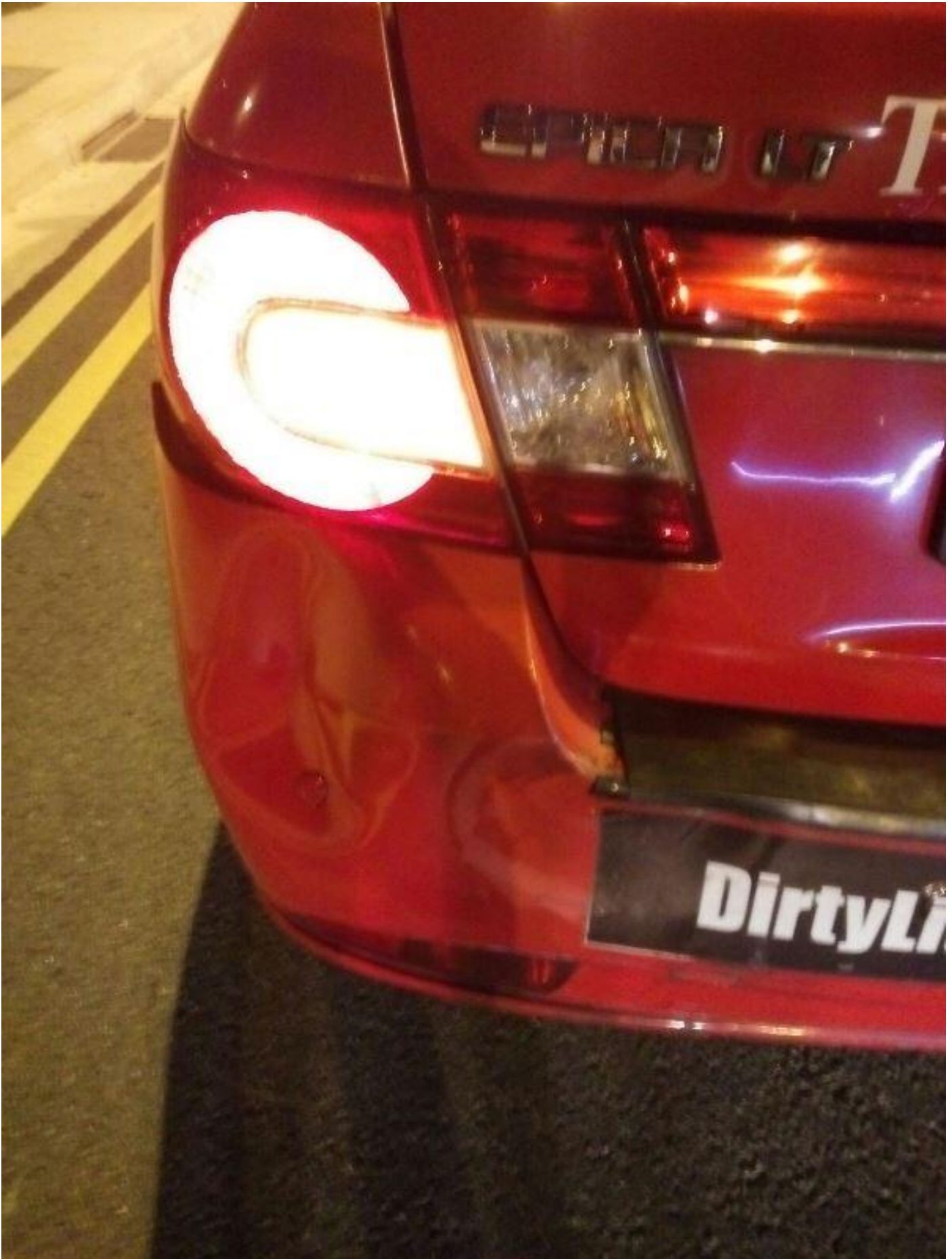
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

