

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 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	12/02/2018 09:59
Date Of Accident	10/02/2018 13:10
Exact Location Of Accident	JUNC OF TOH GUAN ROAD & BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF2141M
Insured/Policyholder	
Name Of Registered Owner	LOW GHIT CHYE (LIU ZHICAI
NRIC No	S8018160D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184754
Alternative Phone No	OFFICE-96184754

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ16-005637
Cover Note Number	-

Driver

Name of Driver	LOW GHIT CHYE (LIU ZHICAI
NRIC No	S8018160D
Date Of Birth	28/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96184754
Fax Number	
Contact Number	OFFICE-96184754
Email Address	NOEMAIL

Address	BLK 802A KEAT HONG CLOSE #08-103
Postcode	681802
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : PANG TONG MUN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AYER RAJAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 43 TEBAN GARDENS ROAD , POSTCODE: 600043 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5659999 - FAX NO: 66655790
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SGW2296X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name PANG TONG MUN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJF2141M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

6. 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:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180210/2127

Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

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Report No: T/20180210/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2018 17:32	Vide Report No.: D/20180210/0116	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LOW GHIT CHYE			Address: APT BLK 802A KEAT HONG CLOSE #08-103 SINGAPORE 681802	
ID Type / ID No.: NRIC NO / S8018160D			Contact No.: Home/Office: Mobile: 96184754	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 28/06/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2018 13:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TOH GUAN ROAD BOON LAY WAY T- JUNCTION AFTER PAN ISLAND EXPRESWAY Lamp Post Number: 64				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SGW2296X	Car				Slightly Damaged	1
SJF2141M	Car	HONDA	STREAM 1.8X A	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
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T/20180210/2127

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Police Station Of Origin:
Ayer Rajah NPP
43 Teban Gardens Road #01-388
SINGAPORE 600043
Tel No: 1800-5659999

Report No. T/20180210/2127

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJF2141M	EQ INSURANCE COMPANY LTD.	DMPPHQ16-005637	30/12/2016	21/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW GHIT CHYE		ID No.	S8018160D
Related Vehicle	SJF2141M (Car)		Contact No.	96184754
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Passenger				
Name	PANG TONG MUN		ID No.	S8361558G
Related Vehicle	SJF2141M (Car)		Contact No.	97366928
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/02/2018		Date Discharge	10/02/2018
No. of Days granted Medical Leave		NIL	Degree of Injury	Slight

Brief Details.

On the 10/02/2018 at about 1310hrs, I was driving my vehicle a brown in colour Honda Stream bearing registration number SJF2141M along Toh Guan Road towards Boon Lay Way after Toh Guan Flyover. I was with one passenger who is my wife. She was seated at the front left passenger seat. As I was approaching the T-junction of Toh Guan Road towards Boon Lay Way, the traffic light was not in my favour thus I applied my brake and managed to come to a complete stop behind another vehicle on lane two. A few minutes later after coming to a complete stop, I felt an impact from the rear of my vehicle. Only then I realized that we got into a traffic accident.

Immediately I make a check if my wife is ok, but she was in a state of shock thus I called for Ambulance as she was also pregnant. Subsequently I alighted from my vehicle and discovered that a blue in colour Honda Jazz bearing registration number SGW2296X collided onto the rear of my vehicle. Both the driver and passenger seems ok and does not require any medical attention. We then both took photo of the accident scene and waited for the Traffic Police to arrive.

POLICE REPORT



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T/20180210/2127

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Report No. T/20180210/2127

CONTINUATION OF REPORT

Upon arrival of the Traffic Police we were both advised to lodge a traffic accident report and was issued with a case card bearing incident number D/20180210/0116.

POLICE REPORT



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POLICE FORCE



T/20180210/2127

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Report No. T/20180210/2127

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 1 MUHAMMAD SADLI BIN MOHD NASIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/02/2018 17:32

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

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

