

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	12/03/2018 09:48
Date Of Accident	17/01/2018 10:00
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE/COMMONWEALTH DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7080L
Insured/Policyholder	
Name Of Registered Owner	LOW WAI SUM
NRIC No	S6971682B
Email Address	LWS2619@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96429978
Alternative Phone No	OTHERS-96429978

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091185200
Cover Note Number	

Driver

Name of Driver	LOW WAI SUM
NRIC No	S6971682B
Date Of Birth	19/06/1969
Occupation	INDOOR
Date Of Driving Pass	18/06/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96429978
Fax Number	
Contact Number	OTHERS-96429978
Email Address	LWS2619@HOTMAIL.COM

Address	BLK 99 COMMONWEALTH CRESCENT #04-70
Postcode	140099
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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/20180205/2155

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	FBK5151H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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.
- (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: Rashid
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PLS 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: Pauli W.
NRIC/FIN No.: 9201 1234 5678 9010

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180205/2155

1 of 3

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

Report No. T/20180205/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 18:51		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: LOW WAI SUM			Address: APT BLK 99 COMMONWEALTH CRESCENT #04-70 SINGAPORE 140099		
ID Type / ID No.: NRIC NO / S6971682B			Contact No.: Home/Office: Mobile: 96429978		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 48	Date of Birth: 19/06/1969	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION CONTRACTOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/01/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 COMMONWEALTH AVENUE COMMONWEALTH DRIVE ALONG COMMONWEALTH AVE JUNCTION OF COMMONWEALTH DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SKA7080L	Car	BMW	X1	White	No Damage	0

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/20180205/2155

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

2 of 3

Report No. T/20180205/2155

CONTINUATION OF REPORT

Vehicle Owner			
Name	LOW WAI SUM	ID No.	S6971682B
Related Vehicle	SKA7080L (Car)	Contact No.	96429978
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 17/01/2018 at about 1000hrs, I was travelling along commonwealth avenue junction of commonwealth drive in my vehicle registration plate number SKA7080L, I was driving at the road speed limit and while queuing up to exit towards commonwealth ave, there is another motor vehicle in front of me whom is turning left, exiting to the main road as well. Then while I accelerate a little forward, the motor vehicle had apparently jammed brake hence we both collided. I had only brush onto the rear of his motor vehicle box compartment and that resulted in the rider losing balance and fell towards my left. I then immediately alighted from the vehicle and make a check on him. The motor vehicle had fell and hit onto the rider leg hence I tried to help him out as well. As he looks frail to me, I then render further assistance by sending him to the hospital to make a further check and paid the fees for the checks at National University Hospital. I then left him with his daughter and his boss whom subsequently arrived at the hospital. The rider and I both agreed that this would be resolved privately between the both parties and do not require any ambulance nor police assistance. I am lodging this police report as instructed by the Singapore Traffic Police.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180205/2155

3 of 3

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

Report No. T/20180205/2155

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 GABRIEL CHAN WEE KEEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/02/2018 18:51

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



Our Ref: MT/CA/TP/020/0982975-001/JLY/LC

02 Mar 2018

**CERTIFICATE OF POSTING
REMINDER**

LOW WAI SUM
BLK 99 #04-70
COMMONWEALTH CRESCENT
SINGAPORE 140099

Dear Policyholder

CLAIM NUMBER: MT/0982975-001
ACCIDENT INVOLVING SKA7080L / FBK5151H on 17 Jan 2018

We refer to our letter of 21 Feb 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Jared Liu Yaorong at 6430 7922 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

