#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid.   |   |
|--|---|
|  | ACCIDENT STATEMENT                                |
| Date Of Report   | 17/04/2018 21:38                                  |
| Date Of Accident   | 17/04/2018 14:15                                  |
| Exact Location Of Accident   | CTE SLIP ROAD INTO BRADDELL RD (OUTSIDE NEAR CDG) |
| Country/State of Loss  | SINGAPORE   |
| C  | DETAILS OF OWN VEHICLE                            |
| Vehicle Registration Number  | SGP48X  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LOW TECK HEE DESMOND                              |
| NRIC No  | S7311364D   |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-81822199                              |
| Alternative Phone No   | OTHERS-81822199                                   |
| Vehicle Particulars  |   |
| Manufacturer   | BMW   |
| Model  | 216D 1.5 GRAND TOURER                             |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE   |
| 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  | AVIVA LTD   |
| Type Of Coverage   | COMPREHENSIVE                                     |
| Fleet Policy   | NO  |
| Policy Number  | 10698047  |
| Cover Note Number  | N.A   |
| Driver   |   |
| Name of Driver   | TAN CHEN-TZE                                      |
| NRIC No  | S7634619D   |
| Date Of Birth  | 24/10/1976  |
| Occupation   | INDOOR  |
| Date Of Driving Pass   | 21/06/1996  |
| Driving Experience   | 21 YEARS AND 9 MONTHS                             |
| Gender   | FEMALE  |
| Mobile Number  | (LOCAL) +65-96488298                              |
| Fax Number   |   |
| Contact Number   |   |

HEELOWS@GMAIL.COM

Address SOO CHOW GARDEN, 16 SOO CHOW VIEW 575408

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

-

NO

NO

**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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1

NAME: : DESMOND LOW

GENDER: : MALE

Passenger 2 NAME: : TRISTAN LOW

GENDER: : MALE

Passenger 3 NAME: : CAMERON LOW

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] ANG MO KIO POLICE DIVISIONAL HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

Refer to Police Report Ref: F/20180417/7039 lodged Online at Ang Mo Kio Police Divisional HQ. On 17 April 2018 around 2.15pm, I was driving home in my car (SGP48X, registered to my husband Desmond Low Teck Hee) with my family. My husband and two sons were with me in the car. I had exited CTE at the Braddell exit and was waiting at the slip road for traffic to clear before turning into Braddell Rd towards the direction of Adam Rd. We had stopped at the slip road for around 3 seconds and then I felt a sudden jolt and impact to my car from behind. When I got out of the car, I saw that a Comfort taxi vehicle reg SH6212Z driven by Ms Koh, Lee Hua NRIC S1205619B had hit the rear of my car. My car had sustained damages to the rear bumper but I ascertained there were no visible injuries to my family and I. After taking some pictures initially, we drove to a bus stop to exchange particulars. Subsequently, I felt some pain in my neck and head with some bruising on my face. My husband and children complained of neck and head pain as well. We went to get examined by a doctor at Shenton Medical Ang Mo Kio branch. Upon examination, the doctor gave us some medication and 3 days MC for my husband, older son and I. My younger son was given 2 days MC.

Attachment(s)

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

Vehicle Registration Number SH6212Z

Vehicle Make/Model/Colour HYUNDAI I40 1.7 / BLU

Details Of Properties NIL
Vehicle Category TAXI

Name of Driver KOH LEE HUA
NRIC/Passport Number S1205619B
Contact Number 87273966

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name TAN CHEN-TZE

Approximate Age

Injuries Sustain PAIN IN NECK AND SOME BRUISE ON THE FACE

NO

1

Injured person in which vehicle? SGP48X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name DESMOND LOW

Approximate Age

Injuries Sustain NECK AND HEAD PAIN

Injured person in which vehicle? SGP48X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name TRISTAN LOW

Approximate Age

Injuries Sustain NECK AND HEAD PAIN

Injured person in which vehicle? SGP48X
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

**DETAILS OF INJURED PERSON 4** 

Name CAMERON LOW

Approximate Age

Injuries Sustain NECK AND HEAD PAIN

Injured person in which vehicle? SGP48X Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
   This Form must be completed by the Policyholder and/or the Authroised Driver.
   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 insurance companies.

  5 Any talse reporting may be referred to the Police for investigation.

  6 The report will be forwarded by the insurers of the GIA Records Magnatures Control established by the General Insurance Association.
- Any talse reporting may be reserred to the Police for investigation.
   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 application by interested parties.
   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. or singapore (son) for archiving and that copies of this report will for a fee be made available application by interested parties.

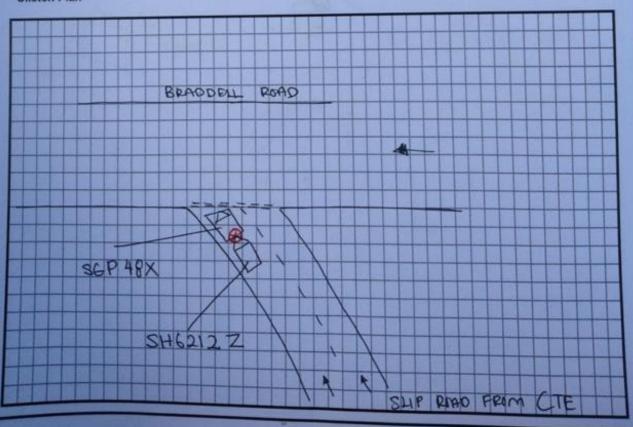
  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
  - being made available aforesaid
- 8 Consent under the Personal Data Protection Act (PDPA)
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information of the control of 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 as the 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

- (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims
- (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 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.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

#### Sketch Plan



#### Police Report Pg. 1





1 of 3

#### **POLICE REPORT (NP299)**

Police Station Of Origin Ang Mo Kio Police Divisional HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20180417/7039

| Vide Repo     | Vide Report No.  |  | Station Diary No.  |  |
|---------------|--|--|--|--|
|               |  |  |  |  |
| Address       |  |  |  |  |
| 16 SOO C      | 16 SOO CHOW VIEW SINGAPORE 575408  |  |  |  |
| Contact N     | Contact No.  |  |  |  |
| Home/Off      | Home/Office: Mobile:   |  |  |  |
|               |  | 96488298   |  |  |
| Email Address |  |  |  |  |
| chenzytar     | chenzytan@gmail.com  |  |  |  |
| Sex           | Age  | Date of Birth  | Race   |  |
| Female        | 41   | 24/10/1976   | Chinese  |  |
| Language      | Language   |  |  |  |
| English       |  |  |  |  |
| Location (    | Location Of Incident   |  |  |  |
| 205 BRAD      | 205 BRADDELL ROAD BRADDELL HEADQUARTER   |  |  |  |
| BUS DEP       | BUS DEPOT SINGAPORE 579701   |  |  |  |
|               | Address 16 SOO C Contact N Home/Off  Email Add chenzytar Sex Female Language English Location C 205 BRAD | Address 16 SOO CHOW VIE Contact No. Home/Office:  Email Address chenzytan@gmail.c Sex Age Female 41 Language English Location Of Inciden 205 BRADDELL RO | Address  16 SOO CHOW VIEW SINGAPORE 9  Contact No. Home/Office: Mobile: 96488298  Email Address chenzytan@gmail.com  Sex Age Date of Birth Female 41 24/10/1976  Language English  Location Of Incident 205 BRADDELL ROAD BRADDELL F |  |

#### Brief details.

On 17 April 2018 around 2.15pm, I was driving home in my car (SGP48X, registered to my husband Desmond Low Teck Hee) with my family. My husband and two sons were with me in the car. I had exited CTE at the Braddell exit and was waiting at the slip road for traffic to clear before turning into Braddell Rd towards the direction of Adam Rd.

We had stopped at the slip road for around 3 seconds and then I felt a sudden jolt and impact to my car from behind. When I got out of the car, I saw that a Comfort taxi vehicle reg SH6212Z driven by Ms Koh

| 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:<br>Not applicable                | Date/Time: 17/04/2018 21:08   |  |  |
| Officer In-Charge Of Case:                                 | Classification Of Case:   |  |  |

**Authentication Stamp** 

#### Police Report Pg. 2





2 of 3

**POLICE REPORT (NP299)** 

Subjects Involved

**CONTINUATION OF REPORT** 

Report No. F/20180417/7039

Lee Hua NRIC S1205619B had hit the rear of my car. My car had sustained damages to the rear bumper but I ascertained there were no visible injuries to my family and I. After taking some pictures initially, we drove to a bus stop to exchange particulars.

Subsequently, I felt some pain in my neck and head with some bruising on my face. My husband and children complained of neck and head pain as well. We went to get examined by a doctor at Shenton Medical Ang Mo Kio branch. Upon examination, the doctor gave us some medication and 3 days MC for my husband, older son and I. My younger son was given 2 days MC.

|                     | 1                         |          |         |                      |   |
|---------------------|---------------------------|----------|---------|----------------------|---|
| Person Name         | Koh Lee Hua               |          |         |                      |   |
| ID Type             | NRIC NO                   | ID No    |         |                      | S1205619B                                       |
| Gender              | Female                    | Race     |         |                      | Chinese   |
| Address Type        | HDB / HUDC Ac             |          | Address |                      | APT BLK 894C Woodlands                          |
|                     |                           |          |         |                      | Drive 50 #10-03 SINGAPORE                       |
|                     |                           |          |         |                      | 732894  |
| Mobile No           | 87273966                  |          |         |                      |   |
|                     |                           |          |         |                      |   |
| Victim              |                           |          |         |                      |   |
| Person Name         | TAN CHEN-TZE              |          |         |                      |   |
| ID Type             | NRIC NO                   | ID No    |         |                      | S7634619D                                       |
| Gender              | Female                    | Age      |         |                      | 41  |
| Race                | Chinese                   | Language |         | ge                   | English   |
| Signature Of Office | cer Recording The Report: |          |         | Signature            | Of Informant:                                   |
|                     |                           |          |         | The identif          | ty of the person making this                    |
| Not applicable      |                           |          |         | report has SingPass. | been authenticated by No signature is required. |
| Signature Of Inter  | preter:                   |          |         | Date/Time            | :   |
| Not applicable      |                           |          |         | 17/04/201            | 8 21:08   |
| Officer In-Charge   | Of Case:                  |          |         | Classificat          | ion Of Case:                                    |
|                     |                           |          |         |                      |   |

**Authentication Stamp** 

#### Police Report Pg. 3





3 of 3

#### **POLICE REPORT (NP299)**

#### **CONTINUATION OF REPORT**

Report No. F/20180417/7039

| Occupation     | Housewife               | Address Type |           |
|----------------|-------------------------|--------------|-----------|
| Address        | 16 SOO CHOW VIEW        | Mobile No    | 96488298  |
|                | SINGAPORE 575408        |              |           |
| Is Informant A | Yes                     |              |           |
| Victim?        |                         |              |           |
|                | ·                       | •            | ·         |
| Person Name    | Desmond Low             |              |           |
| ID Type        | NRIC NO                 | ID No        | S7311364D |
| Gender         | Male                    | Race         | Chinese   |
| Address        | SINGAPORE 575408        | Mobile No    | 81822199  |
| Relation To    | Husband                 |              |           |
| Informant      |                         |              |           |
|                |                         | <u>'</u>     |           |
| Person Name    | Tristan Low             |              |           |
| ID Type        | NRIC NO                 | ID No        | T0930502A |
| Gender         | Male                    | Race         | Chinese   |
| Address        | SINGAPORE 575408        | Relation To  | Son       |
|                |                         | Informant    |           |
|                | <u> </u>                |              | •         |
| Person Name    | Cameron Low             |              |           |
| ID Type        | NRIC NO                 | ID No        | T0803281A |
| Gender         | Male                    | Relation To  | Son       |
|                |                         | Informant    |           |
|                |                         | ,            | •         |
| Person Name    | TAN CHEN-TZE (Informant | )            |           |
|                |                         | ,            |           |

| 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:<br>Not applicable                | Date/Time: 17/04/2018 21:08   |
| Officer In-Charge Of Case:                                 | Classification Of Case:   |

**Authentication Stamp** 





















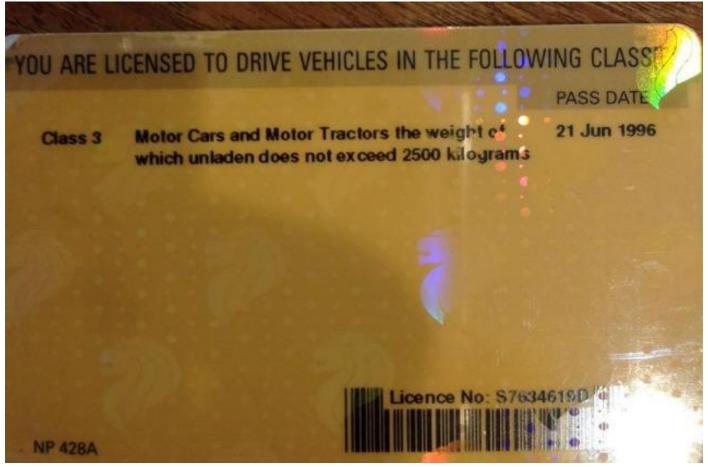




**Driving License** 



## **Driving License**





#### **Identification Card**

