

## 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	27/04/2018 12:54
Date Of Accident	25/04/2018 18:15
Exact Location Of Accident	PIE TWD CHANGI BEFORE TOH TUCK RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC8918D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW HONG AI
NRIC No	S8122345I
Email Address	LOWHONGAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98625973
Alternative Phone No	OFFICE-98625973

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	LOW HONG AI
NRIC No	S8122345I
Date Of Birth	27/07/1981
Occupation	INDOOR
Date Of Driving Pass	29/08/2000
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98625973
Fax Number	
Contact Number	OFFICE-98625973
Email Address	LOWHONGAI@GMAIL.COM

Address	21 WOODLEIGH CLOSE #07-05 (357916)
Postcode	
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?	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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , <b>POSTCODE:</b> 550108 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2849999 - <b>FAX NO:</b> 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLANS

#### 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	SKE1172Z
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)

DETAILS OF INJURED PERSON 1	
Name	LOW HONGAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKC8918D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

PIE Toward Changi Before Toh Tuck


B A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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.:

**SKETCH PLAN**

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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:



Reporting Centre Personnel's Signature  
Name: *B. K. N.*  
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S81223451**

Name: **LOW HONG'AI (LIU HONG'AI)**

Birth Date: **27 Jul 1981**

Issue Date: **12 Apr 2004**

001192856G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S81223451**



Name: **LOW HONG'AI (LIU HONG'AI)**

刘 泓 霭

Race: **CHINESE**

Date of birth: **27-07-1981** Sex: **M**

Country of birth: **SINGAPORE**

*lowhongai@gmail.com*

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **29 Aug 2000**

NR 428A

Licence No: **S81223451**

4751614


NRIC No: **S81223451**

Date of issue: **27-07-2011**

**21 WOODLEIGH CLOSE #07-05**

**SINGAPORE 357916**

**S81223451** **18/11/2013**





**SINGAPORE  
POLICE FORCE**



T/20180425/2167

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

1 of 3

Report No. T/20180425/2167

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/04/2018 21:13	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LOW HONG'AI	Address: 21 WOODLEIGH CLOSE #07-05 SINGAPORE 357916		
ID Type / ID No.: NRIC NO / S8122345I	Contact No.: Home/Office: Mobile: 98625973		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 36	Date of Birth: 27/07/1981	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Doctor	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  East bound near Toh Tuck Ave exit				
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: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKC8918D	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black	Slightly Damaged	0
SKE1172Z	Car				Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKC8918D	NTUC Income Insurance Co-Operative Limited	5097686313	01/03/2018	28/02/2019



**SINGAPORE  
POLICE FORCE**



T/20180425/2167

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20180425/2167

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LOW HONG'AI	ID No.	S81223451
Related Vehicle	NIL	Contact No.	98625973
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	Aravind S/O Elanthiraiyan	ID No.	S9338547J
Related Vehicle	NIL	Contact No.	81395301
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

**Brief Details.**

On 25/04/2018 at about 1815hrs, I was driving my vehicle(SKC8918D) along PIE east bound. When nearing the exit of Toh Tuck Ave, the vehicle in front of my vehicle suddenly applied brakes. Upon seeing the vehicle applied the brake, I immediately applied my brake and managed to stop in time. The vehicle (SKE1172Z) behind me did not manage to stop in time and he collided into the rear of my vehicle. Both the driver and I alighted and we exchanged particulars and left our separate way. I then went to consult the doctor at lifelink 24hrs clinic and surgery and was given 3 days of MC from 26/04/2018 to 28/04/2018.



**SINGAPORE  
POLICE FORCE**



T/20180425/2167

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20180425/2167

**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: F / Sgt 2 NGIO HAN BOON, DARREN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2018 21:13
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case: SN 154
Authentication Stamp NP168 	Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

