

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	21/07/2018 10:36
Date Of Accident	20/07/2018 20:20
Exact Location Of Accident	VICTORIA ST TWDS BRAS PASAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2452E
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	LOW CHIN TECK
NRIC No	S7987898G
Date Of Birth	22/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2014
Driving Experience	4 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86131502
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	3
Passenger 1	Name: : NONAME Gender: : Male
Passenger 2	Name: : NONAME Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU8328L
Vehicle Make/Model/Colour	BMW
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3176R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 CHIN TECK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLM2452E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.



Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Brus Basah Road

Victoria Street



A: SLM2452E.
B: SKU8328L.
C: SHD3176R.

Describe Circumstances of the Accident

On 20/07/2018 @ 2020, I was travelling along Victoria Street towards Bras Basah Road. The traffic light was red so I made a stop. When the light turn to green, the front car move a little and stop for pedestrian to cross. While I was waiting for the front car to move, suddenly I had a loud bang from the back. The back car (BMW black) with car registration number SKU 5328 L hit my back and caused me to move forward and knock the front car. The front car is a taxi with registration number SHD 3176 R.

At that moment I was fetching grab passenger to drop off at Carlton hotel. The passenger is a Husband & Wife. The female passenger is a pregnant lady. I immediately asked them if they were OK and they need any medical assistance. They look and said it was OK. They alighted from the car and stand by the side. After a few minutes, I wait to them to confirm if they are OK.

After taking photos of the accident and exchange of contact I ~~drop~~ drive off and called grab to report the incident.

I feel unwell and consult doctor later

Declaration

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7987898G**

LOW CHIN TECK

Birth Date: **22 Dec 1979**
Issue Date: **01 Apr 2017**

002571088F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7987898G

LOW CHIN TECK

Race: **CHINESE**
Date of birth: **22-12-1979**
Country/Place of birth: **MALAYSIA**

Sex: **M**

S7987898G

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	15 Mar 2014

NP 428A

Licence No: S7987898G

5887075

S7987898G

Date of issue: **08-03-2018**

Address:
APT BLK 142 POTONG PASIR AVENUE 3
#10-234
SINGAPORE 350142



**SINGAPORE
POLICE FORCE**



T/20180722/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180722/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2018 16:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW CHIN TECK			Address: APT BLK 142 POTONG PASIR AVENUE 3 #10-234 SINGAPORE 350142		
ID Type / ID No.: NRIC NO / S7987898G			Contact No.: Home/Office: Mobile: 86131502		
Nationality: SINGAPORE CITIZEN			Email: elvinlct@gmail.com		
Sex: Male	Age: 38	Date of Birth: 20/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2018 20:20	Type of Location: X-Junction
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3176R	Car					0
SKU8328L	Car	BMW		Black		1
SLM2452E	Car					0

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180722/7005

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180722/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW CHIN TECK	ID No.	S7987898G
Related Vehicle	SLM2452E (Car)	Contact No.	86131502
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/07/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Mohammad Mopfian Bin Khalid	ID No.	S7537770C
Related Vehicle	NIL	Contact No.	NIL
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
Passenger			
Name	Phong	ID No.	NIL
Related Vehicle	NIL	Contact No.	86213812
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

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20180722/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180722/7005

CONTINUATION OF REPORT

Driver			
Name	Samuel	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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 20 July 2018 at about 8:20pm I was driving along Victoria street towards bras Basah road. I made a stop at the traffic light turning left into bras Basah road because of red traffic light. I was the second car in the queue to turn left. When the light turn green the front car move a little and stop to give way to pedestrians to cross. When that happen suddenly I heard a loud bang to my car. The. I realize I being hit by another car from behind and that caused me to move my car forward and knock the front car. The back car that hit me was a black color BMW with car registration SKU8328L and the front car was a taxi with car registration SHD3176R.

At that moment I was carrying my grab passenger to Carlton Hotel on bras Basah. My passenger is a couple and the lady was a pragnaent lady. I immediately asked if they were ok and if the lady needed immediate medical attention. They look around and replied they were ok. So I alighted the car to see the accident and eventually the passenger got off the car and stand at the side. In the midst of getting the particulars of the front and back passenger, I walked over to my passenger and asked if they were ok. And again they repeated they were ok.

After taking photos of the accident I drove away and immediately called grab to make a report.

On the next morning I woke up and felt unwell with some pain on my back. I then was advise to go for a check at hospital. I went to mount Alvernia hospital and after the doctor check he gave me 5 days of MC and a referral letter to the orthopaedic specialist in the event of my pain still there after 5 days.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180722/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180722/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

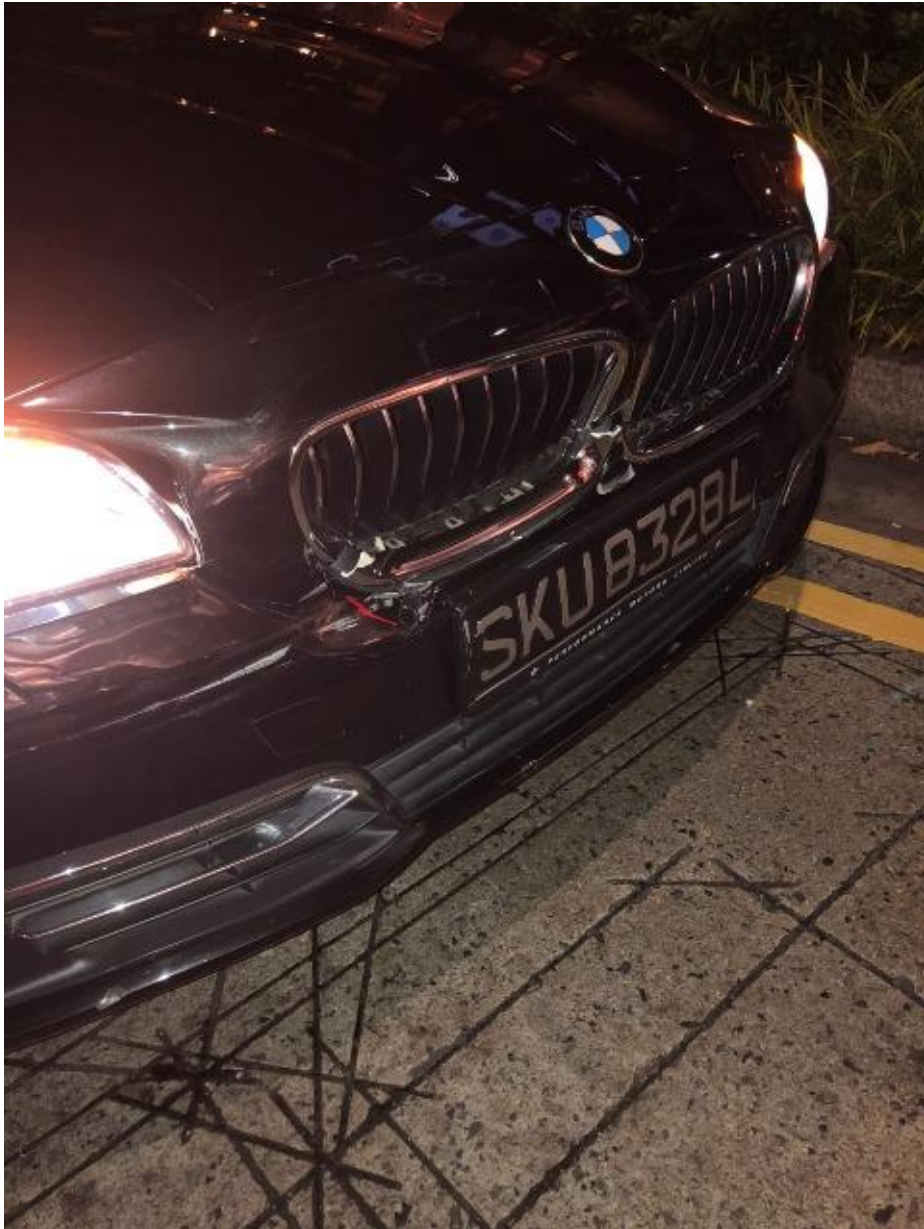
Date/Time:
22/07/2018 16:48

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



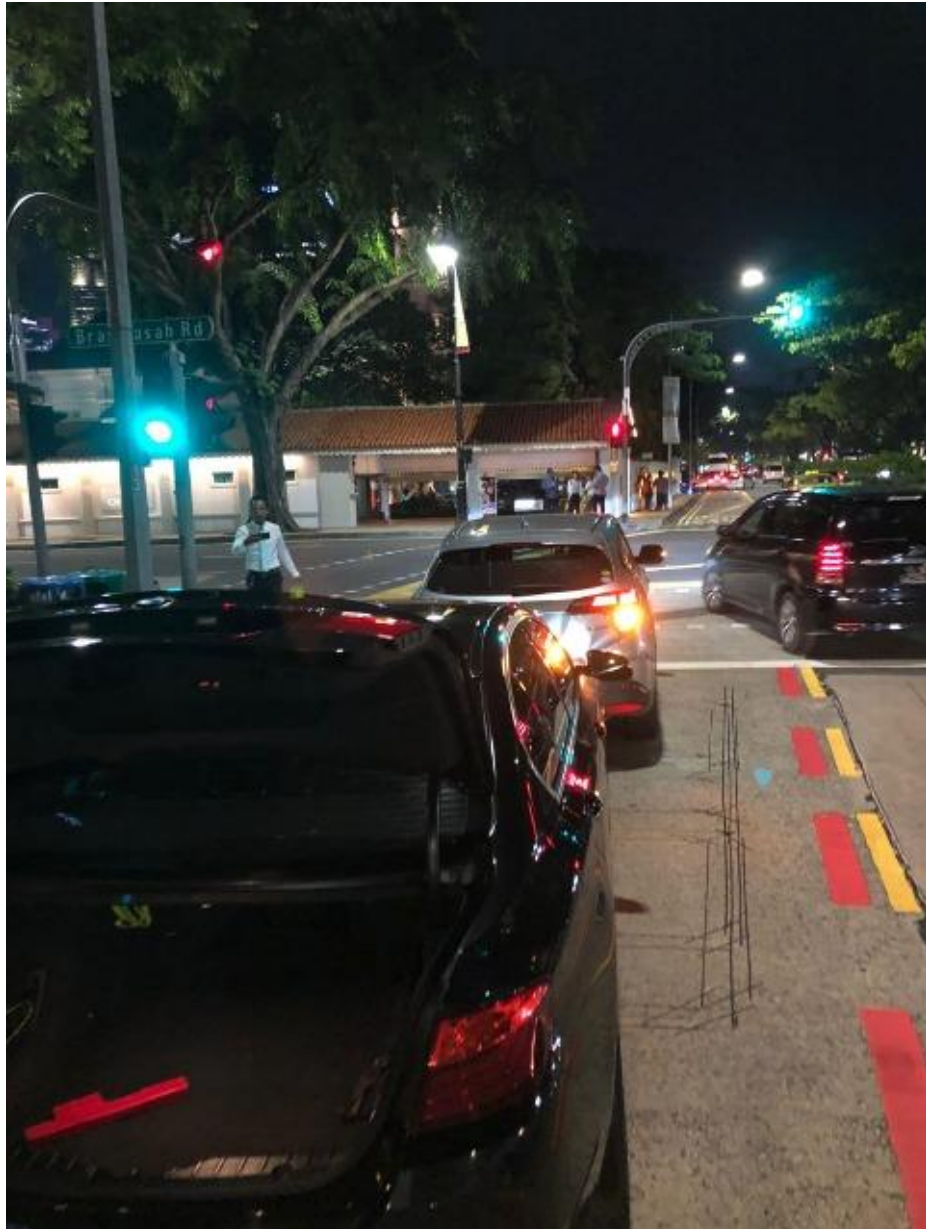
Accident Photo



Accident Photo



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