

## 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 liability.
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	02/04/2019 16:03
Date Of Accident	17/03/2019 09:35
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8310C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SEE LIN
NRIC No	S0061101H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331101
Alternative Phone No	OTHERS-97331101

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071975020-03
Cover Note Number	

### Driver

Name of Driver	LOW KAM SENG
NRIC No	S0027282E
Date Of Birth	05/05/1953
Occupation	INDOOR
Date Of Driving Pass	06/01/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331101
Fax Number	
Contact Number	OTHERS-97331101
Email Address	NOEMAIL

Address	BLK 28 ALEXANDRA ROAD #32-12
Postcode	158744
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 18/03/2019 I RECEIVED A LETTER FROM NTUC SAYING THAT I HAVE BEEN INVOLVE IN AN ACCIDENT ON 17/03/2019 WHICH I REALLY DID NOT KNOW ABOUT ANY ACCIDENT THAT ALL

#### 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	SHC3227H
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)

## Accident Sketch Plan

### SKETCH PLAN


#### 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 liability**.
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. 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.
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:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

xiv Unknown Collision

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to STATENM?

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

LETTER



SINGAPORE  
POLICE FORCE

Traffic Police  
10 Ubi Avenue 3  
Singapore 408665  
Tel +65 6547 0000  
www.police.gov.sg

Date: 25 MAR 2019



LOW KAM SENG  
BLK 28 ALEXANDRA VIEW UNIT 32-12  
SINGAPORE 158744

RX111722625SG

00006

Our Ref: S0027282E



Dear Sir / Madam

**RESULT OF DIPS 1 RETRAINING COURSE AND  
SUSPENSION OF DRIVING LICENCE**

We are pleased to inform you that you have passed your DIPS 1 retraining course on 22 Mar 2019. Your suspension period has been reduced from 12 weeks to 01 weeks.

2 Please surrender your driving licence to the Licensing Branch at Traffic Police on weekdays from 8.30am to 1.00pm and from 2.00pm to 5.00pm within 14 days from the date of this letter.

3 You are reminded that driving under suspension is a serious offence that carries a fine not exceeding \$5,000 or an imprisonment for a term of 12 months or both.

Yours faithfully

**HEAD TESTING AND LICENSING BRANCH  
TRAFFIC POLICE**

This is computer generated and does not require a signature.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



TOYOTA MOTOR THAILAND CO., LTD.  
MODEL / 1.8 X 2.0 2.5 3.0 3.5 4.0 4.5 5.0 5.5 6.0 6.5 7.0 7.5 8.0 8.5 9.0 9.5 10.0 10.5 11.0 11.5 12.0 12.5 13.0 13.5 14.0 14.5 15.0 15.5 16.0 16.5 17.0 17.5 18.0 18.5 19.0 19.5 20.0 20.5 21.0 21.5 22.0 22.5 23.0 23.5 24.0 24.5 25.0 25.5 26.0 26.5 27.0 27.5 28.0 28.5 29.0 29.5 30.0 30.5 31.0 31.5 32.0 32.5 33.0 33.5 34.0 34.5 35.0 35.5 36.0 36.5 37.0 37.5 38.0 38.5 39.0 39.5 40.0 40.5 41.0 41.5 42.0 42.5 43.0 43.5 44.0 44.5 45.0 45.5 46.0 46.5 47.0 47.5 48.0 48.5 49.0 49.5 50.0 50.5 51.0 51.5 52.0 52.5 53.0 53.5 54.0 54.5 55.0 55.5 56.0 56.5 57.0 57.5 58.0 58.5 59.0 59.5 60.0 60.5 61.0 61.5 62.0 62.5 63.0 63.5 64.0 64.5 65.0 65.5 66.0 66.5 67.0 67.5 68.0 68.5 69.0 69.5 70.0 70.5 71.0 71.5 72.0 72.5 73.0 73.5 74.0 74.5 75.0 75.5 76.0 76.5 77.0 77.5 78.0 78.5 79.0 79.5 80.0 80.5 81.0 81.5 82.0 82.5 83.0 83.5 84.0 84.5 85.0 85.5 86.0 86.5 87.0 87.5 88.0 88.5 89.0 89.5 90.0 90.5 91.0 91.5 92.0 92.5 93.0 93.5 94.0 94.5 95.0 95.5 96.0 96.5 97.0 97.5 98.0 98.5 99.0 99.5 100.0 100.5 101.0 101.5 102.0 102.5 103.0 103.5 104.0 104.5 105.0 105.5 106.0 106.5 107.0 107.5 108.0 108.5 109.0 109.5 110.0 110.5 111.0 111.5 112.0 112.5 113.0 113.5 114.0 114.5 115.0 115.5 116.0 116.5 117.0 117.5 118.0 118.5 119.0 119.5 120.0 120.5 121.0 121.5 122.0 122.5 123.0 123.5 124.0 124.5 125.0 125.5 126.0 126.5 127.0 127.5 128.0 128.5 129.0 129.5 130.0 130.5 131.0 131.5 132.0 132.5 133.0 133.5 134.0 134.5 135.0 135.5 136.0 136.5 137.0 137.5 138.0 138.5 139.0 139.5 140.0 140.5 141.0 141.5 142.0 142.5 143.0 143.5 144.0 144.5 145.0 145.5 146.0 146.5 147.0 147.5 148.0 148.5 149.0 149.5 150.0 150.5 151.0 151.5 152.0 152.5 153.0 153.5 154.0 154.5 155.0 155.5 156.0 156.5 157.0 157.5 158.0 158.5 159.0 159.5 160.0 160.5 161.0 161.5 162.0 162.5 163.0 163.5 164.0 164.5 165.0 165.5 166.0 166.5 167.0 167.5 168.0 168.5 169.0 169.5 170.0 170.5 171.0 171.5 172.0 172.5 173.0 173.5 174.0 174.5 175.0 175.5 176.0 176.5 177.0 177.5 178.0 178.5 179.0 179.5 180.0 180.5 181.0 181.5 182.0 182.5 183.0 183.5 184.0 184.5 185.0 185.5 186.0 186.5 187.0 187.5 188.0 188.5 189.0 189.5 190.0 190.5 191.0 191.5 192.0 192.5 193.0 193.5 194.0 194.5 195.0 195.5 196.0 196.5 197.0 197.5 198.0 198.5 199.0 199.5 200.0 200.5 201.0 201.5 202.0 202.5 203.0 203.5 204.0 204.5 205.0 205.5 206.0 206.5 207.0 207.5 208.0 208.5 209.0 209.5 210.0 210.5 211.0 211.5 212.0 212.5 213.0 213.5 214.0 214.5 215.0 215.5 216.0 216.5 217.0 217.5 218.0 218.5 219.0 219.5 220.0 220.5 221.0 221.5 222.0 222.5 223.0 223.5 224.0 224.5 225.0 225.5 226.0 226.5 227.0 227.5 228.0 228.5 229.0 229.5 230.0 230.5 231.0 231.5 232.0 232.5 233.0 233.5 234.0 234.5 235.0 235.5 236.0 236.5 237.0 237.5 238.0 238.5 239.0 239.5 240.0 240.5 241.0 241.5 242.0 242.5 243.0 243.5 244.0 244.5 245.0 245.5 246.0 246.5 247.0 247.5 248.0 248.5 249.0 249.5 250.0 250.5 251.0 251.5 252.0 252.5 253.0 253.5 254.0 254.5 255.0 255.5 256.0 256.5 257.0 257.5 258.0 258.5 259.0 259.5 260.0 260.5 261.0 261.5 262.0 262.5 263.0 263.5 264.0 264.5 265.0 265.5 266.0 266.5 267.0 267.5 268.0 268.5 269.0 269.5 270.0 270.5 271.0 271.5 272.0 272.5 273.0 273.5 274.0 274.5 275.0 275.5 276.0 276.5 277.0 277.5 278.0 278.5 279.0 279.5 280.0 280.5 281.0 281.5 282.0 282.5 283.0 283.5 284.0 284.5 285.0 285.5 286.0 286.5 287.0 287.5 288.0 288.5 289.0 289.5 290.0 290.5 291.0 291.5 292.0 292.5 293.0 293.5 294.0 294.5 295.0 295.5 296.0 296.5 297.0 297.5 298.0 298.5 299.0 299.5 300.0 300.5 301.0 301.5 302.0 302.5 303.0 303.5 304.0 304.5 305.0 305.5 306.0 306.5 307.0 307.5 308.0 308.5 309.0 309.5 310.0 310.5 311.0 311.5 312.0 312.5 313.0 313.5 314.0 314.5 315.0 315.5 316.0 316.5 317.0 317.5 318.0 318.5 319.0 319.5 320.0 320.5 321.0 321.5 322.0 322.5 323.0 323.5 324.0 324.5 325.0 325.5 326.0 326.5 327.0 327.5 328.0 328.5 329.0 329.5 330.0 330.5 331.0 331.5 332.0 332.5 333.0 333.5 334.0 334.5 335.0 335.5 336.0 336.5 337.0 337.5 338.0 338.5 339.0 339.5 340.0 340.5 341.0 341.5 342.0 342.5 343.0 343.5 344.0 344.5 345.0 345.5 346.0 346.5 347.0 347.5 348.0 348.5 349.0 349.5 350.0 350.5 351.0 351.5 352.0 352.5 353.0 353.5 354.0 354.5 355.0 355.5 356.0 356.5 357.0 357.5 358.0 358.5 3

# Identification Card

