

## 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	03/05/2019 17:01
Date Of Accident	02/05/2019 15:20
Exact Location Of Accident	JUNCT OF YUAN CHING ROAD & TAH CHING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD744Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW KUN KAM
NRIC No	S2693560A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96109179
Alternative Phone No	OTHERS-96109179

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097845956-01
Cover Note Number	

### Driver

Name of Driver	LOW WAY MENG
NRIC No	S6976413D
Date Of Birth	05/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96109179
Fax Number	
Contact Number	OTHERS-96109179
Email Address	NOEMAIL

Address	BLK 991B BUANGKOK LINK #13-249
Postcode	532991
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : KRIZTOPHER
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/2019502/2149;

#### 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	YN3330H
Vehicle Make/Model/Colour	MITSUBISHI FE83BE6SRDEA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJAMOHAMED BAHRUDEEN
NRIC/Passport Number	G8378310P
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

•KRIZTOPHER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLD744Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN


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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:

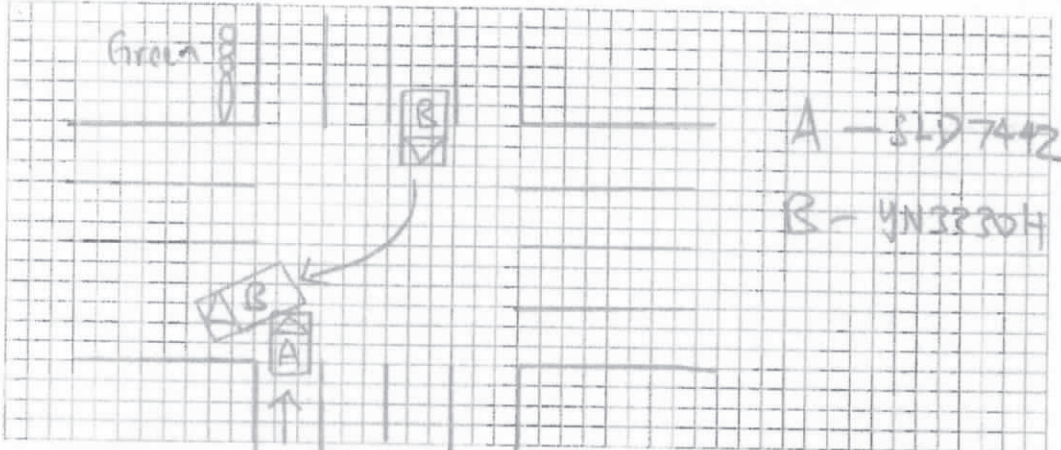
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**IDAC KAKI BUKIT(VAC)**  
**23 KAKI BUKIT AVE 4**  
Reporting Centre  
Name:   
Singapore 419953  
Tel: 67416697  
NRIC/FIN No.:  
Fax: 67492305  
Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)



# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## 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:

IDAC KAKI BUKIT(VAC)  
23 KAKI BUKIT AVE 4  
Singapore 415933  
Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190502/2149

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3  
Report No. T/20190502/2149

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2019 21:51		Vide Report No.: D/20190502/0070		Station Diary No.: 192	
<b>Informant's Particulars</b>					
Name of Informant: LOW WAY MENG			Address: APT BLK 991B BUANGKOK LINK #13-249 SINGAPORE 532991		
ID Type / ID No.: NRIC NO / S6976413D			Contact No.: Home/Office: Mobile: 96109179		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 05/06/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: private hire driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/05/2019 15:20	Type of Location: X-Junction
Location: Along Road 1 YUAN CHING ROAD				
Driving on the straight road when lorry turned out from Tah Ching road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD744Z	Car				Seriously Damaged	1
YN3330H	Lorry				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan Pg. 1



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T/20190502/2149

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190502/2149

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LOW WAY MENG	ID No.	S6976413D
Related Vehicle	SLD744Z (Car)	Contact No.	96109179
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	Slight
<b>Driver</b>			
Name	RAJAMOHAMED BAHRUDEEN	ID No.	G8378310P
Related Vehicle	YN3330H (Lorry)	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	Slight

### Brief Details.

On 02/05/2019 at about 1520hours, I am a GRAB driver (SLD744Z ) fetching one passenger from Orchard to Yuan Ching road when an accident occurred between my car and a lorry (YN3330H). I was driving on the left most lane on a straight road towards Yuan Ching Road when a lorry (YN3330H) turned out to the right from Tah Ching Road as such I had hit on to the left side of the lorry. Subsequently, Traffic Police attended the incident.

My passenger, a male (Kriztopher) by the contact number (81883355) whom was seated at the back seat had suffered a slight injury on the neck and head and was conveyed by the ambulance and he did not update me thereafter with regards to his injuries.

I would like to state that the green light was in my favor.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20190502/2149

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190502/2149

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 1 LUM ZHI WEN	Signature Of Informant:  Date/Time: 02/05/2019 21:51
Signature Of Interpreter: Not applicable	Classification Of Case:  SN 083
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Signature:
Authentication Stamp NP168	



# Accident Sketch Plan Pg. 1

Name: 10 INJP FEMMY  
6547 6367



## SINGAPORE POLICE ACKNOWLEDGEMENT

Ref: Report No: D/20190502/0070

I, Low Way Meng / S6976413D

(Recipient's Name, NRIC or Passport No. / Rank and No.)

of

(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One Blackvue 16GBClass (16) (MDH4061/37)

2

3

4

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9

10

from Sgt T12013A Syahmir

(Name, NRIC or Passport No. / Rank and No.)

of Tedex Police

(Address / Police Station / NPC / NPP)

on 02/05/19

(Date)

at

(Time)

Witnessed by / \* Handed over by:

(\* Delete if applicable)

[Signature]

(Signature)

Low Way Meng S6976413D

(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]

(Signature)

Sgt T12013A Syahmir  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks:

[Signature]



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

CASE CARD

REPORT NO: D/20190502/0070

Traffic Accident along YUAN CHINE RD X TAN CHINE RD  
involving vehicles: 1 LOBBY 1 CAR  
on 2/5/19 at about                      am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.