NATIONAL Assessment Centre	Services	(see 1 Jarge)	MUAVIS	083495	·	
Date in 35/06/2017 11:50	Job description		Date & Fime	Completed	Done	by
Ref Nu NBB 1 111(190/1157/4	SAS e-filing	****				
Veh No SGW 9655 V	E-mail (witten	Khra, AIC 2has;	Γ,		31115-77-10 77	, ,
DON 1606/2017 10:00	i-Motor Clai	m Form -	W/105	OYOK-DU	25/	06/2019
OD The Peporting Only	i-Mater W/C) (within: OD Bire aded	77 4hrs)		21!(3
TP Insurer:	Assessment/Su	Parameter St.	Owner/When		.)	
Preferred Wksp / INC Assign Wksp / QW: [Tel:	Fax:		
TP Panticulars: Veh No: CV	CUST	INC ()/Non-IN	374701.		
Owner / Driver: (140/	1 1150	T'cl:	-1	,	
Policy No: () Perio	d: (Cover Type:	(
Confirmed by : (Date:	Tin		/	***/-:07.0004
Insured/Driver Liability: (%) [No	te-Est Status (V			2000	(J)	
	irranty: YES ()/NO()			
Excess: (\$) Londing: \$1,000	()/52,000	()				
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Remarks: (INC horline: 6788 6616)			Date&Time C	Completed	Done	by
	irtesy Car ()				<u></u>
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	20] ()				
Injury:						
Date/Pine Actions	Life and street in the street wa	UALS PAUL SALIS	Harris Harry Control	VICE AND PRODUCTIONS	-	
Date/Time Actions	Percent and The San				11.11.11	
					-	
NA190478		Invaice Prep	arution Che	cklist	Anii (\$)	Add (\$)
laimant's Particulars :-		1) AR : Accident				
Driver/Owner:		2) DA : Duttings A 3) TF : Towing Fe	:4	540/345		
Contact No:		4) FT : Fallow-Th 5) FT : Follow-Th		\$120 survey) \$30		
		Enzelaimbas no	sinst INC Only (wel 10 July 2005)		
Damiged Portion:		7) NI : Idau DA +		\$160		
05.69		8) NTUC Addition				
C Checked by (Engr-In-Charge);		* Ma: Coursesy (Cor / Tpt Allowin	55		
Auditors Comments:	WHITE HALLES	*N6; Repair Co *N7: Fost Repa		510		
Multi	Calver Resident	*N8: DV / Call	ert Excess Could	nesion \$3		
		P) N12: Idea Male	(Non INC) agains de	ING \$20		
1 /1 1		Invalor deseil		For Charged		游戏家
1 / 1 G		T. Contract delega		For Chargail	STATE OF	01202-0200-0

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 witholding 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.
- 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	25/06/2019 11:50
Date Of Accident	16/06/2019 10:00
Exact Location Of Accident	ALONG FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE
ALL ALL MAD IN A THE WARRING	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGW9655Y
Insured/Policyholder	
Name Of Registered Owner	LOW SEOW CHYE
NRIC No	S0350253H
Email Address	LSCCOCPA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97272181
Alternative Phone No	HOME-97272181
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (A)
Exact Purpose for which vehicle was being use time of accident	
Are you claiming under your own insurance pol for repair to your vehicle?	NO 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5055062215-06
Cover Note Number	
Driver	
Name of Driver	LOW SEOW CHYE
NRIC No	S0350253H
Date Of Birth	26/10/1934
Occupation	INDOOR
Date Of Driving Pass	07/06/1956
Driving Experience	63 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272181
Fax Number	
Contact Number	HOME-97272181
EMail Address	LSCCOCPA@GMAIL.COM

Address

83 FABER GREEN

Postcode

0512

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

COLLIDED INTO BICYCLIST

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Name Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190625/2012 AND ATTACHMENT

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

Vehicle Make/Model/Colour

BICYCLIST

Details Of Properties Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

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.
- 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.
- 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.
- 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.
- 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 :
 - 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:
 - 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 Signal

Name:

NRIC/EIN No

as phil Auberliminal

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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J. Hr.	
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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

NRIC/FIN No.:

STATEMENT OF LOW SEOW CHYE

I am making this belated police report of an accident involving my car SGW 96554, and a female Caucasian cyclist named Lizzie, because despite having mutually agreed that we both would not make any police or accident report since she did not apparently sustain any injury, she did make such a police report on her own subsequently on the day of the accident itself, without informing me. I only found out from her that she had made a report when she sms me for details of my medical insurance on the afternoon of 24 June, 8 days after the incident.

Details of Incident: Sunday 16 June 2019 at about 10 9.m. I was driving along Farrer Road and turned left onto the slip road towards Holland Road to Botanic Gardens. The

weather was fine, the road was dry, visibility was good and traffic was light. I was driving slowly approaching the junction.

All of a sudden, a cyclist pulled up out of howhere in front of my car. I braked and avoided making contact with her I stopped right in front of her but she lost her balance and fell on my car. There was no domest to my car. fell on my car. There was no damage to my car except she Fett lost her balance and fell on my car, and broke my vehicle unito the vehicle number plate. I then pulled my vehicle into the

bus bay on the slip road before Holland Road. av 25/06/2019 Farrer Road Holland Road Julus. Bus stop Kdotted white lines marked on road. > cyclist A) 89N9655

B) BILYCLIST

Holland Flyover

Dimpact occurred on the slip road before Holland Road. After the incident, I pulled into the

The cyclist had no visible injury and she got up from the fall on her own. I enquired whether she needed any medical help. She replied she was ok and did not need any medical help.

Nevertheless, I called my daughter Jean Low to the location to assist. My daughter and I then offered to bring her and her friend to NUH ALE for a medical examination. At the ALE, she decided to proceed for the medical examination without four presence as she stated she was OK. She was

lucid throughout the incident.

there was no need for both of the parties to file a police/accident neport. However, on 24 June in the afternoon, she SMS me to ask for details of my medical insurance. She also then informed when I asked, that she had made a price neport on the day of the incident Sunday 16 June itself, without informing me even though we had both agreed (not to file a neport.

On hindsight, it is obvious that the cyclist had encroached into the slip road against the flow of traffic and headed towards my car as she came down from Holland Flyover, and could not avoid my car. The incident had occured inside the slip road before the dotted white lines at the junction with Holland Road. She had also "renegoded from our mutual agreement there was no need to make a report but had done so without informing me otherwise I would have made this never earlier. I had nothing to hide or avoid as my actions had shown — that I spontaneously brought her to NUH for medical, as well as provided her with my contact details.

That is all I have to say.

n.ls

N 25/06/2018





Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 4 Report No. T/20190625/2012

REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 08:20	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		e de la constante de la consta
LOWSE	f Informant: EOW CHYE		Address: 83 FABER GREEN SINGAPO	ORE 129304
NRIC N	/ ID No.: O / S03502	53H	Contact No.: Home/Office:	Mobile: 97272181
National SINGAF	lity: PORE CITIZ	EN	Email:	WOODIG: 07272101
Sex: Male	Age: 84	Date of Birth: 26/10/1934	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupat Account			Driving Licence Information: Class: 3	Date of Expiry:

General Inform	nation of the Accident		RESIDENCE AND RES	
Type of Accident:	Injury Pedestrian / Cyclis	Drink Drive: No	Date/Time of Accident: 16/06/2019 10:00	Type of Location Bend
FARRER ROA HOLLAND RO				Gardens Road Speed Limit:
Traffic Flow:	1025	Traffic Control:		Traffic Volume: Light
Type of Collisi Moving vehicle	on: against cyclist			Anyone conveyed by ambulance:

Details of Vo	ehicle Invo	lved		CONTRACTOR	MINISTER OF THE PARTY OF THE PA	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGW9655Y	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG		Slightly Damaged	0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW9655Y	NTUC Income Insurance Co-Operative Limited		06/08/2018	05/08/2019





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

2 of 4 Report No. T/20190625/2012

Details of Perso	n Involved		A Francisco	60000	146	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Per	destriar	Cross	sina: NA
Driver	The way the state of the	THE PERSON NAMED IN				
Name	LOW SEOW CHY	E		ID No		S0350253H
Related Vehicle	NIL			Conta	ict No.	97272181
Hospital/Clinic	NIL			Class Drivin Licent Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 16/06/2019 at about 1000hrs, I was driving my car bearing registration plate number SGW9655Y along Farrer Road. When I was approaching the slip road towards Holland Road to Botanic Gardens, one female Caucasian cyclist namely Hodges Elizabeth May, FIN: G5299831Q, suddenly appeared out of nowhere in front of my car. Upon seeing the cyclist, I immediately applied brake in order to avoid the collision. I then managed to not hit onto the cyclist, however the cyclist had lost her balance and fell onto my car. Due to the fall, the cyclist had broke my vehicle plate number.

As such, I pulled over my car at the bus stop located at the slip road and came out to enquire if the cyclist needed any medical assistance. However, the cyclist informed me that she was fine. Subsequently, I had contacted my daughter namely Jean Low and informed her about the accident whereby she had came down to the incident location afterwards. We then offered to bring the cyclist to NUH A&E for medical examination. I wish to state that the cyclist was accompanied by her friend when we sent her to the hospital.

When we were at the hospital, the cyclist decided to go for the medical examination without the need of our presence. I had then offered to pay for the medical fees, however the cyclist informed that her medical insurance will cover and will not need me to pay for the medical fees. We had also made a mutual agreement that we will not make any police reports as we are settling the said matter privately. Before I leave, I had also given her my particulars and contact number in case she needs to contact me.

On 24/06/2019, the cyclist had messaged me to ask for the details of my medical insurance. When I asked the reason for it, the cyclist then informed me that she had actually lodged a Police report on the day of the accident itself. As such, I decided to lodge a Police Report.

I wish to state that I had in car camera installed at the front of my car, however I did not switch it on. I wish to state that my registration plate was broken due to the accident. I wish to state that I had lodged a Police report late as I thought we had agreed to settle the incident privately.





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

3 of 4

Report No. T/20190625/2012

CONTINUATION OF REPORT





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINO

4 of 4 Report No. T/20190625/2012

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan	S	ke	tc	h	P	lan	ı
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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: D / Sgt 2 YU JINGXUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2019 08:20
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

Accident HT/1650465 Pistry No.	2000 meets					
Certificate No.	5035062235-26	VENCE AND	30W8633V		SIST Registration No.	
Princytolder Marne	10000000000000					
Product Claim	TOW SEON CHYS PRIVATE CAR INSURANCE	190 - 200			Foliaghidder NRIC	S0350253H
Contact No. (Hulsie)	N7272181.	Cover Type	dries CLASSIC		Leading	0.7
mail Address	N-E/ZINI	Contact No.(Office)			Contact No.(Hume)	
one:	+ No. Yes	Special Remark			eCode	No T
NCD Prinection	No	TCA	a feet. Yes		eGode Reason	
Accident Details	37.0	NCD Entrement(%)	30		Private Hire.	No.
Inport Date	25/04/2019 12:04	Carinacon agreement and Different Co.				
Dalle of Accident	16/06/201#	Accident Raport Warm 24 hre	799		Accident Type	Collides was Cycles
Reporting Certific	33134	Time of Accident Niverm	19:00		Country of Accident	Singapore
Accident Location	NAME AND ADDRESS OF THE OWNER, WHEN PERSON O	Orange Force			SQM No.	
T Excess	ALONG FARRER ROAD TOWARDS HOLLAND ROAD					
	10-7-2					
Own demage Excess Installed Driver Escess	400.00	Additional Excess	н		Windscreen Excess	100.00
	9.00	Outside Singapore OII Excess		800.00		
Third Party Excess	0.00	Outside Singapore 19 Excess		0.00		
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Policyholder Mailing Add						
whiters (will w				
Address 4	83 FAREN GALLIN	Address 2	FARER HILLS		Address 1	\$THGAPORE.129304
me No.		Address Type	Singapore addres		Post Code	129304
7 Of Briver Info		Related Policy Number	1055062211-06			
Priver Name	LIDW SEOW OHIE	Driver Trees				
Internet driver Name	THE PROPERTY WAS	Driver Type Driver NRIC	Mein Driver			
egister Date of Oriver License	01/01/1972		50358253H		Driver DDB	26/10/1034
Ortlact No.(Mutslie)	97272181	Driver Age	(30)		Driving Expenence	47
Address 5		Contact No.(Office)			Contact No (Home)	
Gdress #	H3 CAREN GREEN	Address 2	KAMER HILLS		Address 3	S04GAP0HE 129304
heat feet.		Address Type	Singapore sittines	•	FOR Code	E29304
Does he own a Singapore	22.7.49					
registered car?	Tot + ho	Driver Vehicle No.	SCW9633#		Driver Staurer Company	NTUC
eclarytism						
18. 6						
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Claim 901 Non				(XX-MS)	Insured Low Beaw Chine	Universit Supporting
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Claim 901 Nepe				00-MK		Corriect K1335075
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Claim 904 More Demo Type * Demoi Re. (More) must Address				P.O. C.	Contact So. 62740269 (Home)	Corriect No. (Office) 63335575
Claim 904 More Demo Type * Demoi Re. (More) must Address				87272181	Contact No. Planes Of Vehicle SGW9635V Number	Contect No. (Contect No. (Contect No. (Contect TP Volume To Contect Notice Noti
Claim 991 Rese	Impert inhity			P.O. C.	Contact No. Planes Of Vehicle SGW9635V Number	Corriect No. (Office) TP Ventile Kuntile Kuntile Kuntile
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