

## 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	18/11/2019 14:31
Date Of Accident	18/11/2019 16:40
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EP168G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW HOCK GUAN
NRIC No	S2580495C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97588168
Alternative Phone No	OFFICE-97588168

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E300 AMG COUPE

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA482630/1
Cover Note Number	

### Driver

Name of Driver	LOW HOCK GUAN
NRIC No	S2580495C
Date Of Birth	27/02/1961
Occupation	INDOOR
Date Of Driving Pass	31/07/1980
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97588168
Fax Number	
Contact Number	OFFICE-97588168
EMail Address	NOEMAIL

Address	BLK 12 STIRLING RAD #28-08 S(148955)
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 (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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer attached police report.

#### 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	FBJ5545K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBJ5545K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLANIMPORTANT NOTICE

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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:

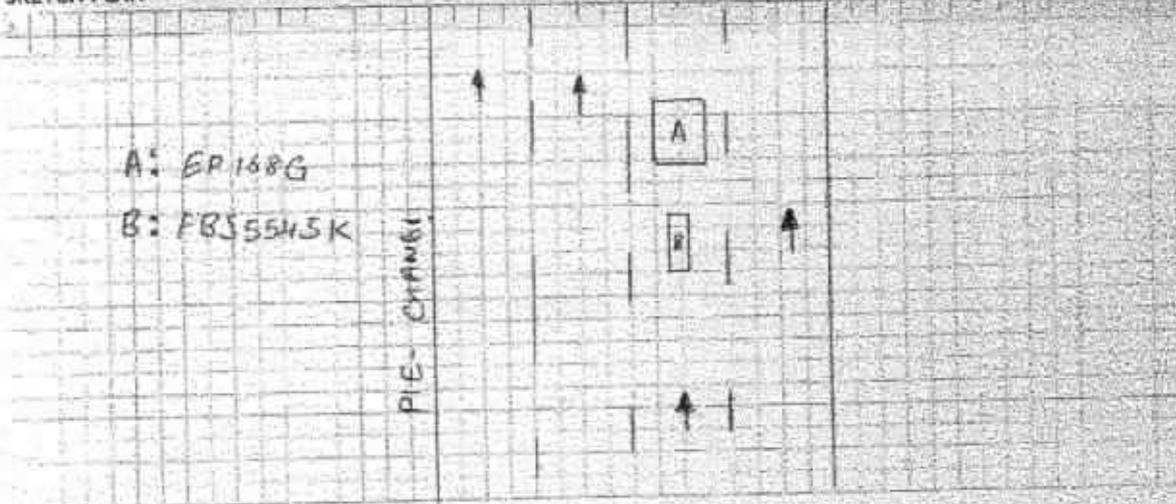
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.: T/20191117/2031

[The following section contains multiple horizontal lines for text entry, which are currently blank.]

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.:



**SINGAPORE  
POLICE FORCE**



T/20191117/2031

1 of 3

Report No. T/20191117/2031

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8728999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2019 11:12		Vide Report No.: E/20191116/0129		Station Diary No. 41
<b>Informant's Particulars</b>				
Name of Informant: LOW HOCK GUAN			Address: APT BLK 12 STIRLING ROAD #28-08 SINGAPORE 148955	
ID Type / ID No.: NRIC NO / S2580495C			Contact No.: Home/Office:	Mobile: 97588168
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 58	Date of Birth: 27/02/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,3	
			Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/11/2019 16:40	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY)				
Along PIE towards Changi Airport at the 20.2KM near lamp post 98P				
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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Damage	Notes
EP168G	Car	MERCEDES BENZ	E300 AMG COUPE	Black	Slightly Damaged	0
FBJ5545K	Motorcycle	YAMAHA		Black	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Policy No.	Start Date	End Date
EP168G	AXA INSURANCE SINGAPORE PTE LTD	GA482630	11/07/2019	10/07/2021



**SINGAPORE  
POLICE FORCE**



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Report No. T/20191117/2031

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	LOW HOCK GUAN	ID No	S2580495C
Related Vehicle	NIL	Contact No	97588168
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 16/11/2019 at about 1640hrs, I was driving my Black E300 Mercedes Coupe with registration number EP168G along Pie towards Changi at the 20.2km Mark. It was a four lane road and I was on the second lane.

While I was driving the traffic slowed down ahead of me. I decided to slow down too. Few seconds later, I heard and saw from the rear view mirror that there is a Black Yamaha motorcycle with registration number FBJ5545K travelling at a fast speed and hit the rear portion of my car and he fall to the roadside. I stopped my car and went over to assist him. The passer-by then called for 995 for assistance. I am unsure what is the injuries that the motorcyclist sustain as he was conveyed by ambulance to the hospital. There is not passenger in my car. I have already inform my insurance company on it. My workshop will be open on Monday and I will bring my car there for repair.

The rear bumper of my car is dented and came off. My rear car plate number drop off too. I do not sustain any injuries. Traffic Police and ambulance were at scene. I have an in-vehicle camera in the car and have already issued the SD card to the Traffic Police. They have issued me an acknowledgement slip to me. I was issued a case card and the officer advised me to lodge a report.



**SINGAPORE  
POLICE FORCE**



T/20191117/2031

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Report No. T/20191117/2031

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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: D / Sgt 3 NURAISHAH BINTE OSMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 17/11/2019 11:12
Classification Of Case: SIH 37
 SIGNATURE