

## 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	24/01/2020 14:52
Date Of Accident	24/01/2020 08:55
Exact Location Of Accident	28A MSCP NEAR BLK 22 HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1701J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW MIN CHOON
NRIC No	S1812134D
Email Address	DEREKMCLOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97646717
Alternative Phone No	OFFICE-97646717

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT

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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00005529
Cover Note Number	07/04/2019-06/04/2020

### Driver

Name of Driver	LOW MIN CHOON
NRIC No	S1812134D
Date Of Birth	10/06/1967
Occupation	INDOOR
Date Of Driving Pass	06/07/1996
Driving Experience	23 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-97646717
Fax Number	
Contact Number	OFFICE-97646717
Email Address	DEREKMCLOW@GMAIL.COM

Address	BLK 22 HAVELOCK ROAD #10-709
Postcode	160022
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 ON 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)	1

#### 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

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7177D
Vehicle Make/Model/Colour	MERCEDES BENS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA TECK POH
NRIC/Passport Number	S0131170J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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.



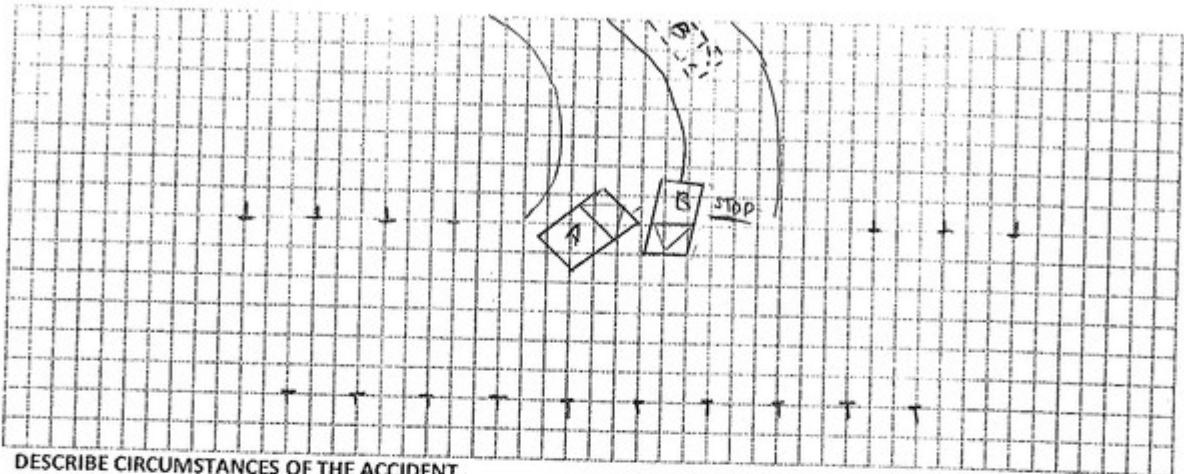
Policyholder's Signature  
Date & Time:

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

I was at 28 A MSCP Level 3 Floor and more towards floor. At the Slope A saw vehicle B coming up from 2nd to 3rd. When I notice this vehicle I stop and give him way to out. But this vehicle B did not stop at the stop lane. The vehicle B was out from his own lane and use 1/2 lane of mine. The vehicle B hit in to my vehicle at front bumper.

Refer to video. (Vehicle stopped upon seeing vehicle B approaching just from 2nd floor. Vehicle B hit vehicle A. The impact can be seen from the video 2 to 3 second after vehicle A has stopped.)

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- |   |                                  |
|---|----------------------------------|
|   | - Reporting Only                 |
|   | - Claim OD                       |
| ✓ | - Claim TP                       |
|   | - Claim OD/ TP at other workshop |

DECLARATION

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

*[Signature]*

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNPV2019-00005529 (Comprehensive - Classic Plan)**

Car plate number: SGG1701J

Your name (As the policyholder): Low Min Choon

Coverage start date: 07/04/2019

Coverage end date: 06/04/2020

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company:

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 19/03/2019

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1812134D



LOW MIN CHOON

劉明春

Race

CHINESE

Date of Birth

10-06-1967

Country of Birth

SINGAPORE

Sex

M

S1812134D

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number S1812134D

Name

LOW MIN CHOON

Birth Date: 10 Jun 1967

Issue Date: 12 Jun 2003



1000566366J



0194675

NRIC No. S1812134D



Blood Group Date of Issue

A+

20-12-1991

APT BLK 22 HAVELOCK ROAD #10-709  
SINGAPORE 160022

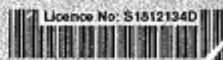
NRIC No. S1812134D

Date: 21/04/2015

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 06 Jul 1996



Licence No: S1812134D

NP 428A

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200126/2080

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20200126/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/01/2020 18:31	Vide Report No.:	Station Diary No.: 31
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**Informant's Particulars**

Name of Informant: LOW MIN CHOON			Address: APT BLK 22 HAVELOCK ROAD #10-709 SINGAPORE 160022	
ID Type / ID No.: NRIC NO / S1812134D			Contact No.:	Mobile: 97646717
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 52	Date of Birth: 10/06/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2020 08:55	Type of Location: Car Park
Location: Along Road 1 BEO CRESCENT  28A BEO CRESCENT MSCP.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG1701J	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	0
SLF7177D	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG1701J	FWD Singapore Pte. Ltd	PNPV2019-00005529	07/04/2019	06/04/2020





**SINGAPORE  
POLICE FORCE**



T/20200126/2080

2 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20200126/2080

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW MIN CHOON	ID No.	S1812134D
Related Vehicle	SGG1701J (Car)	Contact No.	97646717
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHUA TECK POH	ID No.	S0131170J
Related Vehicle	SLF7177D (Car)	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 24/01/2020 at about 0855hrs, I was at 28A MSCP level 3 and was driving my car (SGG1701J) towards level 2. While I was at the slope, I saw a vehicle (SLF7177D) coming up to level 3 from level 2. I then stopped to give way to the other car. But the other vehicle did not stop at the stop line. The vehicle was out from his own lane and use 1/3 lane of mine. The side of the vehicle then hit my car at the front right bumper. This caused both our cars to sustain scratches.

We then exchanged our particulars and took photos of the damages. I wish to state that I have the footage in my hand phone.

I am lodging this report for record and insurance claims purposes.





**SINGAPORE  
POLICE FORCE**



T/20200126/2080

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20200126/2080

**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:

E /

Sgt 3 NADARAJAH S/O PONMUDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/01/2020 18:31

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

3N 069

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



**Addendum Sheet**

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MOR120011581 Vehicle Registration No: SGG1701J  
Name(as shown in NRIC) : LOW MIN CHOON NRIC/FIN/Passport No : SXXXX134D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 24/01/2020 Time of Accident : 08:55  
Place of Accident : 28A MSCP NEAR BLK 22 HAVELOCK RD  
Insurance Company: FWD SINGAPORE PTE. LTD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to add police report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 24/1/2020