

## 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	07/02/2020 10:16
Date Of Accident	06/02/2020 18:20
Exact Location Of Accident	ANG MO KIO AVENUE 05
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1057X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED MACHINERY & TRADING PTE. LTD.
Co Reg No	2XXXXX061H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81124333

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110760716
Cover Note Number	

### Driver

Name of Driver	LOW KAI JIE
NRIC No	SXXXX656D
Date Of Birth	10/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/10/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835175
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 424 HOUGANG AVENUE 06 #07-72
Postcode	530424
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN 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	5
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20200207/2025;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT4052B
Vehicle Make/Model/Colour	MAZDA / CX-5 2.0 AT PREMIUM EU6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN9570S  
Vehicle Make/Model/Colour MITSUBISHI / CANTER FEB21ER4SDEB  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU9352Y  
Vehicle Make/Model/Colour SSANGYONG / TIVOLI XLV 1.6G 6AT 2WD ESP E6  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHD3279C  
Vehicle Make/Model/Colour HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR  
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)

#### DETAILS OF INJURED PERSON 1

Name LOW KAI JIE  
Approximate Age 27  
Injuries Sustain  
Injured person in which vehicle? GBB1057X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address BLK 424 HOUGANG AVENUE 06 #07-72

Postcode

530424

**DETAILS OF INJURED PERSON 2**

Name

SIM PECK SUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBB1057X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan



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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:

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)

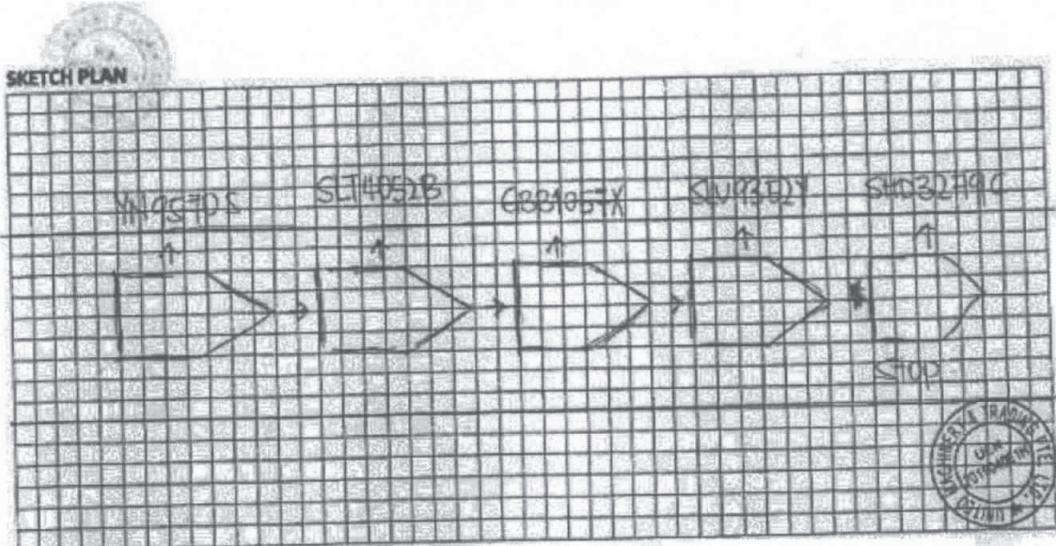
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07 FEB 2020

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Blue Report.*

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

Policyholder's Signature  
Date & Time

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vacbk@vicom.com.sg

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 07 FEB 2020

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T20200207/2025

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

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Report No. T20200207/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2020 09:24		Vide Report No.:		Station Diary No.: 49	
<b>Informant's Particulars</b>					
Name of Informant: LOW KAI JIE			Address: APT BLK 424 HOUGANG AVENUE 6 #07-72 SINGAPORE 530424		
ID Type / ID No.: NRIC NO / S9231656D			Contact No.: Home/Office:		Mobile: 91835175
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 10/09/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Sales Executive			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2020 18:20	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5  Along Ang Mo Kio Avenue 5 towards Buangkok				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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	Condition	No of Passenger
GBB1057X	Lorry	TOYOTA		White		1
SHD3279C	Car	HYUNDAI		Blue		0
SLT4052B	Car	MAZDA		Red		0
SLU9352Y	Car	SSANGYONG		Brown		0
YN9570S	Lorry	MITSUBISHI		Yellow		0

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200207/2025

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

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Report No. T/20200207/2025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	SIM PECK SUAN	ID No.	S9628801H
Related Vehicle	GBB1057X (Lorry)	Contact No.	87160105
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LOW KAI JIE	ID No.	S8231656D
Related Vehicle	GBB1057X (Lorry)	Contact No.	91835175
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLT4052B (Car)	Contact No.	98762306
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

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20200207/2025

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

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Report No. T/20200207/2025

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLU9352Y (Car)	Contact No.	90235677
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	YN9570S (Lorry)	Contact No.	85956055
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 06/02/2020 at about 1820hrs, I was driving GBB1057X with a passenger along Ang Mo Kio Avenue 5 towards Buangkok. At that moment, I observed that the vehicle in front of mine SLU9352Y applied brakes and suddenly came to a complete stop. I then applied brakes but could not stop in time. The front portion of my vehicle hit onto the rear of SLU9352Y. After the collision, I felt an impact from the rear. Another vehicle SLT4052B hit onto the rear of my vehicle. I was not seriously injured and alighted to exchange particulars.

I then realized that the accident was caused by a comfort taxi SHD3279C which stopped abruptly wanting to make a lane change to the left. The vehicle SLU9352Y had to stop and as such the chain accident occurred. The driver of SHD3279C did not stop and continued straight. The video of the accident has already been uploaded to Facebook. After the accident, I did not feel well and proceeded to Mount Alvernia Hospital for treatment. I had 3 days of MC from 07/02/2020 to 09/02/2020 for my back discomfort.

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20200207/2025

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

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Report No. T/20200207/2025

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 S ASHLEY TOH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 09:24
Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No: 65476066	Classification Of Case:

