

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	06/02/2020 14:06
Date Of Accident	04/02/2020 19:15
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB5315E
Insured/Policyholder	
Name Of Registered Owner	LOW THIAM SIEW
NRIC No	SXXXX713H
Email Address	TAMLOW75@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90051829
Alternative Phone No	OTHERS-90051829

Vehicle Particulars

Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111758596
Cover Note Number	

Driver

Name of Driver	LOW THIAM SIEW
NRIC No	SXXXX713H
Date Of Birth	28/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90051829
Fax Number	
Contact Number	OTHERS-90051829
E Mail Address	TAMLOW75@GMAIL.COM

Address 36 LENGKOK DUA
 Postcode 417711
 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? 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) 2
 Passenger 1
 NAME: : ANG HUI MIN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST
 Police Station Address **ROAD:** BLK 207 TOA PAYOH NORTH , **POSTCODE:** 310207 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-2549999 - **FAX NO:** 63554310
 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? YES
 Remarks/ Reasons: VIDEO WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX5445Y
 Vehicle Make/Model/Colour
 Details Of Properties FRONT
 Vehicle Category PRIVATE CAR
 Name of Driver NG KIM PIN
 NRIC/Passport Number SXXXX352Z
 Contact Number 96346964

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOW THIAM SIEW
Approximate Age
Injuries Sustain REFER REPORT (NECK AND BACK)
Injured person in which vehicle? SJB5315E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANG HUI MIN
Approximate Age
Injuries Sustain REFER REPORT (NECK AND BACK)
Injured person in which vehicle? SJB5315E
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

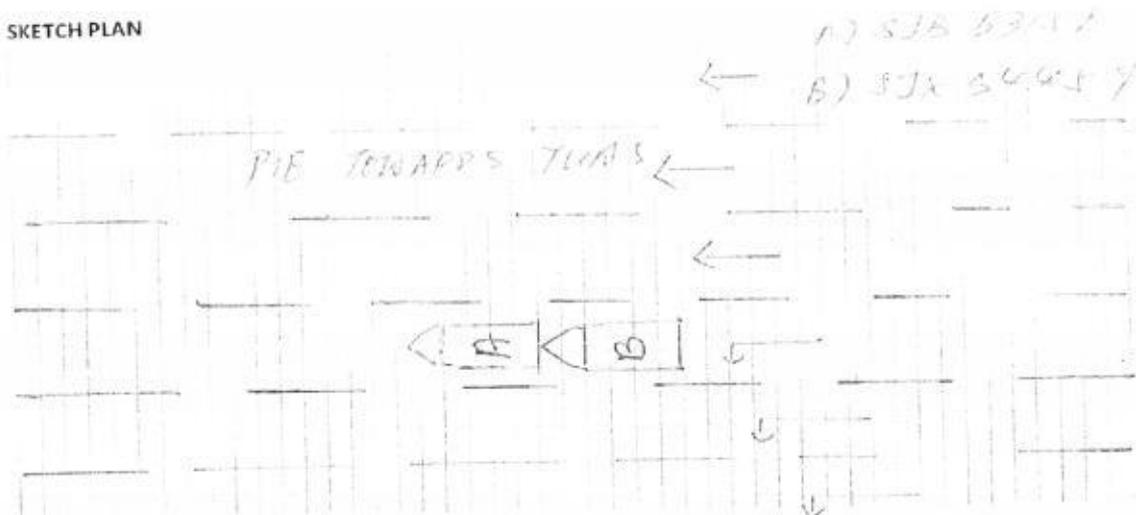
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
7/20200204/2160

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/20200204/2160

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20200204/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2020 21:27		Vide Report No.:	Station Diary No.: 43
Informant's Particulars			
Name of Informant: LOW THIAM SIEW		Address: 36 LENGKONG DUA SINGAPORE 417711	
ID Type / ID No.: NRIC NO / S7512713H		Contact No.: Home/Office: Mobile: 90051829	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 28/04/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BUSINESSMAN		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: 04/02/2020 19:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY BUKIT TIMAH EXPRESSWAY PIE towards Tuas, 300m before BKE.				
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

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJB5315E	Car	BMW	318I SEDAN LED	White	Slightly Damaged	1
SJX5445Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB5315E	NTUC Income Insurance Co-Operative Limited	5111758596	13/08/2019	12/08/2020



**SINGAPORE
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T/20200204/2160

Police Station Of Origin:
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207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

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Report No. T/20200204/2160

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ANG HUI MIN	ID No.	S76094651
Related Vehicle	SJB5315E (Car)	Contact No.	NIL
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LOW THIAM SIEW	ID No.	S7512713H
Related Vehicle	SJB5315E (Car)	Contact No.	90051829
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	NG KIM PIN	ID No.	S1476352Z
Related Vehicle	SJX5445Y (Car)	Contact No.	96346964
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 04/02/20 at about 7.15 p.m, I was driving my car bearing vehicle registration number, SJB5315E along PIE towards Tuas. 300m before BKE exit, 4th lane from right with my wife sat on the front passenger seat. There was a car bearing unknown vehicle registration number suddenly applied brake as such I braked as well. As soon as I braked to avoid collision, I felt an impact came from the rear. I realized a car behind bearing vehicle registration number, SJX5445Y (Referred as V1) collided onto the rear portion of my car, caused dent.

There was no one convey by ambulance and no injury involved. No government property involved.



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T/20200204/2160

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207 Toa Payoh North #01-1231 SINGAPORE
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Tel No: 1800-2549999

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Report No. T/20200204/2160

CONTINUATION OF REPORT

The driver of V1 then exchanged particulars with me. Later, my wife and I then went to see a doctor and was granted with 5 days of medical leave. I am lodging this report for claim.



SINGAPORE
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T/20200204/2160

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Report No. T/20200204/2160

CONTINUATION OF REPORT

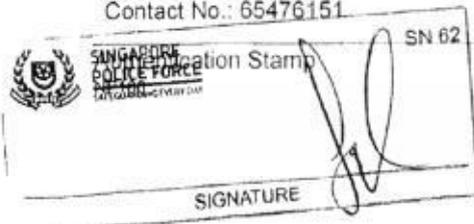
Sketch Plan

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 TEOH PREECHA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant:
Date/Time: 04/02/2020 21:27
Classification Of Case:



Accident Photo

