

## 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	20/03/2020 16:21
Date Of Accident	10/03/2020 13:35
Exact Location Of Accident	ECP TWDS SIMS WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4269D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW CHEE SENG
NRIC No	SXXXX562Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91139897
Alternative Phone No	OFFICE-91139897

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	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	5096970058-02
Cover Note Number	

### Driver

Name of Driver	LOW CHEE SENG
NRIC No	SXXXX562Z
Date Of Birth	18/02/1943
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1980
Driving Experience	39 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91139897
Fax Number	
Contact Number	OFFICE-91139897
E-Mail Address	NOEMAIL

Address	BLK 57 GEYLANG BAHRU #01-3479
Postcode	330057
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 - CHANGE/CROSS LANE
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?	
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG ECP TWDS SIMS WAY ON THE THIRD LANE FROM THE LEFT, I SWITCH ON MY LEFT SIGNAL AND CHECK TRAFFIC CLEAR BEFORE I FILTER INTO SECOND LANE FROM THE LEFT, WHILE FILTERING, SUDDENLY VEH B COME FROM THE SECOND LANE FROM THE LEFT AND GRAZED ONTO MY VEH LEFT HAND SIDE, WE STOP OUR VEH AT THE CORNER OF SIMS WAY & GEYLANG RD AND WENT OUT TO INSPECT OUR VEH, I FOUND VEH B WAS HAS SOME PAINT FROM MY VEH STICK TO HIS VEH, I TRY TO POLISH AWAY THE PAINT, THERE FOR HIS VEH HAS NO DAMAGE OR SCRATCHED ON HIS VEH. MY VEH JUST SUFFER SOME PAINT DROP ON THE LEFT HAND SIDE AND THE SIDE MIRROR DAMAGE.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV4675E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM CHEE KIAT ALLAN
NRIC/Passport Number	SXXXX905B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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. 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.
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.:

Accident Sketch Plan

SKETCH PLAN

A = SJM 4269D  
B = SKV 4575E  
ECP finds Sims Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

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.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200310/2144

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3  
Report No. T/20200310/2144

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2020 20:00	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: LOW CHEE SENG		Address: APT BLK 57 GEYLANG BAHRU #01-3497 SINGAPORE 330057	
ID Type / ID No.: NRIC NO / S0553562Z		Contact No.: Home/Office: Mobile: 91139897	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 77	Date of Birth: 18/02/1943	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Real estate agent		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/03/2020 13:15	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY)  along PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY) towards Sims drive				
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 - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM4269D	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Silver	Slightly Damaged	0
SKV4675E	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	Grey	Slightly Damaged	0

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200310/2144

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

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Report No. T/20200310/2144

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM4269D	NTUC Income Insurance Co-Operative Limited	5096970058-02	03/01/2020	02/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver			Use of Pedestrian Crossing: NA	
Name	LOW CHEE SENG		ID No.	S0553562Z
Related Vehicle	SJM4269D (Car)		Contact No.	91139897
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	SIM CHEE KIAT		ID No.	S8224905B
Related Vehicle	SKV4675E (Car)		Contact No.	98896561
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 the above mentioned date and time, I was driving along PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY) towards Sims drive at the 3rd lane. I wanted to change to 2nd lane and when I was changing, I accidentally side swipe the vehicle beside. It cause a slight damaged to the vehicle SKV4675E right side mirror. No one was injured at that point of time and no damage to government property. I am making this report because the driver of SKV4675E wants to claim against me.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200310/2144

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

3 of 3  
Report No. T/20200310/2144

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:

A /  
Sgt 2 BENJAMIN LOW WEI FU

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/03/2020 20:00

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

