

## 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	24/03/2020 16:58
Date Of Accident	23/03/2020 17:35
Exact Location Of Accident	JUNC OF BENOI RD & GUL CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4799B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TCK EXPRESS (S) PTE. LTD.
Co Reg No	2XXXXX631M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66846646

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114821907
Cover Note Number	

### Driver

Name of Driver	LOW CHEE KEONG
NRIC No	SXXXX908Z
Date Of Birth	02/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1993
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90224625
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 176 BISHAN ST 13 #11-145
Postcode	570176
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNC5234 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	6
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200324/2080

#### 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	PA3737T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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

FBK1587K

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

FBM4666K

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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

JNC5234

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SJS2628H

Vehicle Make/Model/Colour

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 INJURED PERSON 1	
Name	LOW CHEE KEONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBJ4799B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT 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.

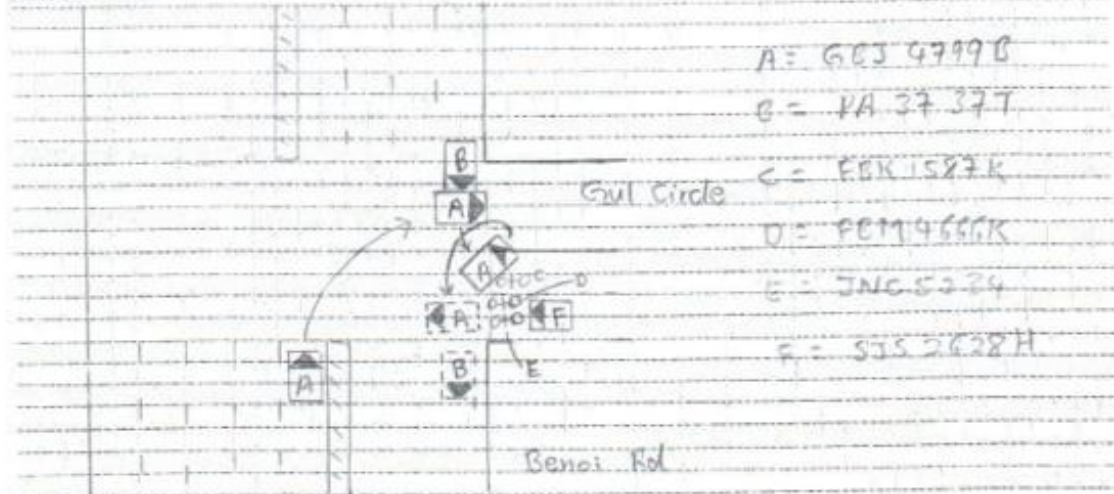
**TK EXPRESS (S) PTE**  
Company ROC 201627631M  
10 Senang Crescent  
Singapore 416584  
Policyholder's Signature  
Date & Time:

  
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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200324/2080

## DECLARATION

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

**TGK EXPRESS (S) PTE L**  
Company ROC 201627631M  
10 Senang Crescent

Policyholder **Singapore 416584**

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/20200324/2080

1 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200324/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/03/2020 14:22		Vide Report No.: J/20200323/0136		Station Diary No.: 73	
<b>Informant's Particulars</b>					
Name of Informant: LOW CHEE KEONG			Address: APT BLK 176 BISHAN STREET 13 #11-145 SINGAPORE 570176		
ID Type / ID No.: NRIC NO / S6829908Z			Contact No.: Home/Office: Mobile: 90224625		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 02/08/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2020 17:35	Type of Location: T-Junction
Location: Along Road 1 BENOI ROAD				
Junction of Benoi Road and Gul Circle				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBK1587K	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150			0
FBM4666K	Motorcycle	YAMAHA	SNIPER T150	Blue		0
GBJ4799B	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White	Seriously Damaged	0
JNC5234						0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200324/2080

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200324/2080

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3737T	Van	TOYOTA	HIACE 3.0DX A	White		0
SJS2628H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO			0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name		LOW CHEE KEONG		ID No.	S6829908Z
Related Vehicle		GBJ4799B (Van)		Contact No.	90224625
Hospital/Clinic		TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment		23/03/2020		Date Discharge	23/03/2020
No. of Days granted Medical Leave		03		Degree of Injury	NIL
Name		Pek Hong Kau		ID No.	S1323656I
Related Vehicle		PA3737T (Van)		Contact No.	84369560
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 23/03/2020 at about 1735Hrs I was travelling along the Benoi Road and I wanted to turn into Gul Circle. I was travelling on the first lane and subsequently while turning into Gul Circle a van by the car plate of PA3737T that was travelling along Benoi Rd towards Jln Ahmad Ibrahim hit the left side of my vehicle.

Due to the impact my car spun and I hit 4 other vehicles (3 Motorbike (FBM666K, FBK 1587K & JNC5234) and 1 car(SJS2628H) ). I am unsure which vehicle was on which lane as I could not see when my van spun.

Subsequently I alighted from the vehicle to make a check and noticed the my passenger door could not be opened I then checked the sliding doors at the side and noticed that they could not be closed and were



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200324/2080

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Report No. T/20200324/2080

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

CONTINUATION OF REPORT

dented.

Subsequently I only exchanged particulars with the driver of PA3737T.

Police and Ambulance were also at scene.

At about 2030hrs I went to Tan Tock Seng Hospital to see a doctor as I felt pain at my neck and back. I was then given 3 days of MC.

I am lodging this report as I was instructed by the police officers at scene.

I wish to state that I have an in car camera however I do not have a Memory card.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin;  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20200324/2080

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Report No. T/20200324/2080

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 / SC2 XAVIER LAI GOON THENG <i>Gu</i>	Signature Of Informant: <i>Adyhw</i>
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2020 14:22
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:  SN 061
Authentication Stamp NP168	<i>Gu</i> SIGNATURE

Accident Photo



Accident Photo





Accident Photo





Accident Photo



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