

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	25/03/2020 17:47
Date Of Accident	24/03/2020 08:30
Exact Location Of Accident	ALONG LENTOR LEADING TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9999D
Insured/Policyholder	
Name Of Registered Owner	AIK HOE HENG CONSTRUCTION ENGINEERING WORKS
Co Reg No	3XXXX500M
Email Address	AIKHoeHENG@singnet.com.sg
Mobile Phone No	(LOCAL) +65-96686806
Alternative Phone No	OFFICE-63686806

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0003194
Cover Note Number	

Driver

Name of Driver	LOW YI HUI
NRIC No	SXXXX633A
Date Of Birth	20/02/1993
Occupation	INDOOR
Date Of Driving Pass	24/02/2012
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96686806
Fax Number	
Contact Number	OFFICE-63686806
Email Address	AIKHoeHENG@singnet.com.sg

Address	BLK 745 WOODLANDS CIRCLE #08-750
Postcode	730745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : SISTER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200325/7022

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	XD7245J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL MUHAJIBIN BIN SURI
NRIC/Passport Number	SXXXX570A
Contact Number	81023698

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

DETAILS OF INJURED PERSON 1	
Name	LOW YI HUI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLL9999D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

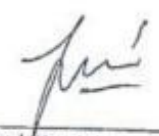
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Along LAJOR CHADUNG TOWARDS CTR

A: SL 9999D

B: XD 7245 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT L/20200325/7022

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**



L/20200325/7022

1 of 2

POLICE REPORT (NP299)

Report No. L/20200325/7022

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 25/03/2020 12:45	Vide Report No.	Station Diary No.
Name Of Informant LOW YI HUI	Address APT BLK 745 WOODLANDS CIRCLE #08-750 SINGAPORE 730745	
ID Type / ID No. NRIC NO / S9370633A	Contact No. Home/Office: Mobile: 96686806	
Nationality SINGAPORE CITIZEN	Email Address yihui.low@gmail.com	
Occupation Projects and Accounts Manager	Sex Female	Age 27
Institution/School Name	Date of Birth 20/02/1993	Race Chinese
Date/Time Of Incident 24/03/2020 08:35 - 24/03/2020 08:40	Location Of Incident LENTOR AVENUE	

Brief details.

On mentioned date & time I was driving along SLE in a direction towards CTE. The traffic flow was heavy and I was in the extreme LH lane. I checked my side mirror and there is enough space/gap for me change lane. I "ON" signal light and checked again before changing lane. I changed lane and already into the second lane from LH side. At this juncture vehicle "B" crashed against my vehicle. The impact to my car was on the RH mid section. After the collision we inspected our vehicles and took some pictures before leaving the scene. Later in the afternoon I felt discomfort and went to seek medical treatment. I was given 3 days medical leave.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 12:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



L/20200325/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200325/7022

Subjects Involved			
Victim			
Person Name	LOW YI HUI		
ID Type	NRIC NO	ID No	S9370633A
Gender	Female	Age	27
Race	Chinese	Language	English
Occupation	Projects and Accounts Manager	Address Type	
Address	APT BLK 745 WOODLANDS CIRCLE #08-750 SINGAPORE 730745	Mobile No	96686806
Is Informant A Victim?	Yes		
Person Name	LOW YI HUI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2020 12:45
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017735

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.: MMA420036710 Vehicle Registration No.: SLG999D
Name (as shown in NRIC): Low Yi Hui NRIC/FIN/Passport No.: SXXX633A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): 63686806 Mobile No.: 96686806
Email Address: _____
Date of Accident: 24/03/2020 Time of Accident: 08:30
Place of Accident: Along LIAISON ROAD to 17A
Insurance Company: INDIA INSURANCE

(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:

From Third Party To Own Damage Claims

Policyholder / Driver's Signature
Date:

[Signature] 26/03/2020
Reporting Centre Personnel's Signature
Name: Rehman
NRIC/FIN No.:
Date: