

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 13:16
Date Of Accident	23/03/2020 08:10
Exact Location Of Accident	33 LEONIE HILL ROAD (OUE TWIN PEAKS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8241K
Insured/Policyholder	
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	201420013Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81288789

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ19-000090
Cover Note Number	

Driver

Name of Driver	BRAYDEN MARCUS LOW
NRIC No	S8846621G
Date Of Birth	02/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91236969
Fax Number	
Contact Number	
Email Address	ALONEJC_88@HOTMAIL.COM

Address	BLK 3 TOH YI DRIVE #08-177
Postcode	590003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VCR8480 (MOTORCYCLE)
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?	YES
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: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED POLICE REPORT

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	VCR8480
Vehicle Make/Model/Colour	KAWASAKI
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 INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? VCR8480
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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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:

23/03/20 1313h-5


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



Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Brayden Thomas Low 588466246 on the day of accident at about 0812 hrs, 23 March 20. As I was driving vehicle A S65 8241K turning along the roundabout. Suddenly vehicle B VCR 8240 the motor hit on my front. The motorcycle from Capersla Slope dash out and hit my front bumper.

DECLARATION

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

Policyholder's Signature
Date & Time:

GLADMAC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

D/20200323/2024

1 of 2

Report No. D/20200323/2024

Police Station Of Origin
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Date/Time Report Made 23/03/2020 15:50	Vide Report No. E/20200323/0054	Station Diary No. 21		
Name Of Informant BRAYDEN MARCUS LOW	Address APT BLK 3 TOH YI DRIVE #08-177 SINGAPORE 590003			
ID Type / ID No. NRIC NO / S8846621G	Contact No. Home/Office Mobile 91236969			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Gojek Driver	Sex Male	Age 31	Date of Birth 02/11/1988	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 23/03/2020 08:10	Location Of Incident 33 LEONIE HILL ROAD OUE TWIN PEAKS SINGAPORE 239197 At the roundabout pick up point			

On the 23 Mar 2020 at about 0810 hrs, I was involved in an accident with a Malaysian Motorcycle registration number VCR8480 inside the compound of Twin Peaks Condominium. The exact location is at the drop off point near to the roundabout. I was assigned to pick up a passenger there at the pick up drop off point. As I was approaching the roundabout, before turning right into it, I glanced my right side to see whether my passenger is around. However as soon as I turned back to look in front, I collided with the motorcycle which was coming from the right side. It is a Malaysian registered motorcycle with plate

Signature Of Officer Recording The Report: D / SI MOHAMAD ISMADI BIN MOK'IN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 15:50
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LEE YAN YI Contact No.: 68728566	Classification Of Case:

Authentication Stamp

Signature Stamp

SINGAPORE
POLICE OFFICE

SN 30

891227

SIGNATURE

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



D/20200323/2024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200323/2024

number VCR8480. The rider is one Malaysian Indian. The concierge of the condominium called for the ambulance who thereafter conveyed the rider to Singapore General Hospital. Police attended to my scene and my in-charge case is IO Ivan Chng from Tanglin Police Division. The reference case number is E/20200323/0054. The accident was unintentional. My car that I was driving is Toyota Axio Beige in colour with registration number SGS8241K. There was some damages on my front right bumper. There was also some slight damages on the motorcycle at the coolant compartment. I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: D / SI MOHAMAD ISMADI BIN MOKIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 15:50
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp LEE YAN YI Contact No.: 68728566	Classification Of Case:

Authentication Stamp

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8846621G**



Name
BRAYDEN MARCUS LOW

Race
CHINESE

Date of birth
02-11-1988

Sex
M

Country of birth
SINGAPORE





REPUBLIC OF SINGAPORE **DRIVING LICENCE**
Licence Number **S8846621G**
Name **BRAYDEN MARCUS LOW**
Birth Date: **02 Nov 1988**
Issue Date: **17 Jun 2016**




0025792118

4591415



NRIC No **S8846621G**



Date of issue
23-06-2010

Address
**APT BLK 3 TOH YI DRIVE
#08-177
SINGAPORE 590003**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles >= 200 cc	17 Apr 2010
Class 2A Motorcycles between 201 cc and 400 cc	02 Jun 2011
Class 2 Motorcycles > 400 cc	22 Oct 2012
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	08 Dec 2010

NP 428A

Licence No: S8846621G



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

