# **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 witholding 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.

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   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 Submission 20/01/2021 12:36 (SGT) Date of Accident 18/01/2021 18:45 (SGT) Exact Location of Accident Clementi Ave 1, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLH5399H

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KING HUAH NRIC No. SXXXX322G Email Address KENTKH530@GMAIL.COM Mobile Phone No (Phone) +65-97547573 Alternative Phone No +65-97547573

### VEHICLE PARTICULARS

Manufacturer Honda Model Shuttle Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private hire

### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5105720371-02 Cover Note Number

### DRIVER

Name of Driver LOW CHOON GUAN NRIC No SXXXX594I Date Of Birth 28/07/1971 Occupation Outdoor

Date Of Driving Pass 31/07/2006 Driving experience 14 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-90988890 Alt. Phone Number Email Address KENTKH530@GMAIL.COM Address BLK 352 HOUGANG AVENUE 7 #12-733 Address complement Postcode 530352 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210119/2041 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 SBS8320A

Bus

# CACcident report SN09211K0007

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	-
Address	_
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LOW CHOON GUAN
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER AND BACK PAIN
Injured person in which vehicle?	SLH5399H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### **IMPORTANT NOTICE**

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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.
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- 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.
- 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date & Time Driver's Signature (if driver is not the policyholder) / Date Personnel

Sketch Plan

Commanwealth Ave West

A = SLH \$39914

B = SBS \$320 A

	mall (OSSILVATION)	Active con	of the second	
Refer	to Police	Report	7/20210119 /2041	
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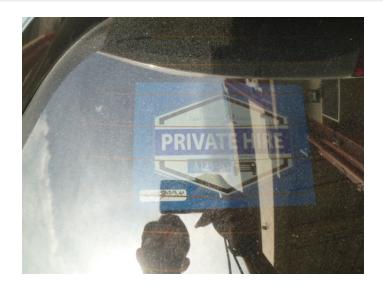


















Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3 Report No. T/20210119/2041

### REPORT OF A TRAFFIC ACCIDENT

	me Report M 021 13:27	Made:	Vide Report No.:	Station Diary No.:
Informa	int's Partic	ulars	THE THEORY IS NOT THE	
Name o LOW Ch	f Informant: HOON GUA		Address: APT BLK 352 HOUGANG AV 530352	/ENUE 7 #12-733 SINGAPORE
	/ ID No.: O / S71275	941	Contact No.: Home/Office:	Mobile: 90988890
National SINGAR	lity: PORE CITIZ	EN	Email:	mesne. eeseqooo
Sex: Male	Age:	Date of Birth: 28/07/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat GRAB D		n [0	Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/01/2021 18:45	Type of Location
Location: CLEMENTI A	VENUE 1			18
Weather: Clear		Road Surface: Dry	Ro	pad Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		affic Volume:
Type of Collis				yone conveyed by

Details of V						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBS8320A	Bus/Coach/Mi nibus	30 00			Slightly Damaged	0
SLH5399H	Car			II.	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114

Tel No: 1800-2899999

T/20210119/2041

2 of 3

Report No. T/20210119/2041

## CONTINUATION OF REPORT

Driver						
Name	LOW CHOON GUA	N		ID No	).	S7127594I
Related Vehicle	SLH5399H (Car)			Conta	act No.	90988890
Hospital/Clinic	A LIFE CLINIC PTE	LTD		Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2021		Date Disc			/2021
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

### Brief Details.

On 18/01/2021 at about 1845hrs, I was driving one white Honda Shuttle (SLH5399H) along slip road of Clementi Avenue 1 toward Commonwealth Avenue West.

I was driving on the left side of the 2 lanes on the slip road when I was stationary before a pedestrian crossing. Out of a sudden, I felt an impact from the driver's side of my vehicle. The impact continued to the rear right of my vehicle and my vehicle surged forward as a result of the collision.

I got out of the vehicle to make a check and discovered that one off-service SBS bus (SBS8320A) had collided into my vehicle. At the point of time, I felt neck ache and shoulder pain. Later on, my back felt some ache as well.

I have both front and rear vehicle dashcams installed in my vehicle and it was operational. Currently, the memory card is with my workshop. I sought medical treatment on 19/01/2021 at A Life Clinic located at 10 Sinaran Drive #09-21 S(307506), MC No.: MC2101190802, and was given 5 days of medical leave.

I wish to state that I do not have my passenger and the bus captain particulars.

I am lodging a police report for record purpose.





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



3 of 3 Report No. T/20210119/2041

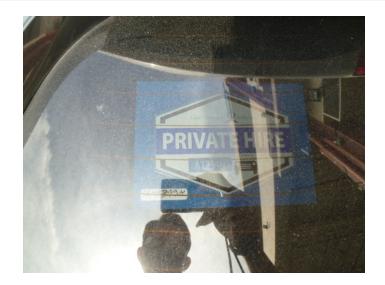
CONTINUATION OF REPORT

### 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: F / Sgt 2 SEBASTIAN YIN JIA JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2021 13:27
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 Singapor	Signature:





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: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM	
A)	A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: <u> </u>	53994
	Name(as shown in NRIC): Low Chook Gugn NRIC/FIN/Passport No: SXX	xx 594I
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address :Singa	oore(
	Contact (Tel) :Mobile No.: 99988890	
	Email Address :	
	Date of Accident : 18 / / / 21Time of Accident : 18:45	
	Place of Accident : <lementi 1<="" ave="" td=""><td></td></lementi>	
	Insurance Company: NTUC	
	Amend Add In Police Report 7/20210119	12041
	Policyholder / Driver's Signature Date:  Reporting Centre Personnel's Signature Name: NRIC/FINNo.: Date: 22/1/2	nature

GIARMC addendumform\_V3