

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 Submission 25/02/2021 12:11 (SGT)
Date of Accident 24/02/2021 18:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG7596K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW JIN HUI
NRIC No SXXXX475F
Email Address JINHUILOW@GMAIL.COM
Mobile Phone No (Phone) +65-94790827
Alternative Phone No +65-94790827

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AGI
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10487685R00
Cover Note Number -

DRIVER

Name of Driver LOW JIN HUI
NRIC No SXXXX475F
Date Of Birth 30/12/1988
Occupation Indoor

Date Of Driving Pass	06/08/2010
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94790827
Alt. Phone Number	+65-94790827
Email Address	JINHUILOW@GMAIL.COM
Address	46 EASTWOOD ROAD #03-18
Address complement	-
Postcode	486356
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	GBJ9955J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 JIN HUI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG7596K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

Policyholder's Signature / Date & Time

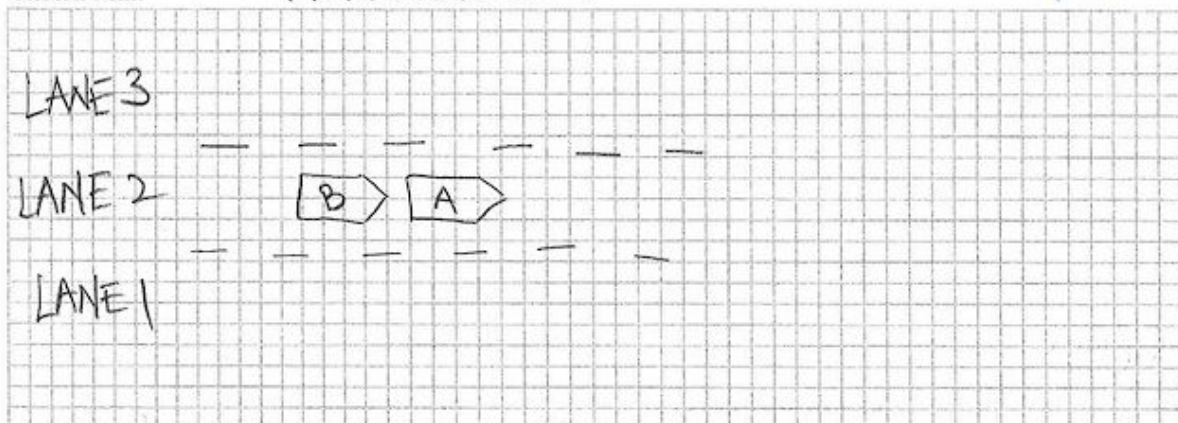
Sketch Plan

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

AIA Alexandra

Witnessed by Reporting Centre Personnel

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The Interlace
[Condo]

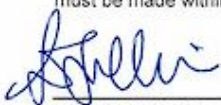
Describe Circumstances of the Accident

Traffic was slow
 Slight drizzling
 I was driving normally, keeping a constant distance with the car in front, stopping when the car in front stopped
 Suddenly, the car behind impacted and hit the back of my car. Immediately after the impact, I felt lower back pain due to the collision at approximate 6pm
 Turned on my hazard lights, put to park gear and took photos and a video of the accident, cars' condition and ~~also~~ took a photo of the driver's driving ~~license~~ license
 At approximately 8:15pm, I went to SGH A&E due to the lower back pain suffered during the car accident impact.
 Given 7 days MC by the doctor.

Declaration

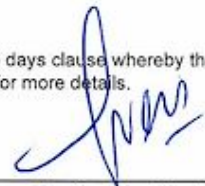
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel







TOYOTA MOTOR MANUFACTURING INDONESIA
MODEL NSP170R-MWYQKT
ENGINE 2NR-FE 1496 mL
FRAME No. MHFZ28H3000059827
COLOR TRIM GVM (Kg) OPTION
4R8 FA21
TRANS./AXLE K312 -01A
PLANT/BUILT Z37 10.2018





SINGAPORE POLICE FORCE



T/20210225/2029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210225/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 11:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LOW JIN HUI	Address: 46 EASTWOOD ROAD #03-18 LAGUNA 88 SINGAPORE 486356		
ID Type / ID No.: NRIC NO / S8852475F	Contact No.: Home/Office: Mobile: 94790827		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 32	Date of Birth: 30/12/1988	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: ENGINEER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2021 18:00	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9955J	Van					0
SMG7596K	Car	TOYOTA	SIENTA ELEGANCE (AUTO)	Orange		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210225/2029

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210225/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG7596K	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10487685R00	31/12/2020	31/12/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW JIN HUI	ID No.	S8852475F
Related Vehicle	SMG7596K (Car)	Contact No.	94790827
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

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

THE TRAFFIC FLOW AT AYE TOWARDS CHANGI WAS SLOW AS THERE WERE MANY VEHICLES. AS I WAS ON THE ROAD, A CAR SUDDENLY COLLIDED WITH ME FROM BEHIND. THE BACK PORTION OF MY VEHICLE WAS BADLY DAMAGED. THE COLLISION WAS SO IMPACTFUL THAT MY LOWER BACK BODY WAS HURTING SO MUCH. I CAME OUT OF MY VEHICLE AND EXCHANGED PARTICULARS AND CAR PLATE NUMBER. I ALSO TOOK PHOTOS OF THE DAMAGES OF MY VEHICLE. AFTER SETTLING THIS MATTER, I WENT TO SINGAPORE GENERAL HOSPITAL BY MY OWN TO SEEK MEDICAL ATTENTION. I AM ON MEDICAL LEAVE FOR 7 DAYS, FROM (24/02/2021 - 02/03/2021). THAT IS ALL.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210225/2029

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Report No. T/20210225/2029

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:

TP /
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/02/2021 11:59

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____