SN0821530004 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 03/05/2021 12:58 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 1 (03/05/2021 12:58 (SGT))

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.
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	03/05/2021 12:58 (SGT)
Date of Accident	30/04/2021 18:30 (SGT)
Exact Location of Accident	McCallum St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ23B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW SEE CHING (LIU SHIJIN)
NRIC No	SXXXX530B
Email Address	elseec@gmail.com
Mobile Phone No	(Phone) +65-93832733
Alternative Phone No	+65-93832733

VEHICLE PARTICULARS

Manufacturer	Aston Martin
Model	DB11
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	5204

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DHOM120036701801
Cover Note Number	-

DRIVER

Name of Driver	LOW SEE CHING (LIU SHIJIN)
NRIC No	SXXXX530B

Date Of Birth	17/02/1975
Occupation	Indoor
Date Of Driving Pass	07/11/1995
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93832733
Alt. Phone Number	+65-93832733
Email Address	elseec@gmail.com
Address	23A MARIGOLD DRIVE
Address complement	-
Postcode	576431
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO NOTICE OF REPORTING

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	XD6848B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RAJAN A/L RAMAU
Passport No/FIN	GXXXX628R
Contact Number	(Phone) +65-85049904
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

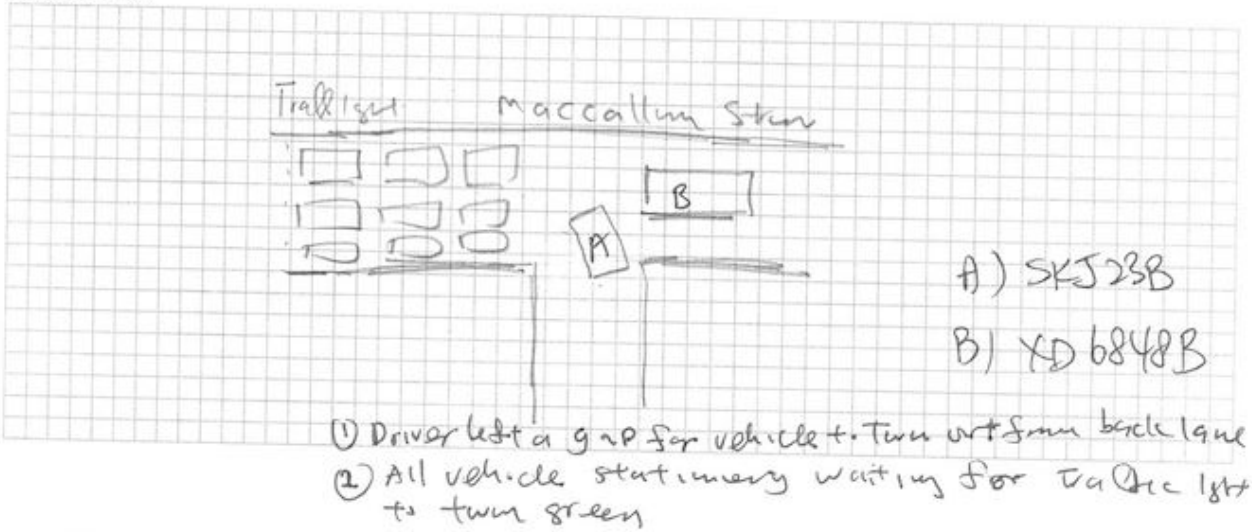
(collectively the "**Purposes**")

(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.

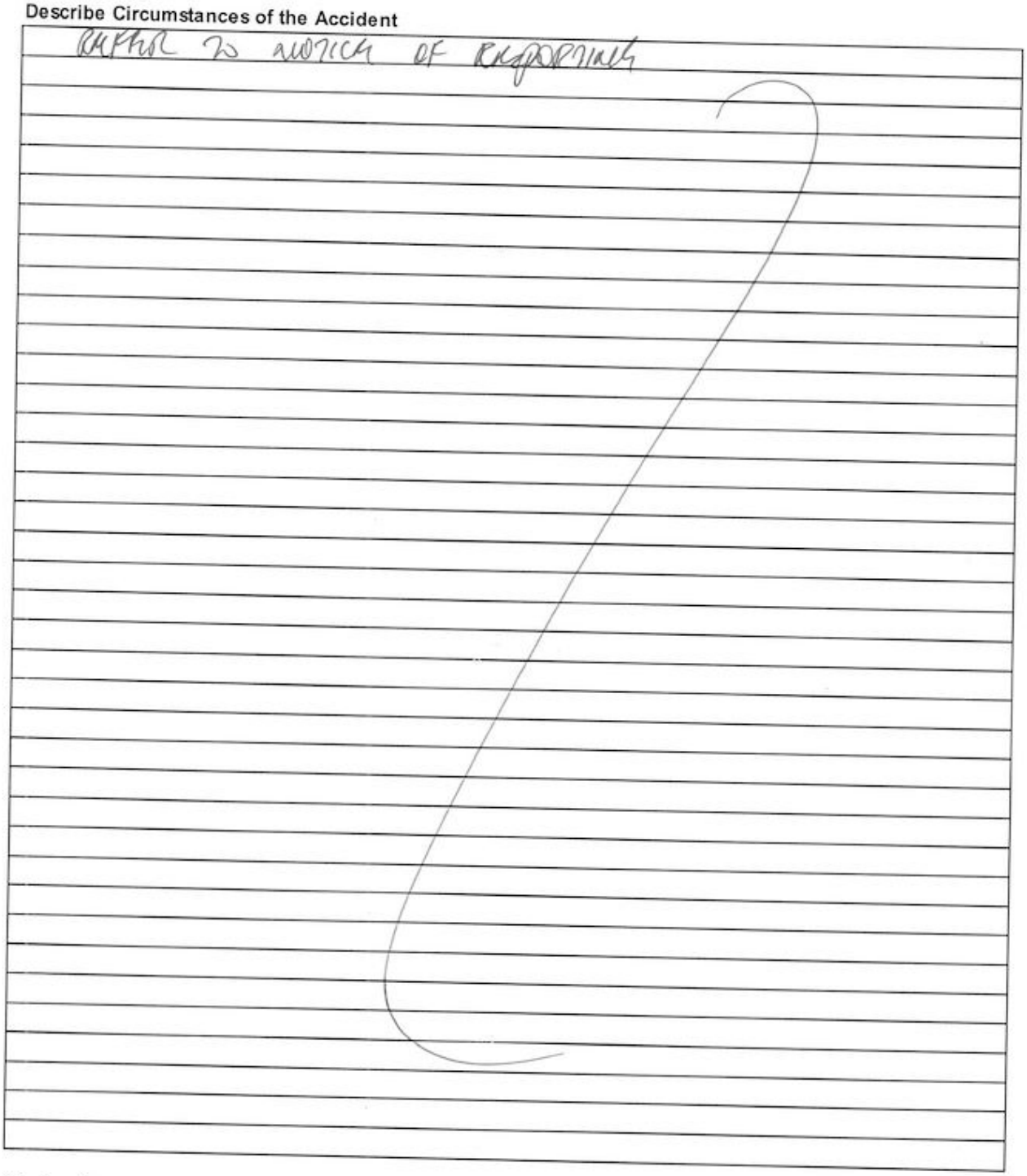
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
5/3/2021	5/3/2021	03/05/2021

Sketch Plan



Describe Circumstances of the Accident

REFER TO ANNEX OF EXPERTISE



Declaration

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

Policyholder's Signature / Date & Time 3/5/2021

Driver's Signature (If driver is not the policyholder) / Date & Time 3/5/2021.

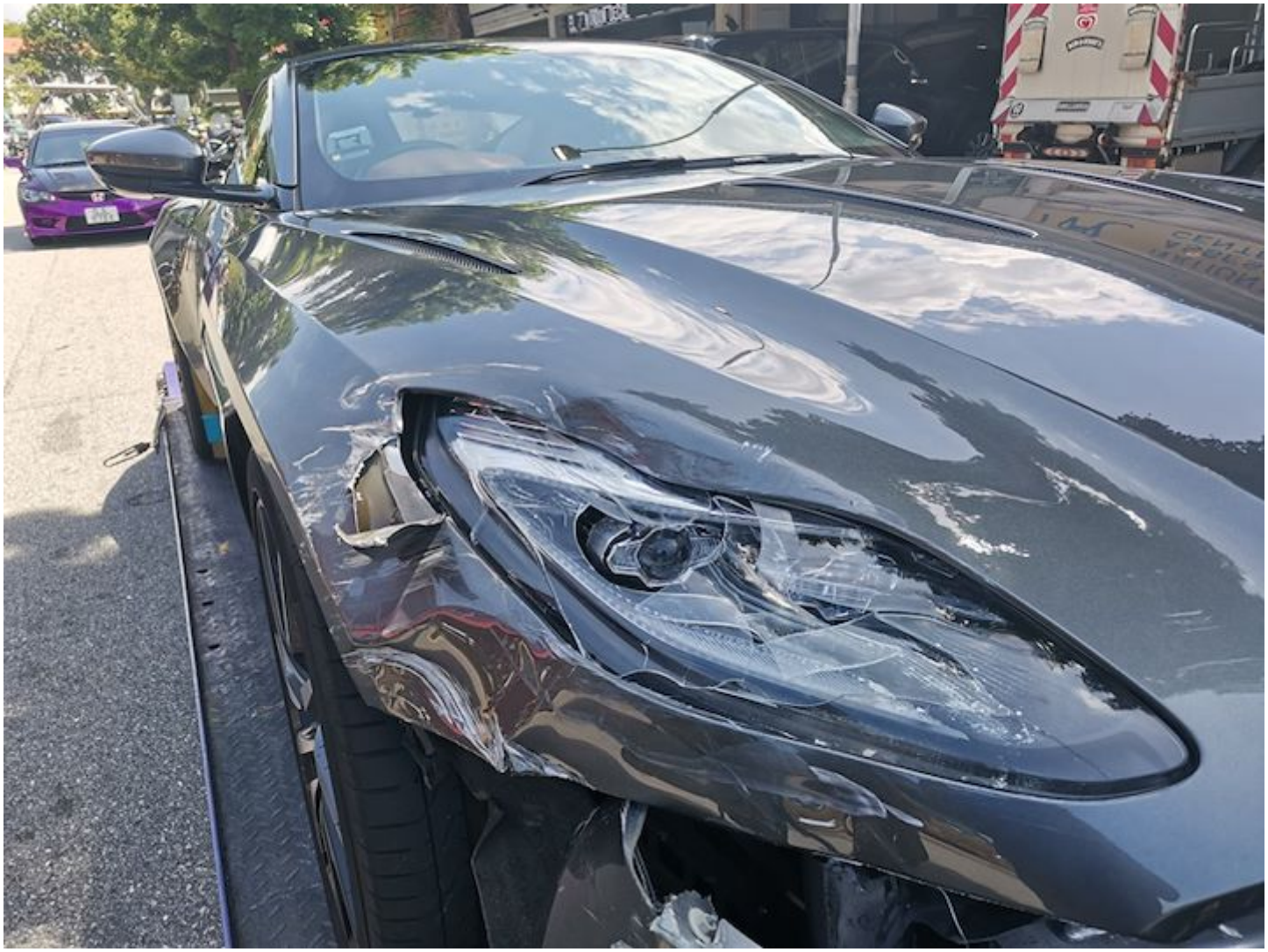
03/05/2021

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3



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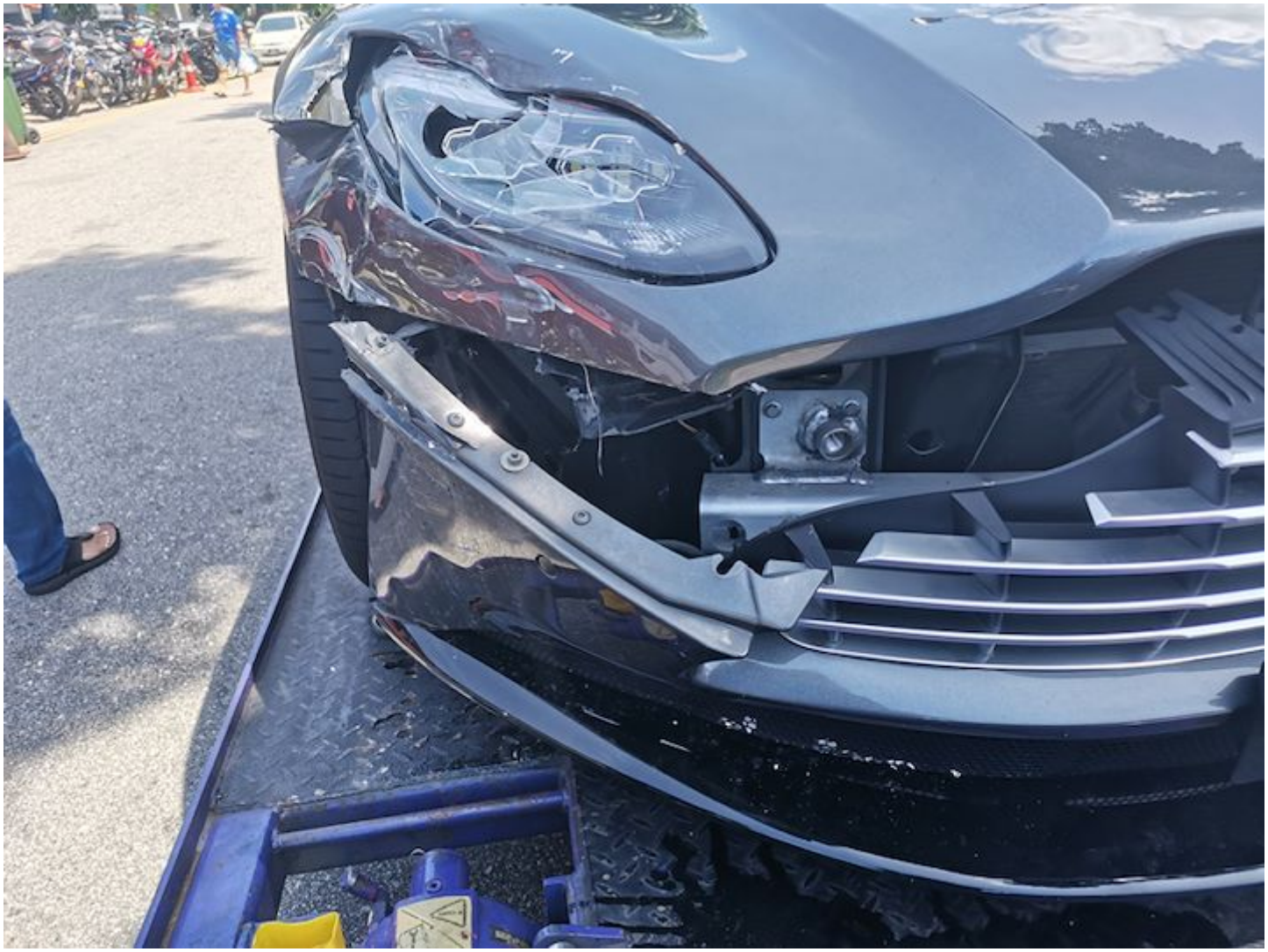
IMAGES #5



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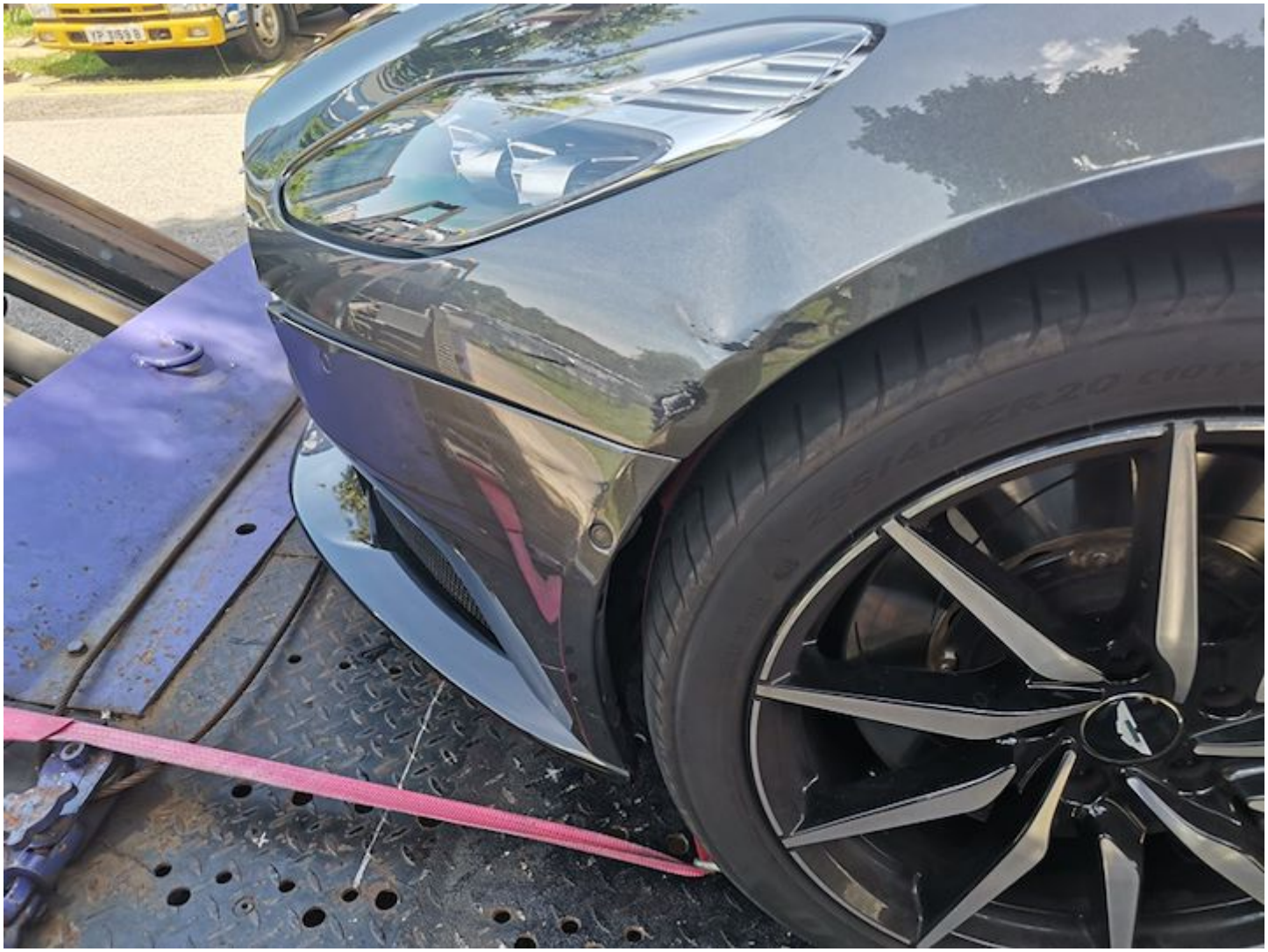
IMAGES #8

IMAGES #9

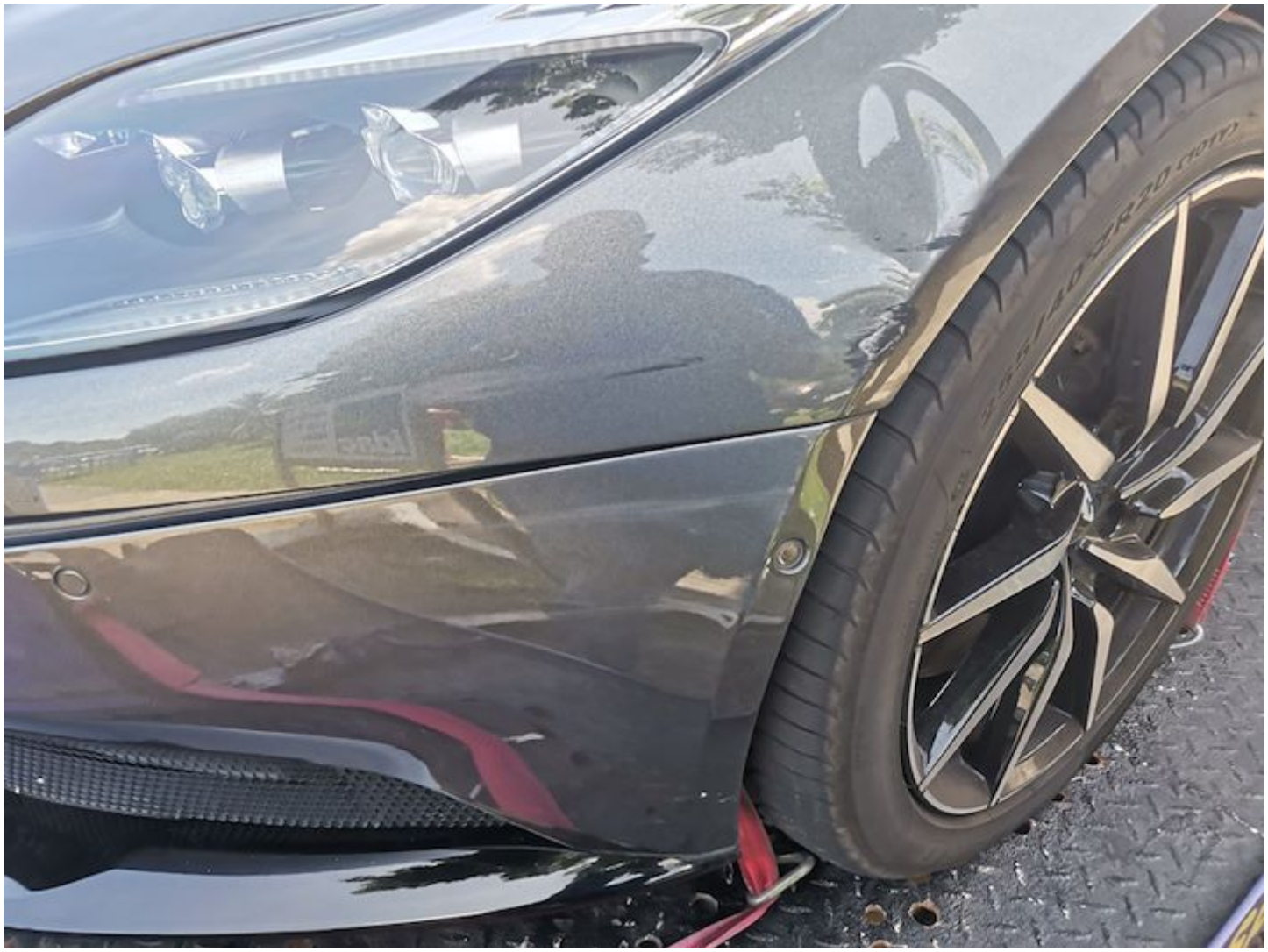
IMAGES #10

IMAGES #11

IMAGES #12



IMAGES #13



IMAGES #14

CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Low See Ching (Liu Shijin) , NRIC/FIN S7506530B , has reported to the Police a non-injury traffic accident which occurred at McCallum Street on 30/04/2021 at 1830hrs involving the following vehicles:

V1) SKJ23B (Informant)
V2) XD6848B

Facts:

1 On the above mentioned date and time, I came out from a backlane and was at a stationary position along McCallum Street waiting for the traffic light to turn green. During which, another vehicle bearing registration plate XD6848B on my right was stationary too. When the traffic light turned green, both of our vehicles started to move on however the driver V2 had collided on my right side of my vehicle. Due to the collission, my vehicle had sustained serious damages which needed to be towed away. I took photos of the damages and exchanged particulars with the other party.

2 Nobody was injured and no conveyance made. I am lodging this for record purposes.

3 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (3) T130339 Nur Fatin

Date: 30/04/2021 Time: 2151 hrs

S/D Ref: 56

Police Post/Unit: Bukit Timah NPC / Tanglin Police Division

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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