SN07216P000M-01 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 25/06/2021 19:15 (SGT)
SUBMITTED BY: Md Shan Kasmeir Bin Abdullah
VERSION: 2 (28/06/2021 12:59 (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	25/06/2021 19:15 (SGT)
Date of Accident	25/06/2021 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BISHAN STREET 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6774X

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKYLINE EXPRESS
Company Reg No	53046302D
Email Address	Lek3536@gmail.com
Mobile Phone No	(Phone) +65-90698699
Alternative Phone No	+65-90698699

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5080067782-04
Cover Note Number	-

DRIVER

Name of Driver	LOW ENG KHENG
NRIC No	S1361629I

Date Of Birth	04/08/1959
Occupation	Outdoor
Date Of Driving Pass	28/07/1982
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90698699
Alt. Phone Number	-
Email Address	Lek3536@gmail.com
Address	BLK 474 CHOA CHU KANG AVENUE 3
Address complement	#05-189
Postcode	680474
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sole proprietor
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AL FAREEZ
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO SUBMIT TO WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCN3097S

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOWDHURY SHAMIM
NRIC No	S2645898F
Contact Number	(Phone) +65-97891546
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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. The 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 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:

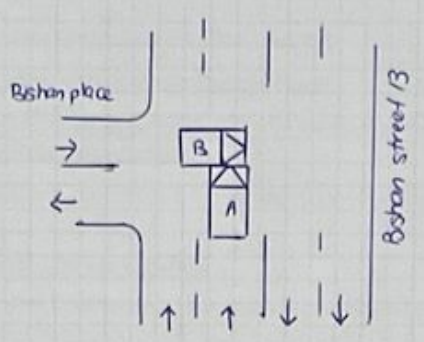
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 25 06 21 1900HRS	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Shan S990349

SKETCH PLAN

A - SJD 6774X
B - SCN 3097S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on Biston street 13 on the right lane. As I approached the junction of Biston place, car SCN3097S came out from my left side causing the accident to occur. I exchanged particulars with the other driver.

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: 25.06.21 1900HRS

Reporting Centre Personnel's Signature
Name: Shan
NRIC/FIN No.: S990349

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20210626/2020

Report No. T/20210626/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/06/2021 10:24		39

Informant's Particulars

Name of Informant: LOW ENG KHENG			Address: APT BLK 474 CHOA CHU KANG AVENUE 3 #05-189 SINGAPORE 680474	
ID Type / ID No.: NRIC NO / S1361629I			Contact No.: Home/Office: Mobile: 90698699	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 04/08/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			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: 25/06/2021 17:30	Type of Location:
Location: BISHAN STREET 13				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCN3097S	Car				Slightly Damaged	0
SJD6774X	Car				Slightly Damaged	1

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210626/2020

Report No. T/20210626/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver					
Name	LOW ENG KHENG			ID No.	S1361629I
Related Vehicle	NIL			Contact No.	90698699
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	03		Degree of Injury	NIL	
Driver					
Name	Chowdhury Shamim			ID No.	S2645898F
Related Vehicle	NIL			Contact No.	97891540
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 25/06/2021 at about 1727hrs, I was driving my vehicle SJD6774X along Bishan Street 13 (Opp Bishan CC) as i was heading to Blk 167 to drop off my passenger. Subsequently a female driver driving vehicle SCN3097S was driving out from Bishan Place and was about to turn right however the vehicle did not stop upon seeing me. I wish to states that i did slow down and stop upon seeing the vehicle coming out from Bishan Place.

Thus she collided onto my vehicle and cause a dent and slight dislodge on my car front bumper. Subsequently both me and the 3rd party driver alight from both vehicle to exchange particular and thereafter i proceed to CCK Family Clinic to consult a doctor as i felt pain on my neck area after the incident. i was then given MC of three days.

I wish to inform that this report is for insurance claim purposes and no injures on my passenger.

SINGAPORE POLICE FORCE

T/20210626/2020

3 of 3

Report No. T/20210626/2020

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 2 ALAN YAP PENG KWEE SINGAPORE POLICE FORCE	Signature Of Informant:
Signature Of Interpreter: Not applicable SIGNATURE	Date/Time: 26/06/2021 10:24
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168

PRIVATE HIRE

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: S66SS0030D / GST Reg. No.: M40001773S

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 : SN07216P000M Vehicle Registration No: SJB6774X

Name(as shown in NRIC) : LOW ENG KHENG NRIC/~~FIN~~/~~Passport~~No : S1361629I

(*~~Vehicle~~ Driver / ~~Vehicle~~ Owner) (*) Please delete as appropriate

Address : BLK 474 CHOA CHU KANG AVENUE 3 Singapore(680474)

Contact (Tel) : – Mobile No. : 9069 8699

Email Address : lek3536@gmail.com

Date of Accident : 25/06/2021 Time of Accident : 1735HRS

Place of Accident : BISHAN STREET 13

Insurance Company : NTUC

(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:

- TO ADD POLICE REPORT

Policyholder / Driver's Signature
Date: 28/6/21

Reporting Centre Personnel's Signature
Name: SHAN
NRIC/FIN No.: S9903497
Date: 28/6/2021