

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 29/06/2021 12:30 (SGT)
Date of Accident 28/06/2021 12:15 (SGT)
Exact Location of Accident Geylang East Central, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN1646K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW MONG HENG
NRIC No SXXXX600E
Email Address LOWMONGHENG57@GMAIL.COM
Mobile Phone No (Phone) +65-94779546
Alternative Phone No +65-94779546

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMCPHQ20-004424
Cover Note Number -

DRIVER

Name of Driver LOW MONG HENG
NRIC No SXXXX600E

Date Of Birth	16/01/1957
Occupation	Outdoor
Date Of Driving Pass	24/07/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94779546
Alt. Phone Number	+65-94779546
Email Address	LOWMONGHENG57@GMAIL.COM
Address	BLK 37 CIRCUIT ROAD #15-397
Address complement	-
Postcode	370037
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	Collided into Bicyclist
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 vehicle 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 POLICE REPORT T/20210629/7003

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	BICYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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)	-

SKETCH PLAN

IMPORTANT NOTICE

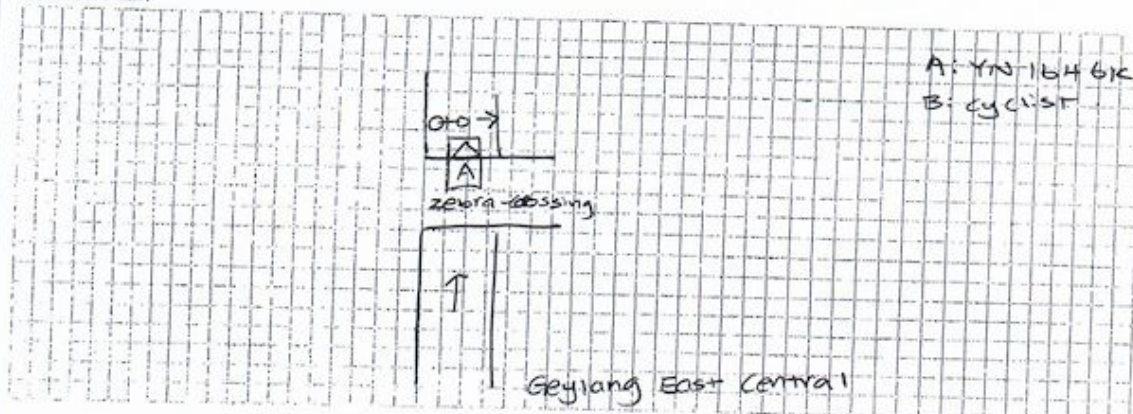
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210629/7003

Declaration

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

Witnessed by Reporting Centre
Personnel

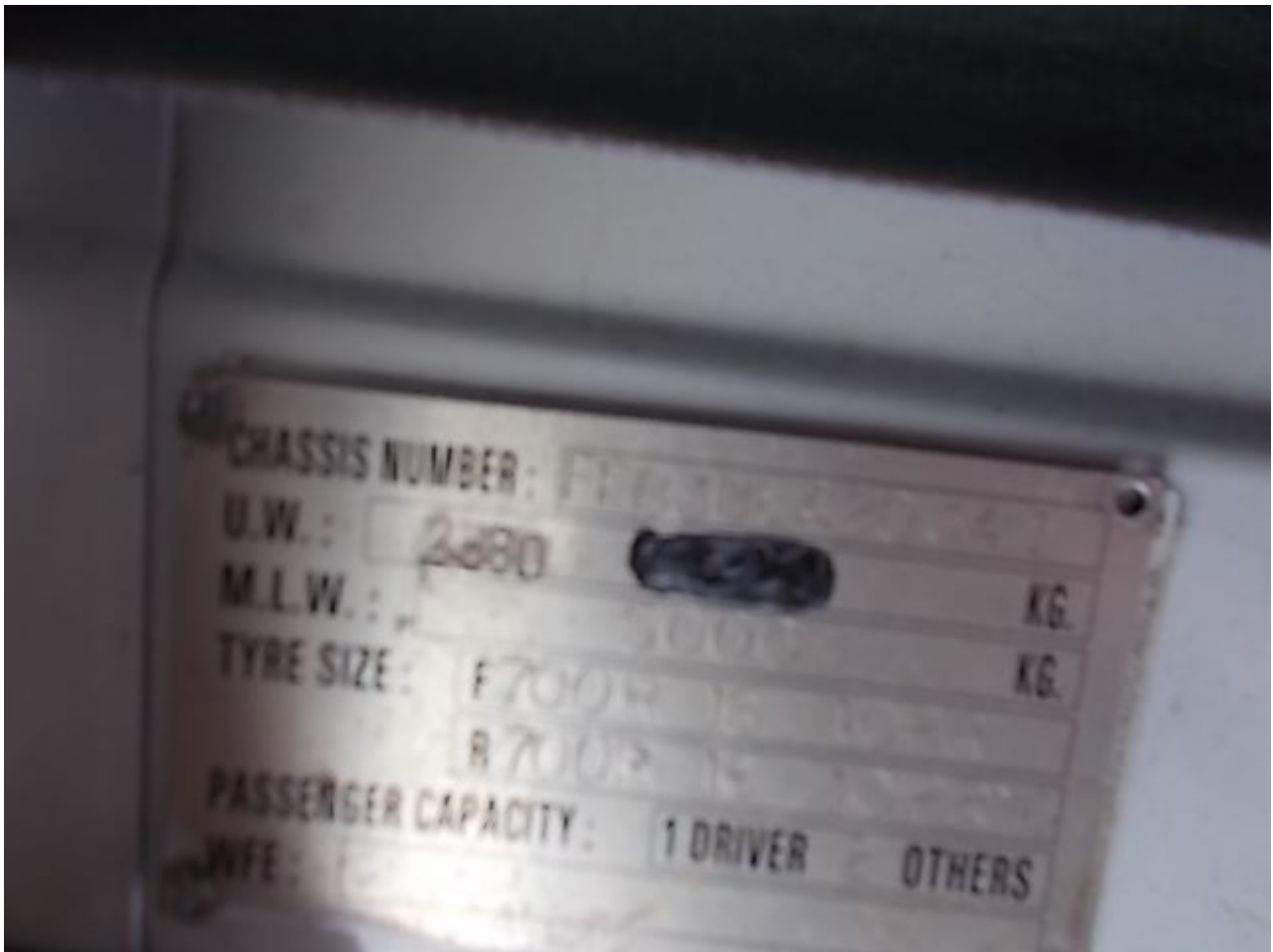














SINGAPORE POLICE FORCE



T/20210629/7003

1 of 3

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

Report No. T/20210629/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2021 10:25	Vide Report No.: G/20210628/0102	Station Diary No.:
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Informant's Particulars		
Name of Informant: LOW MONG HENG		Address: 37 CIRCUIT ROAD #15-397 SINGAPORE 370037
ID Type / ID No.: NRIC NO / S1257600E		Contact No.: Home/Office: Mobile: 94779546
Nationality: SINGAPORE CITIZEN		Email: lowmongheng57@gmail.com
Sex: Male	Age: 64	Date of Birth: 16/01/1957
Race: Chinese		Type of Informant: Driver
Occupation: Trailer-truck driver		Language: English
		Institution / School Name:
		Driving Licence Information: Class: 3
		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2021 12:15	Type of Location: zebra crossing
Location: GEYLANG EAST CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
YN1646K	Lorry	MITSUBISHI	FE83BE6SR DEA	White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
YN1646K	EQ INSURANCE COMPANY LTD.	DMCPHQ20- 004424	27/11/2020	26/11/2021



**SINGAPORE
POLICE FORCE**



T/20210629/7003

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

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Report No. T/20210629/7003

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW MONG HENG	ID No.	S1257600E
Related Vehicle	YN1646K (Lorry)	Contact No.	94779546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS DRIVING SLOWLY ON A 1 CARRIAGE WAY.

AND THERE'S A CAR INFRONT OF ME AND WHEN I WAS STOPPED FOR A WHILE.

AS I WAS ABOUT TO MOVE. SUDDENLY A CYCLIST CYCLED VERY FAST FROM THE LEFT TO THE RIGHT.

THE CYCLIST HIT MY TRUCK RIGHT MUDGUARD. I ALLIGHTED TO CHECK ON THE CYCLIST.

I SAW THE CYCLIST DID NOT HAVE ANY INJURIES. AND NO AMUBLANCE WAS CALLED. CYCLIST DEMANDED SGD\$1000 FROM ME.

THE CYCLIST CALLED FOR POLICE. TRAFFIC PU POLICE OFFICER TOLD ME TO LODGE A REPORT AT TRAFFIC POLICE.

I WAS NOT INJURED. I DID NOT EXCHANGE PARTICULARS WITH THE CYCLIST.

I DO NOT HAVE ANY PHOTOS OR FOOTAGE OF THE ACCIDENT. THAT IS ALL.



**SINGAPORE
POLICE FORCE**

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



T/20210629/7003

3 of 3

Report No. T/20210629/7003

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYAKIR BIN ADANAN
Contact No.: 65476236

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
29/06/2021 10:25

Classification Of Case: