

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 24/03/2022 16:22 (SGT)
Date of Accident 22/03/2022 17:30 (SGT)
Exact Location of Accident Tampines Ave 7, Singapore
Additional Location Information TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV4143A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW AH CHOO
NRIC No SXXXX388B
Email Address citizenpower555@gmail.com
Mobile Phone No (Phone) +65-98828883
Alternative Phone No +65-91119748

VEHICLE PARTICULARS

Manufacturer Skoda
Model Octavia
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 1984

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPV01012832
Cover Note Number -

DRIVER

Name of Driver ENG CHENG XI, KELVIN
NRIC No SXXXX388A

Date Of Birth	30/06/1989
Occupation	Indoor
Date Of Driving Pass	07/05/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91119748
Alt. Phone Number	-
Email Address	citizenpower555@gmail.com
Address	BLK 601C TAMPINES AVENUE 9 #15-838
Address complement	-
Postcode	523601
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON IN LAW
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW AH CHOO
Gender	Female

PASSENGER 2

Name	DYAH MAYASARI
Gender	Female

PASSENGER 3

Name	ENG JUN HAN ZENITH
Gender	Male

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

PLEASE REFER TO POLICE REPORT T/20220323/7007

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 SMT3277P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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 AH CHOO
 Gender Female
 Phone No (Phone) +65-98828883
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ENG CHENG XI, KELVIN
 Gender Male
 Phone No (Phone) +65-91119748
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person DYAH MAYASARI
 Gender Female
 Phone No (Phone) +65-84381346
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SERIOUS INJURY
 Injured person in which vehicle? SMV4143A
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person	ENG JUN HAN ZENITH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMV4143A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

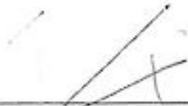
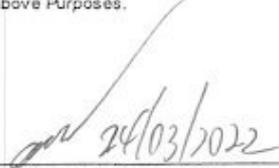
I understand, acknowledge, agree and consent that :

(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
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Sketch Plan

Tampines Ave 7 towards Park

A

B

A = SMV 4143A
B = SMT 3277P



Detailed Circumstances of the Accident

- REFER TO POLICE REPORT - 1/20220323/7007

Declaration

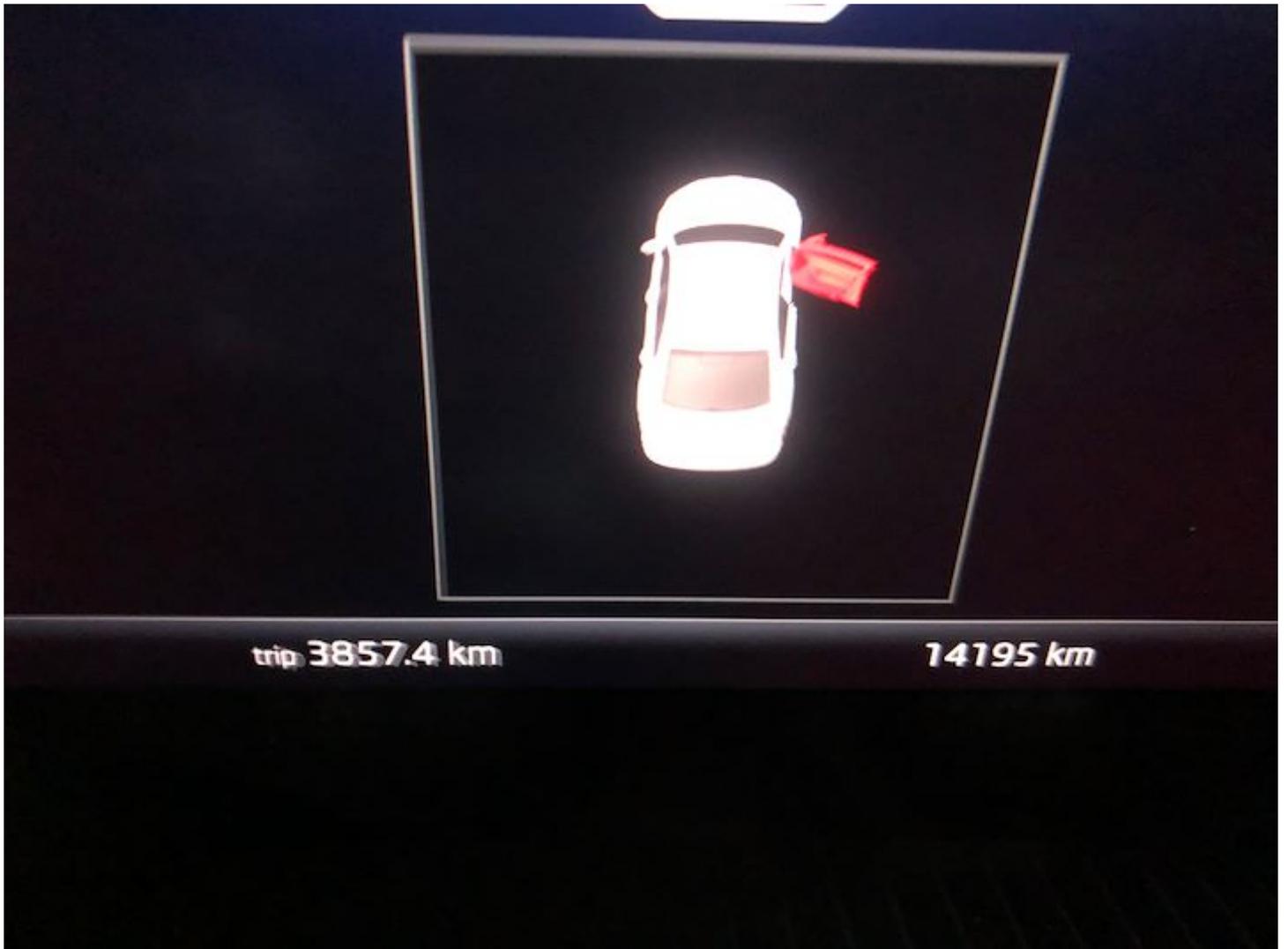
We declare the foregoing particulars are true in every respect.

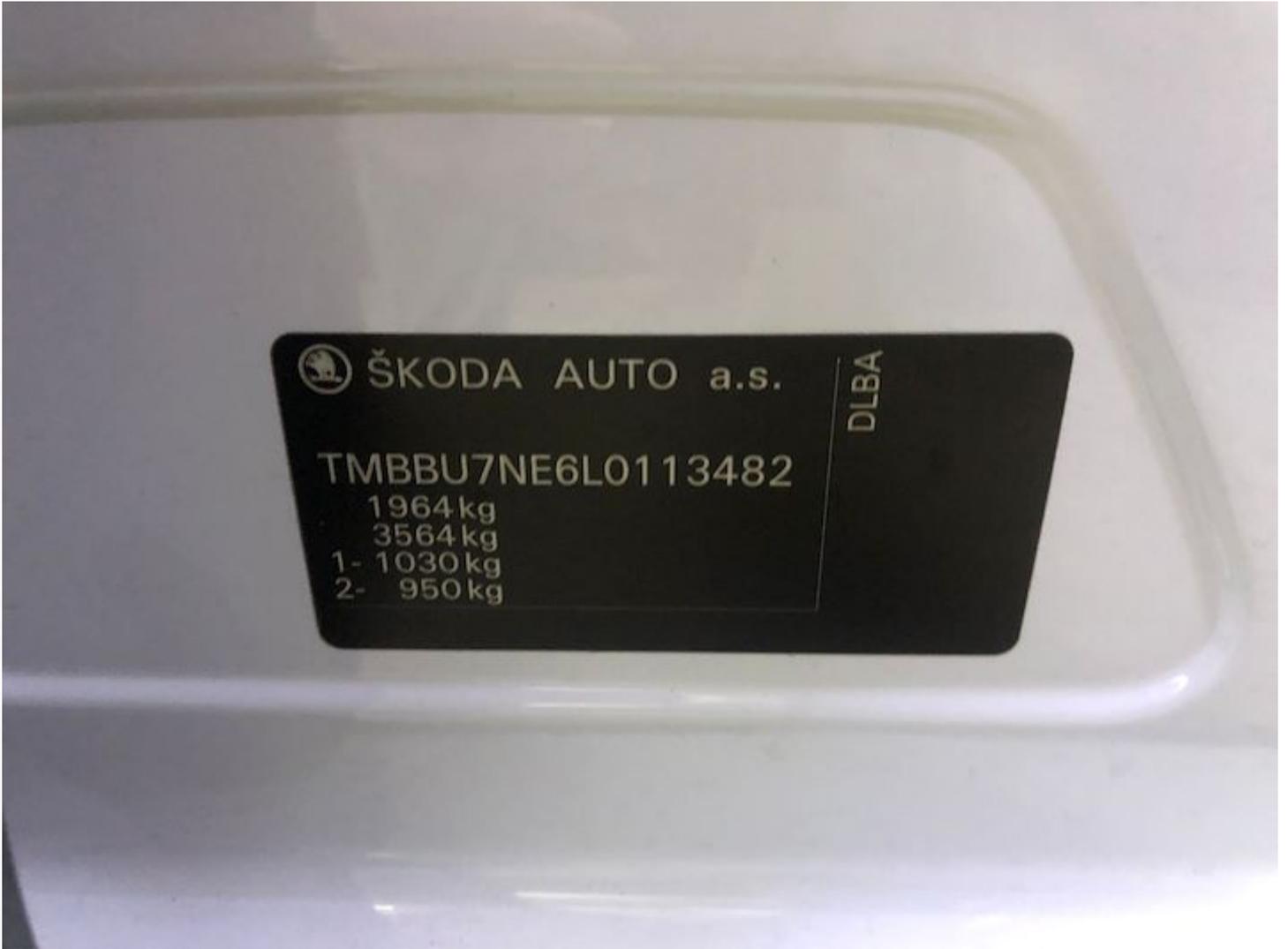
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel






















**SINGAPORE
POLICE FORCE**

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



T/20220323/7007

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Report No. T/20220323/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2022 11:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ENG CHENG XI, KELVIN		Address: 601C TAMPINES AVENUE 9 #15-838 SINGAPORE 523601	
ID Type / ID No.: NRIC NO / S8922388A		Contact No.: Home/Office: Mobile: 81412888	
Nationality: SINGAPORE CITIZEN		Email: KELVONFAMILY@GMAIL.COM	
Sex: Male	Age: 32	Date of Birth: 30/06/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: EMPLOYMENT AGENT		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: 22/03/2022 17:30	Type of Location: Straight Road
Location: TAMPINES AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT3277P	Car					0
SMV4143A	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20220323/7007

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Report No. T/20220323/7007

CONTINUATION OF REPORT

Driver			
Name	ENG CHENG XI, KELVIN		ID No. S8922388A
Related Vehicle	SMV4143A (Car)		Contact No. 81412888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	DYAH MAYASARI		ID No. G4136641P
Related Vehicle	SMV4143A (Car)		Contact No. 84381346
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious
Passenger			
Name	ENG JUN HAN ZENITH		ID No. T2019532G
Related Vehicle	SMV4143A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
Passenger			
Name	LOW AH CHOO		ID No. S2576388B
Related Vehicle	SMV4143A (Car)		Contact No. 98228883
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20220323/7007

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

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Report No. T/20220323/7007

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE AND TIME, I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN AND WHEN WE WERE ABOUT TO MOVE OFF, WE FELT A HUGE IMPACT FROM THE REAR.

WE WENT DOWN AND SAW SMT3277P HIT ONTO MY REAR PORTION.

AFTER THE ACCIDENT, MYSELF, MY MOTHER-IN-LAW, MY HELPER AND MY BABY WENT TO SEEK FOR PROFESSIONAL MEDICAL HELP FROM A DOCTOR AT VIVA MEDICAL CLINIC.



**SINGAPORE
POLICE FORCE**

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



T/20220323/7007

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Report No. T/20220323/7007

CONTINUATION OF REPORT

Sketch 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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
23/03/2022 11:33

Classification Of Case: