

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 31/05/2022 15:17 (SGT)
Date of Accident 28/05/2022 11:43 (SGT)
Exact Location of Accident Woodlands Ave 5, Singapore
Additional Location Information TOWARDS WOODLANDS AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF630B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIU'S BROTHER AUTO WORK SHOP
Company Reg No 4XXXX600K
Email Address liusbro@ymail.com
Mobile Phone No (Phone) +65-96549512
Alternative Phone No (Office) +65-67411730

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070075467-01
Cover Note Number -

DRIVER

Name of Driver LOW ENG KWEE
NRIC No SXXXX599G

Date Of Birth	09/05/1956
Occupation	Outdoor
Date Of Driving Pass	11/01/1974
Driving experience	48 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96549512
Alt. Phone Number	-
Email Address	liusbro@ymail.com
Address	BLK 10 HAIG ROAD #10-363
Address complement	-
Postcode	430010
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20220531/7087

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7668X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW ENG KWEE
Gender	Male
Phone No	(Phone) +65-96549512
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBF630B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

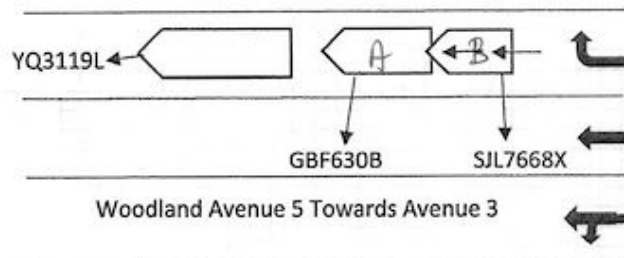


Policyholder's Signature / Date & Time
Liu's Brother Auto Workshop
42674600K

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time
Low Eng Kwee - SXXXX599G

Witnessed by Reporting Centre Personnel



A) GBF630B
B) SJL7668X

Describe Circumstances of the Accident

On 28/05/2022 at about 11:43 am, my lorry GBF630B was stationary and waiting behind a truck YQ3119L to move before I could managed to move further. When I was still waiting behind the truck, there was a car SJL7668X driving and coming from behind had hit and collided onto my lorry GBF630B rear portion suddenly. My lorry rear portion was damaged after the collision.

POLICE REPORT T/20220531/7087

Note:- Please note that your insurer may have 14 days' time frame for you to submit an own claim under your own policy, please check your policy for mo information.

Please state:-

() Claim Own Policy (✓) Claim Third Party () ClaimsOD/TP at other workshop () Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
Liu's Brother Auto Workshop
42674600K

Driver's Signature (If driver is not the policyholder) / Date & Time
Low Eng Kwee - SXXX599G

Witnessed by Reporting Centre Personnel
31/05/2022




















**SINGAPORE
POLICE FORCE**


T/20220531/7087

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

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Report No. T/20220531/7087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2022 13:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW ENG KWEE			Address: 10 HAIG ROAD #10-363 SINGAPORE 430010		
ID Type / ID No.: NRIC NO / S1196599G			Contact No.: Home/Office: Mobile: 96549512		
Nationality: SINGAPORE CITIZEN			Email: LIUSBRO@YMAIL.COM		
Sex: Male	Age: 66	Date of Birth: 09/05/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR REPAIRER			Driving Licence Information: Class: 2,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/05/2022 11:45	Type of Location: Straight Road
Location: WOODLANDS AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GBF630B	Lorry	TOYOTA	DYNA 150 MANUAL			0
SJL7668X	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20220531/7087

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF630B	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
SJL7668X	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW ENG KWEE	ID No.	S1196599G
Related Vehicle	GBF630B (Lorry)	Contact No.	96549512
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2,3,4 Date of Expiry: NIL
Date	30/05/2022	Date	30/05/2022
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

ON 28.05.2022 AT ABOUT 11:45AM. I WAS TRAVELLING ALONG WOODLANDS AVENUE 5 TOWARDS WOODLAND AVENUE 3. MY VEHICLE (GBF630B) WAS STATIONARY DUE TO THE TRAFFIC LIGHT AHEAD. SUDDENLY, I FELT AN IMPACT. VEHICLE BEARING (SJL7668X) HIT THE REAR PORTION OF MY VEHICLE. THE NEXT DAY AFTER THE ACCIDENT, I FELT PAIN ON MY NECK AND LEFT ARM. I WENT TO BALKIS FAMILY CLINIC TO SEE A DOCTOR ON 30TH MAY 2022 AS THE CLINIC WAS NOT OPEN ON THE 29TH MAY 2022 AND WAS GIVEN A 3 DAYS MC, I WAS ALSO REFERRED TO CHANGI GENERAL HOSPITAL TO DO AN X-RAY, I WAS ALSO GIVEN A 4 DAYS MC.
THERE IS AN IN-CAR CAMERA FOOTAGE.



SINGAPORE POLICE FORCE

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



T/20220531/7087

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Report No. T/20220531/7087

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
31/05/2022 13:33

Classification Of Case: