

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	18/07/2022 15:32 (SGT)
Reported by	Both
Date of Accident	14/07/2022 23:00 (SGT)
Exact Location of Accident	Near 288B Bukit Batok Street 25, Block 288B, Singapore 651288
Additional Location Information	BUKIT BATOK EAST AVE 6 TURNING RIGHT TO BUKIT BATOK EAST AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD9133X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INSIRO PTE LTD
Company Reg No	2XXXXX168H
Email Address	JADE@INSIRO.COM
Mobile Phone No	(Phone) +65-90072856
Alternative Phone No	(Office) +65-63231773

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z21VC05007817

DRIVER

Name of Driver	LOW HENG CHYE, KELVIN (LIU XINGCAI)
NRIC No	SXXXXX095I
Date Of Birth	13/06/1991

Occupation	Outdoor
Date Of Driving Pass	24/02/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97396674
Alt. Phone Number	-
Email Address	KELVIN.LOW@INSIRO.COM
Address	BLK 351 CLEMENTI AVE 2
Address complement	#02-51
Postcode	120351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Cross Junction
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ALVERN KHOO KHOO
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT (T/20220715/2075) FOR ACCIDENT DETAIL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL279H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
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 HENG CHYE, KELVIN
Gender	Male
Phone No	(Phone) +65-97396674
Address	BLK 351 CLEMENTI AVE 2
Address Complement	#02-51
Post Code	120351
Approximate Age Years Old	31
Injuries Sustained	CHEST AND VOMITTING
Injured person in which vehicle?	GBD9133X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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)

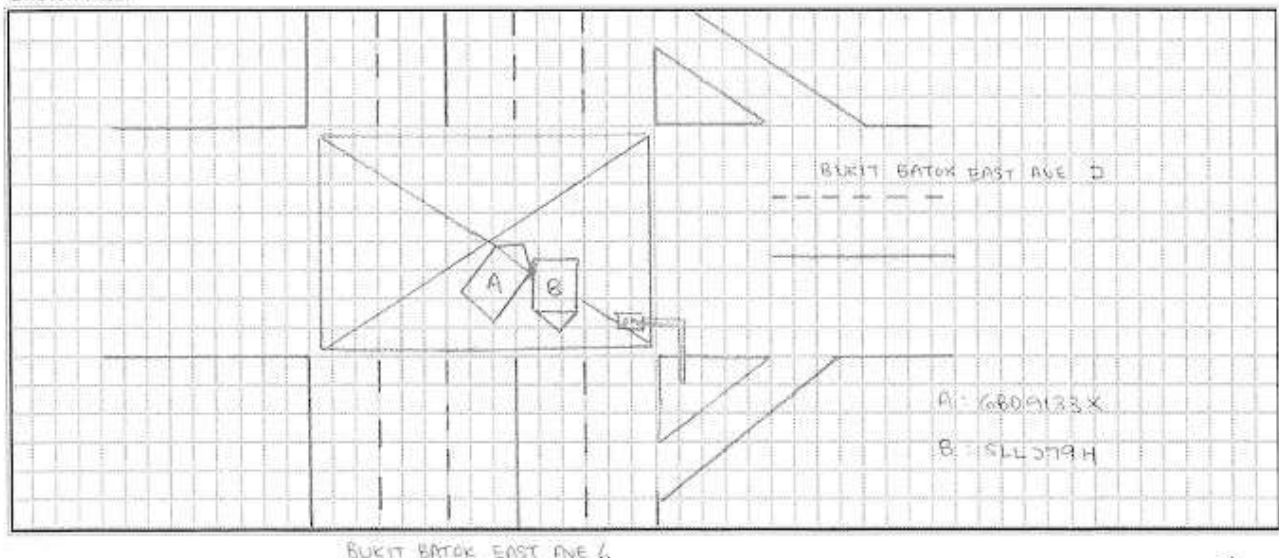
I understand, acknowledge, agree and consent that:

- (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
(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accident

Refer to police report no. T/20220715/2075

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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



SUZANA BIE EDROS

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220715/2075

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220715/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2022 17:01		Vide Report No.: J/20220714/0149		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: LOW HENG CHYE, KELVIN			Address: APT BLK 351 CLEMENTI AVENUE 2 #02-51 SINGAPORE 120351		
ID Type / ID No.: NRIC NO / S9121095I			Contact No.: Home/Office: Mobile: 97396674		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 13/06/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2022 23:00	Type of Location: X-Junction
Location: BUKIT BATOK EAST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9133X	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Grey	Slightly Damaged	1
SLL279H	Car	HONDA	VEZEL 1.5X CVT	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220715/2075

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Tel No: 1800-8729999

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Report No. T/20220715/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW HENG CHYE, KELVIN	ID No.	S9121095I
Related Vehicle	GBD9133X (Van)	Contact No.	97396674
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2022	Date Discharge	15/07/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ALVERN KHOO	ID No.	NIL
Related Vehicle	GBD9133X (Van)	Contact No.	92220924
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 the above mentioned date and time, I was with my colleague, Alvern Khoo and I was driving my company van, a grey Nissan NV200 van bearing registration number GBD9133X. I was travelling along Bukit Batok East Avenue 6 towards Bukit Batok East Avenue 3. While I was at the cross junction of Bukit Batok East Avenue 6 and Bukit Batok East Avenue 2. I wanted to make a right turn into Bukit Batok East Avenue 2. Prior to making the right turn, I did check for oncoming vehicles and at that point in time, it was clear. Hence, I initiated the right turn. While I was turning, suddenly another vehicle, a silver Honda Vezel bearing registration number SLL279H, appeared and banged into my car. Afterwards, his car banged into the lamp post nearby.

I went out to check the damages of my vehicle and discovered, that my front car plate was gone and there were several other damages mainly at the frontal part of my car in which I could not remember. I cannot recall the damages for the other car. I did not manage to engage the other driver as I was in the state of shock and the car was too far up in front. As such, I do not have the particulars of the other driver and I am unsure if the other driver had any passenger in the car.

My accident was attended by the Traffic Police and paramedics. Both me and the other driver was conveyed to hospital. I was conveyed to Ng Teng Fong General Hospital due to chest pain and vomiting after the accident happened.

My colleague who was with me at that point in time, contacted my boss who came down and assisted



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POLICE FORCE**



T/20220715/2075

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Report No. T/20220715/2075

CONTINUATION OF REPORT

with the scene.



**SINGAPORE
POLICE FORCE**



T/20220715/2075

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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20220715/2075

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:

D /
SGT 2 NURUL AFRINA BINTE
ZAIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2022 17:01

Officer In Charge Of Case:
TP / GIT /
SI GOH WEI LI
Contact No.: 65476394

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SW0E227I0004 Vehicle Registration No: GBD 9133X
 Name (as shown in NRIC): INSIRO ME LD NRIC/FIN/Passport No: 300003168H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 351 CLEMENTI AVE 3 #02-51 Singapore (120351)
 Contact (Tel): 63231773 Mobile No.: 90073856
 Email Address: JADE@INSIRO.COM
 Date of Accident: 14/07/2022 Time of Accident: 5300HRS
 Place of Accident: BLK 7 BRIDE EAST AVE 6. TOWARDS BT BRIDE EAST AVE 2.
 Insurance Company: LONPAC

(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:

- 1) INSERT MISSING SUMMARY PAGE.
- 2) AMEND DRIVING PASS DATE FROM 24/03/2021 TO 24/03/2022
- 3) ADD SIX VIEW 3 DAMAGE PICTURES
- 4) CHANGE "NO" FOR FOREIGN VEHICLE.
- 5) CHANGE IP CAR PLATE NO. SLL297H TO SLL279H

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ABI TAN
NRIC/FIN No.: 3XXX369I
Date: 20/07/22