

# 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 Actual 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 .....	19/09/2022 13:22 (SGT)
Reported by .....	Both
Date of Accident .....	16/09/2022 15:20 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINES AVE 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SML1552A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW YEOK LIAN
NRIC No .....	SXXXX886C
Email Address .....	LYNNLYL@YAHOO.COM
Mobile Phone No .....	(Phone) +65-98198180
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Hr-v
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 .....	1498

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MS005399-R02

### DRIVER

Name of Driver .....	LOW YEOK LIAN
NRIC No .....	SXXXX886C
Date Of Birth .....	11/08/1966
Occupation .....	Indoor

Date Of Driving Pass .....	04/03/1996
Driving experience .....	26 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98198180
Alt. Phone Number .....	-
Email Address .....	LYNNLYL@YAHOO.COM
Address .....	143 SERANGOON AVE 3 #06-03
Address complement .....	-
Postcode .....	556121
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 .....	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) .....	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 .....	CALLY SOON
Gender .....	Female

#### 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 REPORT

#### 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 WS

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBQ9703H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	CALLY SOON
Gender .....	Female
Phone No .....	(Phone) +65-98198180
Address .....	143 SERANGOON AVE 3 #06-03
Address Complement .....	-
Post Code .....	556121
Approximate Age Years Old .....	29
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SML1552A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LOW YEOK LIAN
Gender .....	Female
Phone No .....	(Phone) +65-98198180
Address .....	143 SERANGOON AVE 3 #06-03
Address Complement .....	-
Post Code .....	556121
Approximate Age Years Old .....	55
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SML1552A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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

Tampines Ave 1

A = 5ML15521A  
B = FBQ 9703H

## Describe Circumstances of the Accident

I was driving along the most right lane of Tampines Ave 1 on 16.09.2022 at about 1520 hours. Vehicle in front jam brake and I follow suit. Out of sudden, motorbike (B) hit onto the rear portion of my vehicle.

## 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/20220916/7041

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

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Report No. T/20220916/7041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/09/2022 17:48	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LOW YEOK LIAN			Address: 143 SERANGOON AVENUE 3 #06-03 SINGAPORE 556121	
ID Type / ID No.: NRIC NO / S1779886C			Contact No.: Home/Office:	Mobile: 98198180
Nationality: SINGAPORE CITIZEN			Email: LYNNLYL@YAHOO.COM	
Sex: Female	Age: 56	Date of Birth: 11/08/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2022 15:20	Type of Location: Straight Road
Location:  TAMPINES AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
FBQ9703H	Motorcycle				Slightly Damaged	0
SML1552A	Car	HONDA	HRV+1.5+LX+CVT	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220916/7041

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

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Report No. T/20220916/7041

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9703H	AXA INSURANCE SINGAPORE PTE LTD			
SML1552A	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS005399	08/05/2021	07/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MOHAMAD NIZAM BIN SALAJUDIN		ID No.	S7321088G
Related Vehicle	FBQ9703H (Motorcycle)		Contact No.	97397371
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	LOW YEOK LIAN		ID No.	S1779886C
Related Vehicle	SML1552A (Car)		Contact No.	98198180
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	NIL
Passenger				
Name	CALLY SOON		ID No.	S9329611G
Related Vehicle	SML1552A (Car)		Contact No.	82682493
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/09/2022		Date	16/09/2022
No. of Days granted Medical Leave		05	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/20220916/7041

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

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Report No. T/20220916/7041

**CONTINUATION OF REPORT**

Brief Details.

I was driving along the most right lane of Tampines Avenue 1 on 16-09-2022 at about 1520 hour. Vehicle in front jam brake and I follow suit. Out of sudden, motorbike (FBQ9703H) hit onto the rear portion of my vehicle. Motorcyclist (Mohamad Nizam Bin Salajudin, S7321088G, HP: 97397371) was injured with a face and nose cut. Myself (Low Yeok Lian, S1779886C, Tel: 98198180) and passenger (Cally Soon, S9329611G, Tel: 82682493) suffered neck and back injury and was seen by a doctor. Both of us were given 5 days of medical leave, medications and discharge advice by the doctor.



**SINGAPORE  
POLICE FORCE**

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



T/20220916/7041

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Report No. T/20220916/7041

**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:  
16/09/2022 17:48

Classification Of Case: