

# 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 .....	27/10/2022 17:34 (SGT)
Reported by .....	Both
Date of Accident .....	21/10/2022 08:10 (SGT)
Exact Location of Accident .....	Clementi Rd, Singapore
Additional Location Information .....	OUTSIDE MAJU CAMP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN2833H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW POH SENG
NRIC No .....	SXXXX324H
Email Address .....	stanlylow@gmail.com
Mobile Phone No .....	(Phone) +65-97730906
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Vios
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 .....	1497

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100119236-13

### DRIVER

Name of Driver .....	LOW HOCK MENG
NRIC No .....	SXXXX069I
Date Of Birth .....	08/04/1996
Occupation .....	Indoor

Date Of Driving Pass .....	21/12/2015
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97730906
Alt. Phone Number .....	-
Email Address .....	stanlylow@gmail.com
Address .....	BLK 17A TELOK BLANGAH CRESCENT #30-270
Address complement .....	-
Postcode .....	091017
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT D/20221021/7041

#### 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 .....	SMZ7312M
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 HOCK MENG
Gender .....	Male
Phone No .....	(Phone) +65-97730906
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJN2833H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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  5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
  6. This report will be forwarded by the insurers to 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/are 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.

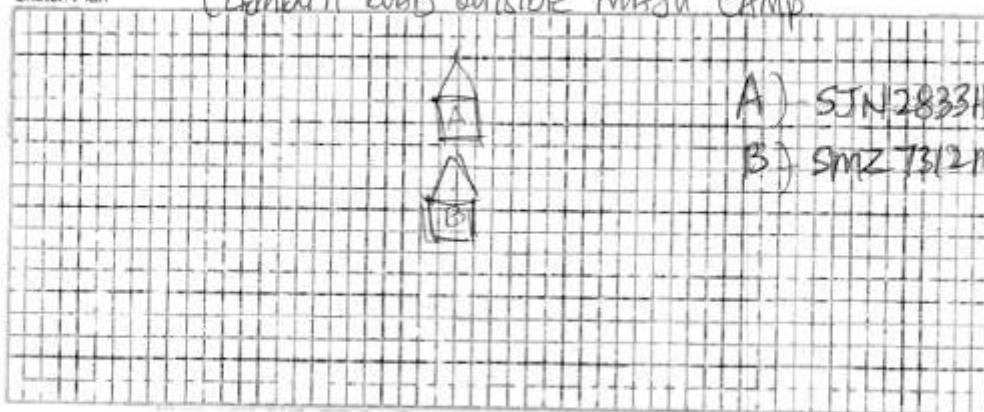
Policyholder's Signature / Date & Time

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

Submitted by Reporting Centre Personnel (Name as in NPIC/ID card)

Sketch Plan

CLEMENTI ROAD OUTSIDE MASHU CAMP



Describe Circumstance of the Accident

My car was stationary suddenly I felt  
a impact from the rear. I came out and  
discovered a car bearing SMZ 7312M drove  
bet onto my rear position of my vehicle. I felt  
pain on my rear back.

Police Report 0/20221021/7041

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  
(Name as in NPIC/RO card)




























**SINGAPORE  
POLICE FORCE**


D/20221021/7041

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**POLICE REPORT (NP299)**

Report No. D/20221021/7041

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-7740000

Date/Time Report Made 21/10/2022 19:58	Vide Report No.	Station Diary No.
Name Of Informant LOW HOCK MENG	Address 17A TELOK BLANGAH CRESCENT #30-270 SINGAPORE 091017	
ID Type / ID No. NRIC NO / S9612069I	Contact No. Home/Office: Mobile: 97730906	
Nationality SINGAPORE CITIZEN	Email Address Stanlylow@gmail.com	
Occupation Marine engineer	Sex Male	Age 26
Institution/School Name	Date of Birth 08/04/1996	Race Chinese
Date/Time Of Incident 21/10/2022 08:10 - 21/10/2022 08:15	Location Of Incident 435 CLEMENTI ROAD #--- SINGAPORE 599873	

**Brief details.**

My car and the other party's car was at the traffic light when I suddenly felt a bump from the back, I alighted from the car and saw that the car behind have collided into the rear of my car

Subjects Involved			
Victim			
Person Name	LOW HOCK MENG		
ID Type	NRIC NO	ID No	S9612069I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/10/2022 19:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20221021/7041

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221021/7041

Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Marine engineer	Address	17A TELOK BLANGAH CRESCENT #30-270 SINGAPORE 091017
Mobile No	97730906	Is Informant A Victim?	Yes
Person Name	LOW HOCK MENG (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
21/10/2022 19:58

Classification Of Case: