

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	29/11/2022 22:43 (SGT)
Reported by	Both
Date of Accident	27/11/2022 23:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T/JUNCTION OF WOODLANDS AVE 9 & WOODLANDS AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4684B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHIT SHIN
NRIC No	S2550496H
Email Address	chitshinlow@gmail.com
Mobile Phone No	(Phone) +65-97108361
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00015702201

DRIVER

Name of Driver	LOW CHIT SHIN
NRIC No	S2550496H
Date Of Birth	17/04/1961
Occupation	Outdoor

Date Of Driving Pass	14/06/2012
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97108361
Alt. Phone Number	-
Email Address	chitshinlow@gmail.com
Address	BLK 749 WOODLANDS CIRCLE #08-600
Address complement	-
Postcode	730749
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JUJ2517
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JUJ2517
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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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM WENG KEONG
Gender	Male
Phone No	(Phone) +65-87628522
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	JUJ2517
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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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
(Name as in NRIC/ID card)

Sketch Plan

PLEASE
TURN
OVER

VEH NO: SIF 4684B
INSURER: China
DATE OF ACC: 27/11/22 @ 2300

Describe Circumstance of the Accident

**** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE**

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party (☒) Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

A: SLF 4684B
(Alone)

B: JUY 2517
(Alone)

Vehicle No: SLF 4684B (Alone)
Date & Time: 27/11/12 @ 2300 (clear dry)


refer to police report

Declaration
I/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 NRIC/ID card) (AMK)
















**SINGAPORE
POLICE FORCE**


T/20221129/2045

1 of 3

Report No. T/20221129/2045

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 12:41	Vide Report No.: L/20221128/0157	Station Diary No.: 9
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Informant's Particulars

Name of Informant: LOW CHIT SHIN		Address: APT BLK 749 WOODLANDS CIRCLE #08-600 SINGAPORE 730749	
ID Type / ID No.: NRIC NO / S2550496H		Contact No.: Home/Office: Mobile: 97108361	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 61	Date of Birth: 17/04/1961	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Sole proprietor		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/11/2022 23:00	Type of Location: X-Junction
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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
JUJ2517	Motorcycle				Slightly Damaged	0
SLF4684B	Car	TOYOTA	WISH 1.8 CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF4684B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000157 02201	15/09/2022	14/09/2023



**SINGAPORE
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T/20221129/2045

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Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20221129/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Lim Weng Keong	ID No.	G8303351M
Related Vehicle	JUJ2517 (Motorcycle)	Contact No.	87628522
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
Driver			
Name	LOW CHIT SHIN	ID No.	S2550496H
Related Vehicle	SLF4684B (Car)	Contact No.	97108361
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 28/11/2022 at about 2300hrs, I was driving my car SLF4684B along Woodlands Avenue 9 towards Avenue 10 before junction of Avenue 4 on the first of the 4 lanes. I was making a discretionary right turn into Avenue 4 and it was green light in my favour. As there is another lorry turning right into North Coast Avenue from Avenue 9, affecting my view while making the right turn, a motorcycle JJJ2517 then collided into the rear left of my car when I made the turn. However, I did make a check for oncoming traffic to ensure it was clear before making the right turn.

Traffic police attended to the accident reference L/20221128/0157 and I was instructed to lodge this traffic accident report. My dashboard camera SD card was handed over to the police. The motorcyclist was conveyed to the hospital by ambulance.


**SINGAPORE
POLICE FORCE**


T/20221129/2045

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

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Report No. T/20221129/2045

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:

F /
SR STAFF SGT YEO WEE KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2022 12:41

Officer In Charge Of Case:

TP / GIT /
STAFF SGT ROIZMAN BIN MOHAMED
POSARI
Contact No.: 65476131

Classification Of Case:

NP168

