

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	12/01/2023 16:16 (SGT)
Reported by	Both
Date of Accident	12/01/2023 06:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF5329Y
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHOON YEN
NRIC No	SXXXX772D
Email Address	linda@entrust.sg
Mobile Phone No	(Phone) +65-94765438
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	E-PACE 1.5P FWD
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	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220055610

DRIVER

Name of Driver	LOW CHOON YEN
NRIC No	SXXXX772D
Date Of Birth	01/07/1978
Occupation	Indoor

Date Of Driving Pass	05/07/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94765438
Alt. Phone Number	-
Email Address	linda@entrust.sg
Address	BLK 91 WEST COAST VALE #25-02
Address complement	-
Postcode	126755
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4308K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-


Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN CHUN KEONG
NRIC No	SXXXX547G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number	FBN5900Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RAJADURAI ESWARAN
Work Permit No	GXXXX133P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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. 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.

 12/1/13
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230112/2021

Declaration

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


12/1/23
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel









































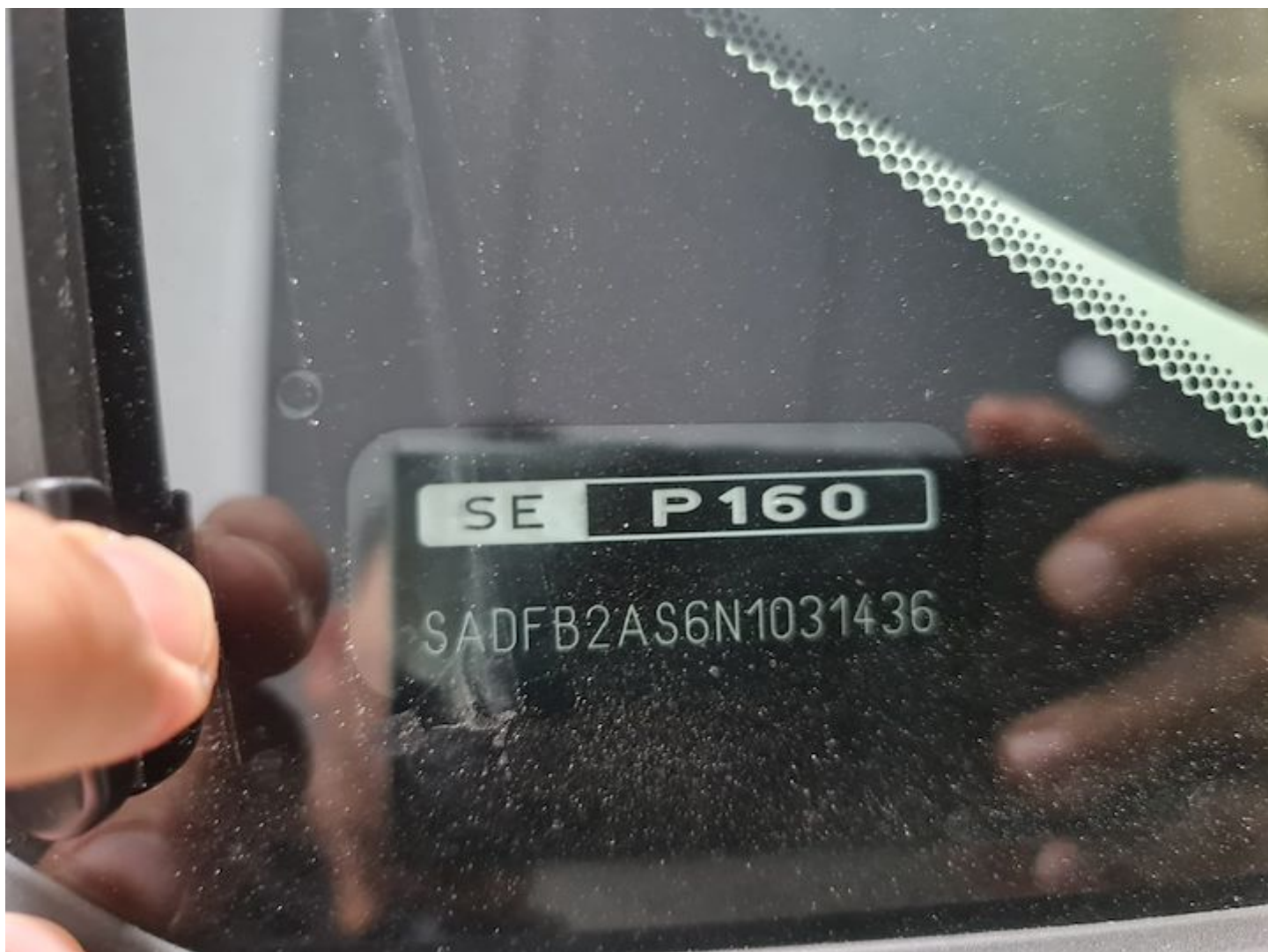















**SINGAPORE
POLICE FORCE**


T/20230112/2021

1 of 3

Report No. T/20230112/2021 ✓

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2023 09:17	Vide Report No.:	Station Diary No.: 26
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LOW CHOON YEN	Address: BLK 91 WEST COAST VALE #25-02 SINGAPORE 126755		
ID Type / ID No.: NRIC NO / S7878772D	Contact No.: Home/Office: Mobile: 94765438		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 44	Date of Birth: 01/07/1978	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: AUDITOR	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/01/2023 06:55	Type of Location: Straight Road
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4308K	Lorry				Slightly Damaged	1
SNF5329Y	Car	JAGUAR	E-PACE 1.5P FWD	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF5329Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220055610	01/06/2022	31/05/2023



**SINGAPORE
POLICE FORCE**



T/20230112/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20230112/2021

CONTINUATION OF REPORT**Brief Details.**

I was involved in a traffic accident which occurred along Jurong Town Hall Road towards AYE (City), near to Blk 114 Jurong East St 13, on 12/01/2023 at about 0655hrs involving the following vehicles:

SNF5329Y (Low Choon Yen: S7878772D)
GBJ4308K (Tan Chun Keong: S2611547G)
An unknown red/black motorcycle

On 12/01/2023, at about 0655hrs, I was travelling along Jurong Town Hall Road towards AYE (City), near Blk 114 Jurong East St 13, in my vehicle bearing registration plate number SNF5329Y. The weather was clear, and the road surface was dry. There were 3 lanes on the road, I was on the second lane. A vehicle in front of me jammed its brakes. The collision warning in my car triggered the brakes, and my car jammed its brakes as well. A lorry bearing registration plate number GBJ4308K failed to stop in time and rear-ended my vehicle. As a result, an unknown red/black motorcycle rear-ended the said lorry. I do not have the particulars of the rider nor the vehicle registration plate number.

I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**



T/20230112/2021

3 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20230112/2021

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 Aw Choon Kiat

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/01/2023 09:17

Officer In Charge Of Case:

TP / GIA /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH ✓
Contact No.: 65476204 ✓

Classification Of Case:

NP168