

## 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 .....	06/02/2023 18:55 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/01/2023 07:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JURONG WEST STREET 93
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC4432C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW CHIN YAN
NRIC No .....	SXXXX046I
Email Address .....	CYLOW5579@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97901588
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Ssangyong
Model .....	Tivoli
Variant .....	TIVOLI 1.6D 6AT ABS 2WD
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 .....	1597

#### INSURANCE COMPANY

Name of Insurance Company .....	Singapore Life Ltd
Policy Number / Cover Note Number .....	11127804

#### DRIVER

Name of Driver .....	LOW CHIN YAN
NRIC No .....	SXXXX046I
Date Of Birth .....	05/05/1979
Occupation .....	Indoor

Date Of Driving Pass .....	26/06/2002
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97901588
Alt. Phone Number .....	-
Email Address .....	CYLOW5579@GMAIL.COM
Address .....	BLK 654C JURONG WEST STREET 61
Address complement .....	#06-478
Postcode .....	643654
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	LOW HONG CE JAEDEN
Gender .....	Male

#### PASSENGER 2

Name .....	LIM YUPING JULIANA
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 THE SKETCH PLAN

#### 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 .....	SH7794D
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJN2961X
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 CHIN YAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLC4432C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LOW HONG CE JAEDEN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLC4432C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 3

Name of injured person .....	LIM YUPING JULIANA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLC4432C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstances of the Accident

Refer to Police Report  
T/202301201701

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/20230120/7011

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

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Report No. T/20230120/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2023 10:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW CHIN YAN			Address: 654C JURONG WEST STREET 61 #06-478 SINGAPORE 643654		
ID Type / ID No.: NRIC NO / S7977046I			Contact No.: Home/Office: Mobile: 97901588		
Nationality: SINGAPORE CITIZEN			Email: CYLOW5579@GMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 05/05/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2023 07:30	Type of Location: Straight Road
Location: JURONG WEST STREET 93				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH7794D	Car				Seriously Damaged	0
SJN2961X	Car					0
SLC4432C	Car	SSANGYONG	TIVOLI 1.6D 6AT ABS 2WD	Red	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20230120/7011

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

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Report No. T/20230120/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC4432C	AVIVA LTD	11127804	13/05/2022	12/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	LOW CHIN YAN		ID No.	S7977046I
Related Vehicle	SLC4432C (Car)		Contact No.	97901588
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
<b>Passenger</b>				
Name	LOW HONG CE JAEDEN		ID No.	T2131021I
Related Vehicle	SLC4432C (Car)		Contact No.	917895922
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
<b>Passenger</b>				
Name	LIM YUPING JULIANA		ID No.	S8123587B
Related Vehicle	SLC4432C (Car)		Contact No.	91789592
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	Slight





**SINGAPORE  
POLICE FORCE**



T/20230120/7011

Police Station Of Origin:  
Traffic Police  
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Report No. T/20230120/7011

**CONTINUATION OF REPORT**

Brief Details.

I was traveling along Jurong West St 93, I was waiting for the traffic to be clear to make a right turn into Blk 987A, suddenly I felt and impact from the rear of my vehicle, I then came down from my car and found I'm involved in a 3-car chain collision accident.

I'm the first vehicle SLC4432C followed by the 2nd car SH7794D, the last car was SJN2961X.



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20230120/7011

**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 / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/01/2023 10:44
Classification Of Case:























