SM132326000W / MOVA AUTOMOTIVE PTE LTD [159722] ENTRY DATE & TIME: 06/02/2023 18:55 (SGT) SUBMITTED BY: Enny VERSION: 1 (06/02/2023 18:55 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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**

Ssangyong

Vehicle Registration Number SLC4432C

INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer

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 No - Claiming third party your vehicle? 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 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? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 PASSENGER 2 Name LIM YUPING JULIANA Gender **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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE SKETCH PLAN ATTACHMENT(S)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SH7794D
-
-
-
-
Private car
-
-
-
_
-
_
_
_
_

## 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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - -
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - -
Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLC4432C Yes 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

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 law yers/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' law yers/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 GM to their third party service providers or agents (including their law yers/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

Witnessed by Reporting Centre

Sketch Plan

Refer to Police Report	
T/20230/20/7011	
(120130110 (701)	

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





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20230120/7011 1 of 4

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.:		
Informa	nt's Partic	ulars	STATE STATE OF THE	PARTIES TO THE RESIDENCE OF THE PARTIES OF THE PART	
	f Informant: HIN YAN		Address: 654C JURONG WEST 643654	STREET 61 #06-478 SINGAPORE	
	/ ID No.: O / S79770	461	Contact No.: Home/Office:	Mobile: 97901588	
	ationality: INGAPORE 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:	
Occupati SAF	ion:		Driving Licence Informa Class:	ation: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2023 07:30	Type of Location: Straight Road
Weather:	ST STREET 93	Road Surface; Dry		Road Speed Limit:
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20230120/7011

### CONTINUATION OF REPORT

Details of V	ehicle Insurance	A TAX NO SERVICE A TEL		ALCOHOLD STREET
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC4432C	AVIVA LTD	11127804	13/05/2022	12/05/2023

Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Ped	destrian (	Cross	sing: NA
Driver	ED STATE OF THE	STATE OF THE STATE	and the second		adib.	
Name	LOW CHIN YAN			ID No.		S7977046I
Related Vehicle	SLC4432C (Car)			Contac	t No.	97901588
Hospital/Clinic	NIL			Class o Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date			- 1	NIL	
	ted Medical Leave NIL Degree				NIL	
Passenger		Managara y		S. T.	Mar.	VELOCKET ALL VELOC
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 grant	ed Medical Leave	NIL	Degree of		NIL	
Passenger		11/2/2005			9755	Carrier Commence
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		VIL	
Vo of Davis asset	ed Medical Leave	NIL	Degree of		Slight	



T/20230120/7011

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

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.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20230120/7011

4 of 4

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:

















