

# 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 .....	14/02/2023 15:57 (SGT)
Reported by .....	Driver
Date of Accident .....	13/02/2023 17:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BEDOK NORTH AVENUE 1 TOWARDS PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKD6222K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SABRE TECHNOLOGIES PTE LTD
Company Reg No .....	1XXXXX550M
Email Address .....	alfred_low@sabre.com.sg
Mobile Phone No .....	(Phone) +65-96237737
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Previa
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2362

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D18MPC0001799_04

### DRIVER

Name of Driver .....	LOW EE HENG
NRIC No .....	SXXXX473D
Date Of Birth .....	15/01/1959
Occupation .....	Outdoor

Date Of Driving Pass .....	14/05/1977
Driving experience .....	45 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96237737
Alt. Phone Number .....	-
Email Address .....	emily_teng@sabre.com.sg
Address .....	7 SIGLAP ROAD
Address complement .....	# 15-62
Postcode .....	488909
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBD4343P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	(Phone) +65-91884317

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

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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 this centre and to copies of the report being made available elsewhere.

disclosure of a single material fact without the thinking about delivery of the signal and with an active attitude of avoidance of the consequences.

“I do not view my experience as a disadvantage. Preparing, handling and/or dealing with my clients collectively as “business”

20. All respondents who were deemed eligible) involved in the research and the national surveillance data, together committed to correct and disseminate findings and national interventions for the purpose of the above purposes, and

Adopting this procedure, which may be either outside of Singapore, for one or more of the above five design

Actual Driver's Signature of driver is not the collector's / Date & Time

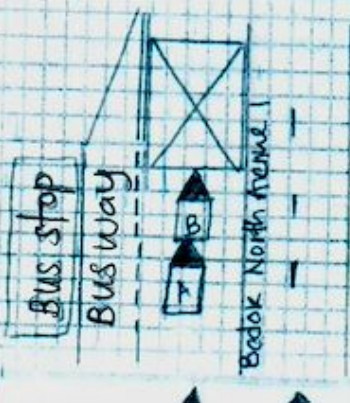
Witnessed by Reporting Game Preserve  
Game warden N. H. G. G. G.

Sketch Plan

Bedok North Avenue 1 towards PIE

A - SKD 6222k

B - GBD 43 43 P



Describe Circumstance of the Accident

On the above stated date and time, I was driving along Bedok North Avenue 1 towards PIE just passing the mosque when the lorry ahead slowed down and I hit his rear portion of the vehicle. I've already paid vehicle B \$200 to settle the repair. They will have no more claims against us regards to this claim.

Declaration

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



*[Signature]* Feb 15 '23

Policyholder's Signature / Date & Time

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

*[Signature]* 15/02/2023  
Witnessed by Reporting Centre Personnel  
(Name with NRIC/ID card)



































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09232E000B Vehicle Registration No: SKD 6222K  
 Name (as shown in NRIC): Low Ee Heng NRIC/FIN/Passport No: S1352473D  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 7 Siglap Road #15-62 Singapore (488909)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96237737  
 Email Address: emily-teng@sabre.com.sg / alfred-low@sabre.com.sg  
 Date of Accident: 13/02/2023 Time of Accident: 17:40  
 Place of Accident: Bedok North Avenue 1 Towards PIE  
 Insurance Company: INDIA INTERNATIONAL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Amend to own damage claim.
- Amend Circumstance of the Accident -
- \* On the above stated date and time, I was driving along Bedok North Avenue 1 towards PIE just passing the mosque when the lorry ahead slowed down and I hit his rear portion of the vehicle. I've already paid vehicle B \$200.00 to settle the repair, they will have no more claims against us regards to this claim.



Policyholder / Actual Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: