

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	06/03/2023 17:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/03/2023 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCE TOWARDS AYE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF197E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW WENG YEW
NRIC No	SXXXX011Z
Email Address	bennylow291@gmail.com
Mobile Phone No	(Phone) +65-97972727
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00004502201

DRIVER

Name of Driver	LOW WENG YEW
NRIC No	SXXXX011Z
Date Of Birth	18/12/1973
Occupation	Outdoor

Date Of Driving Pass	30/05/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97972727
Alt. Phone Number	-
Email Address	bennylow291@gmail.com
Address	APT BLK 291A COMPASSVALE STREET
Address complement	# 08-290
Postcode	541291
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Male

PASSENGER 3

Name	GRAB PASSENGER
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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230306/7082

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 SNG1631U
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Private car
 Name of Driver GOH KOK THYE EPHREM
 NRIC No SXXXX785J
 Contact Number (Phone) +65-94312688
 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 WENG YEW
 Gender Male
 Phone No (Phone) +65-97972727
 Address APT BLK 291A COMPASSVALE STREET
 Address Complement # 08-290
 Post Code 541291
 Approximate Age Years Old -
 Injuries Sustained LEFT WRIST,NECK,BACK PAIN
 Injured person in which vehicle? SMF197E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstance of the Accident

Refer to Police Report

Police Report No.: T/20230306/7082

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

 6/3/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230306/7082

1 of 4

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

Report No. T/20230306/7082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2023 16:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW WENG YEW			Address: 291A COMPASSVALE STREET #08-290 SINGAPORE 541291		
ID Type / ID No.: NRIC NO / S7345011Z			Contact No.: Home/Office: Mobile: 97972727		
Nationality: SINGAPORE CITIZEN			Email: bennylow291@gmail.com		
Sex: Male	Age: 49	Date of Birth: 18/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2023 13:30	Type of Location: Straight Road
Location: MCE TOWARDS AYE TUNNEL				
Weather: Raining		Road Surface: Wet		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMF197E	Car	HONDA	FREED HYBRID 1.5G AUTO	Red	Seriously Damaged	3
SNG1631U	Car	TOYOTA		White		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20230306/7082

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF197E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00004502201	25/04/2022	24/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW WENG YEW		ID No.	S7345011Z
Related Vehicle	SMF197E (Car)		Contact No.	97972727
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/03/2023		Date	04/03/2023
No. of Days granted Medical Leave		07	Degree of	Serious
Driver				
Name	GOH KOK THYE EPHREM		ID No.	S9521785J
Related Vehicle	SNG1631U (Car)		Contact No.	94312688
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

Brief Details.

On 4 March 2023 (Sat) at about 1.30pm, I was driving along MCE towards AYE entering the tunnel on a straight road after I had picked customers from MBS Hotel Tower one.

The front vehicle slowed down and stopped. I also slowed down and stopped without hitting any front vehicle. Suddenly, I heard a loud bang behind my rear. As the road was very narrow, we shifted our vehicles to the shoulder lane.

I then saw that it was one Toyota bearing registration number plate: SNG 1631U that had hit onto my rear causing damages to my rear portion.

I had 3 passengers with me. I had video footage in my car also.

I was unable to select the proper clinic name from the list. It was INTEMEDICAL KOVAN.

























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Nationality: SINGAPORE CITIZEN			Email: bennylow291@gmail.com		
Sex: Male	Age: 49	Date of Birth: 18/12/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3		Date of Expiry:

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SNG1631U	Car	TOYOTA		White		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SMF197E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00004502201	25/04/2022	24/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOW WENG YEW		ID No.	S7345011Z
Related Vehicle	SMF197E (Car)		Contact No.	97972727
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/03/2023		Date	04/03/2023
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Related Vehicle	SNG1631U (Car)		Contact No.	94312688
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

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CONTINUATION OF REPORT



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Report No. T/20230306/7082

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/03/2023 16:17

Classification Of Case:

