

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	29/05/2023 21:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/05/2023 10:40 (SGT)
Exact Location of Accident	Near KJE, Singapore
Additional Location Information	KJE TOWARDS PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3064T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW CHEE FATT
NRIC No	S6826696C
Email Address	lowcheefatt@yahoo.com.sg
Mobile Phone No	(Phone) +65-96945747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2004944203

DRIVER

Name of Driver	LOW CHEE FATT
NRIC No	S6826696C
Date Of Birth	26/08/1968
Occupation	Indoor

Date Of Driving Pass	24/08/1987
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96945747
Alt. Phone Number	-
Email Address	lowcheefatt@yahoo.com.sg
Address	BLK 667D JURONG WEST STREET 65
Address complement	#11-133
Postcode	SINGAPORE 644667
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	Collided into Motorcyclist
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?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report no. T/20230529/2041

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	TP366Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- PLEASE VIEW OVERLEAF -



















**SINGAPORE
POLICE FORCE**



T/20230529/2041

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20230529/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2023 12:42	Vide Report No.: J/20230529/0053	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: LOW CHEE FATT		Address: APT BLK 667D JURONG WEST STREET 65 #11-133 SINGAPORE 644667	
ID Type / ID No.: NRIC NO / S6826696C		Contact No.: Home/Office: Mobile: 96945747	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 26/08/1968	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Police officer		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2023 10:40	Type of Location: KJE TOWARDS PIE TUAS EXPRESSWAY
Location: KRANJI EXPRESSWAY				
Lamp Post Number: 327				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP3064T	Car	HYUNDAI	AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD	Black	Slightly Damaged	0
TP366Z	Motorcycle				Slightly Damaged	0



**SINGAPORE
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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



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Report No. T/20230529/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP3064T	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2004944203	19/03/2023	18/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW CHEE FATT		ID No. S6826696C
Related Vehicle	SJP3064T (Car)		Contact No. 96945747
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/05/2023 at about 1040hrs, while I was driving my vehicle, V1) SJP3064T along KJE towards PIE (Tuas) 6.8km L/P 327, as I was heading back home. I was driving on the most right lane (first lane) when I observed that there was a green coloured object (which looks like a canvas) on the right side of the first lane. I managed to slow down when approaching the object as the car in front of me also slowed down. When the car in front of me swerved a little to the left, I also swerved a little to avoid driving over the obstruction.

Upon swerving to the left, there was a Traffic Police motorcycle, V2) TP366Z, who was riding near V1. V2 hit the left side of V1 and V1 sustained a few damages (broken left side mirror and scratches on both sides of the left door). Afterwards, we waited for the arrival of another traffic police to assess the accident. Subsequently, ambulance also came to make a check of both the TP rider and I, however both of us did not sustain any injuries. Traffic police issued me with a case card with an incident number, J/20230529/0053. I would like to state that I have an in-car camera footage and the traffic police had seized the SD card.

I am lodging this report for investigation and insurance claim purposes.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20230529/2041

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Report No. T/20230529/2041

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
J /

SGT 1 ELMIERA SYAFIAH
BINTE ABDUL RASHID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD GHAZALI BIN
ABDUL RAZAK
Contact No.: 96192037

NP168

Signature Of Informant:

Date/Time:
29/05/2023 12:42

Classification Of Case: