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 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 TOWRADS PIE TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1591

Vehicle Registration Number SJP3064T

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? Vehicle Category

Transmission CC

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 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 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) 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? 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? 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			Date	of Accident: 29/05/23
				A: SJP3064T B: TP366Z
	<u> </u>			
	=(3,)): (A)			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
Please refer to the poli	ice report no. T/20230529/2	2041		
		Own Dan Third Par OD/TP Cl	ty Claim laim at another v	vorkshop :
ECLARATION		L Reportin	g Only	-
We declare the foregoing particu	ulars are true in every respect.			CLAMS OF THE CLAMS
olicyholder's Signature pate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:		Reporting Centre Name: Name: NRIC/FIN No.:	e Personnel's Signature

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The report will be forwarded by the insurers of the GM Records Management Centre established by the General Insurance Association of Singapore (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

Lunderstand, 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

ure / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Sketch Plan

- PLEASE VIEW OVERLEAF -



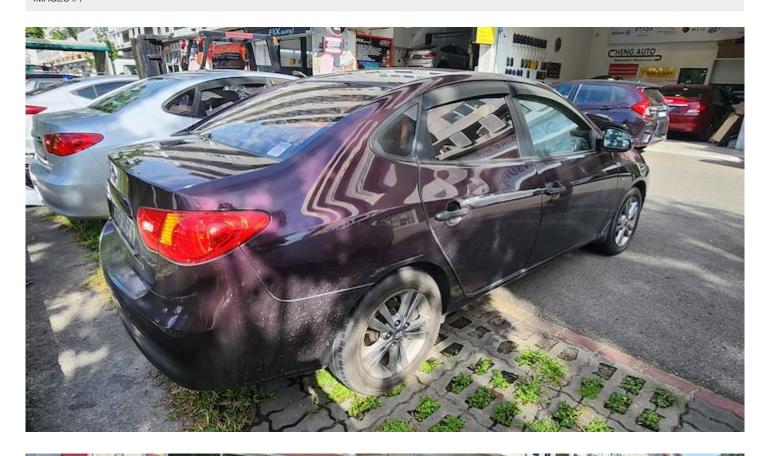








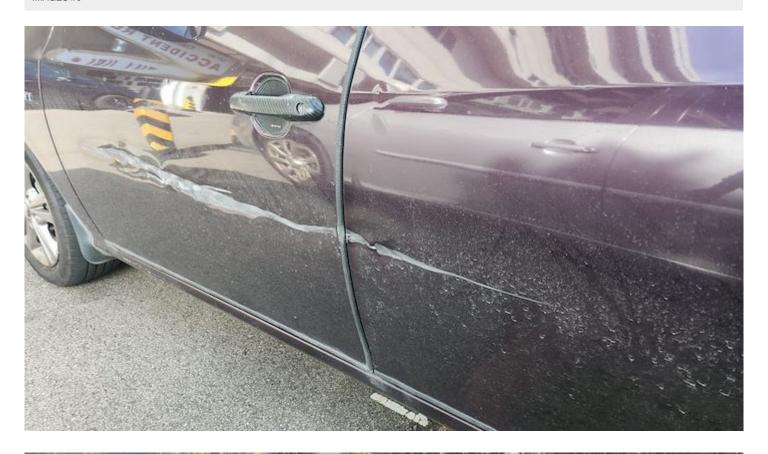








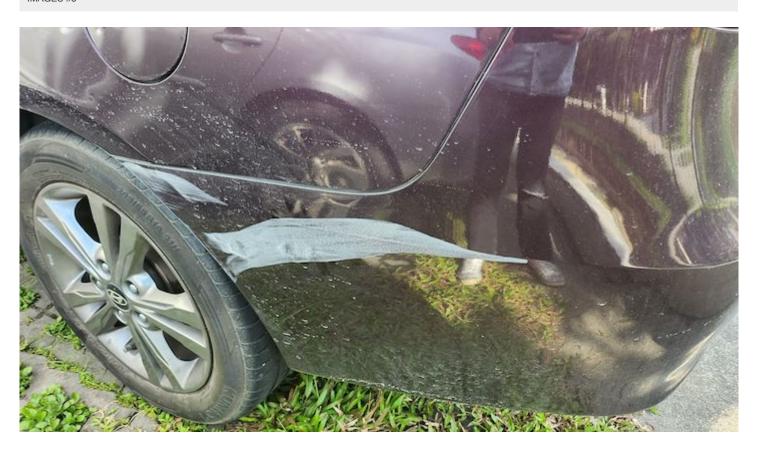














T/20230529/2041

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

1 of 3 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
1-5		

29/05/2023 12:42			J/20230529/0053	56	
Informa	nt's Partic	ulars			
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		EN.	Email:		
Sex: Age: Date of Birth: Male 54 26/08/1968			Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Police officer			Driving Licence Information Class: 3,4,5	n: Date of Expiry:	

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	
KRANJI EXPI					
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:	

Vehicle No.	Туре	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



T/20230529/2041

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 3 Report No. T/20230529/2041

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Evole: Date
SJP3064T	ALLIANZ INCLIDANCE CINCADODE		Lifective	Expiry Date
001 00041	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2004944203	19/03/2023	18/03/2024

Details of Perso	n Involved	SHELLOR		Depth state	SECTION AND	
Any Pedestrian I	nvolved: No				A DESCRIPTION OF THE PERSON OF	
No. of Pedestriar	s Injured: NIL		Lise of F	Pedestria	Cross	rings NA
Driver			030 011	euestria	1 01088	sing: NA
Name	LOW CHEE FATT			ID No).	S6826696C
Related Vehicle	SJP3064T (Car)			Contact No.		96945747
Hospital/Clinic NIL				Class Drivin Licend Expin	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury		

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

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.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 T/20230529/2041

3 of 3

Report No. T/20230529/2041

CONTINUATION OF REPORT

Signature	of	Officer	Recording	The	Report
J/					

SGT 1 ELMIERA SYAFIQAH BINTE ABDUL RASHID li

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: