

# 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 .....	31/05/2023 15:24 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/05/2023 19:48 (SGT)
Exact Location of Accident .....	Sims Ave, Singapore
Additional Location Information .....	SIMS AVE ENTERING INTO TPE TUNNEL
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGW1670E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LOW SIP HOW
NRIC No .....	S1709829B
Email Address .....	russelllow839@gmail.com
Mobile Phone No .....	(Phone) +65-90038339
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1984

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ23-002809

### DRIVER

Name of Driver .....	LOW SIP HOW
NRIC No .....	S1709829B
Date Of Birth .....	18/01/1965
Occupation .....	Indoor

Date Of Driving Pass .....	07/10/1983
Driving experience .....	39 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90038339
Alt. Phone Number .....	-
Email Address .....	russelllow839@gmail.com
Address .....	18 PASIR RIS GROVE #08-27
Address complement .....	-
Postcode .....	518144
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 .....	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 .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE TRAFFIC POLICE REPORT.

#### 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 .....	SMH5771D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-

Vehicle Colour .....	Red
Vehicle Category .....	Private hire
Name of Driver .....	REMUS ANG CHEE HENG
NRIC No .....	S7212353J
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

## IMPORTANT NOTICE

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5. 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' 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")

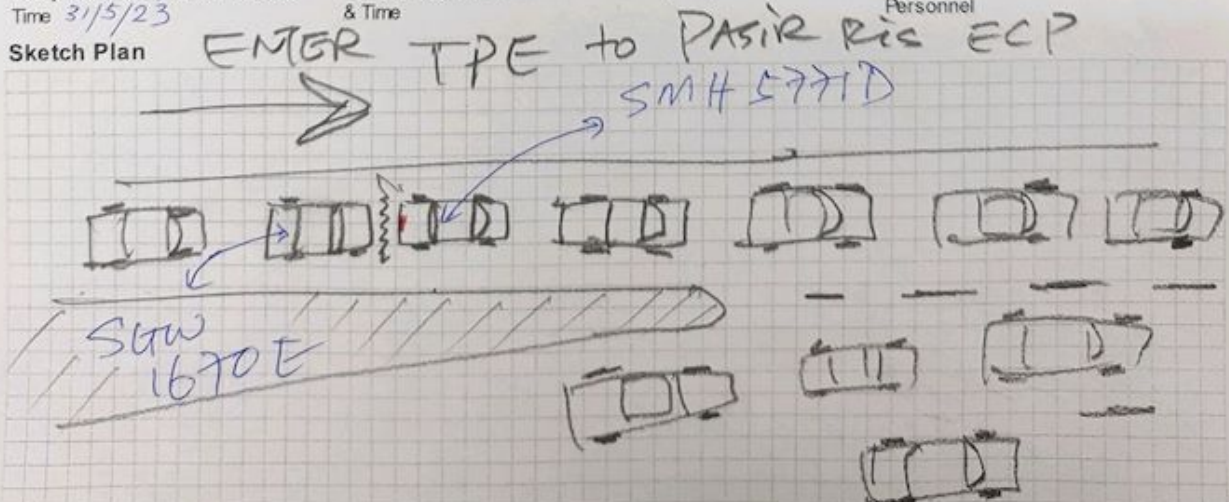
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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  
31/5/23

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per Attach Police  
Report!

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time 31/5/23

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



Witnessed by Reporting Centre  
Personnel



















# SINGAPORE POLICE FORCE



E/20230530/2068

1 of 2

Report No. E/20230530/2068

## POLICE REPORT (NP299)

Police Station Of Origin  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Date/Time Report Made 30/05/2023 16:16	Vide Report No.	Station Diary No. 85
Name Of Informant LOW SIP HOW	Address 19 PASIR RIS GROVE #08-27 SINGAPORE 518144	
ID Type / ID No. NRIC NO / S1709829B	Contact No. Home/Office	Mobile 90038339
Nationality SINGAPORE CITIZEN	Email Address	
Occupation	Sex Male	Age 58
Self Employed	Date of Birth 18/01/1965	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 29/05/2023 20:30	Location Of Incident Sims Ave entering into TPE tunnel	

### Brief details.

On the 29/05/2023, at around 1948hrs, I was driving my vehicle (VRN: SGW1670E) slowly while in a heavy traffic jam at the location where I accidentally knocked into a Grab vehicle (VRN: SMH5771D) in front of me. We then alighted from our vehicle to make a check on our vehicle and discovered a crackline on the Grab vehicle's rear bumper area and a crack line on my front vehicle plate. The vehicle also has 2 passengers onboard at that point of time. I then offered to follow him to an area where we can come into a settlement which the driver agreed. Subsequently at 2032hrs, the driver drove to Downtown East to drop off the passengers, upon alighting, I approached the driver and he suggested we come into a private settlement as there was no serious damage to the vehicle. We then came into an agreement on

Signature Of Officer Recording The Report:  
E / SGT 3 LIM ZHI YONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/05/2023 16:16

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
SGT 3 ADAM GOH AIK YONG  
Contact No.: 63914694

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

E/20230530/2068

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230530/2068

the compensation amount and requested me to make a PayNow transfer of SGD\$400/- to him which he accepted and acknowledged.

I wish to state that the driver and I had already come into an agreement on settling the matter privately. I hope that the insurance company are aware that we had already settled it privately.

I wish to add that both parties agreed not claim insurance.

I do not require any police investigation on the matter and is lodging this report for record purpose.

Signature Of Officer Recording The Report:  
E / SGT 3 LIM ZHI YONG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
SGT 3 ADAM GOH AIK YONG  
Contact No.: 63914694

Signature Of Informant:

Date/Time:  
30/05/2023 16:16

Classification Of Case: