

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	23/06/2023 18:05 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 13:04 (SGT)
Exact Location of Accident	Johor Causeway, Johor Causeway, Singapore
Additional Location Information	TOWARDS JOHOR
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME757U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YIP PING KEN
NRIC No	SXXXX008B
Email Address	jolowln@hotmail.com
Mobile Phone No	(Phone) +65-96806173
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2362

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00000582300

DRIVER

Name of Driver	LOW LIAN NGO
NRIC No	SXXXX009J
Date Of Birth	13/03/1973
Occupation	Indoor

Date Of Driving Pass	18/11/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96806173
Alt. Phone Number	-
Email Address	jolowln@hotmail.com
Address	BLK 649 WOODLANDS RING ROAD #12-426
Address complement	-
Postcode	730649
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
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	LOW LIAN CHEE
Gender	Female

PASSENGER 2

Name	NEO CHIEW BOEY
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 POLICE REPORT T/20230623/7056

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	SMM4885P
Vehicle Manufacturer	Audi
Vehicle Model	Q5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC6839M
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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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' 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' law yers/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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Joban Causeway
Towards Johor

Vehicle A: SME757U
Vehicle B: SMM4885P
Vehicle C: SMC6839M

Describe circumstances of the accident

Refer to police report- 1/20239623/7056

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time

Driver's Signature (if different to policyholder) Date & Time

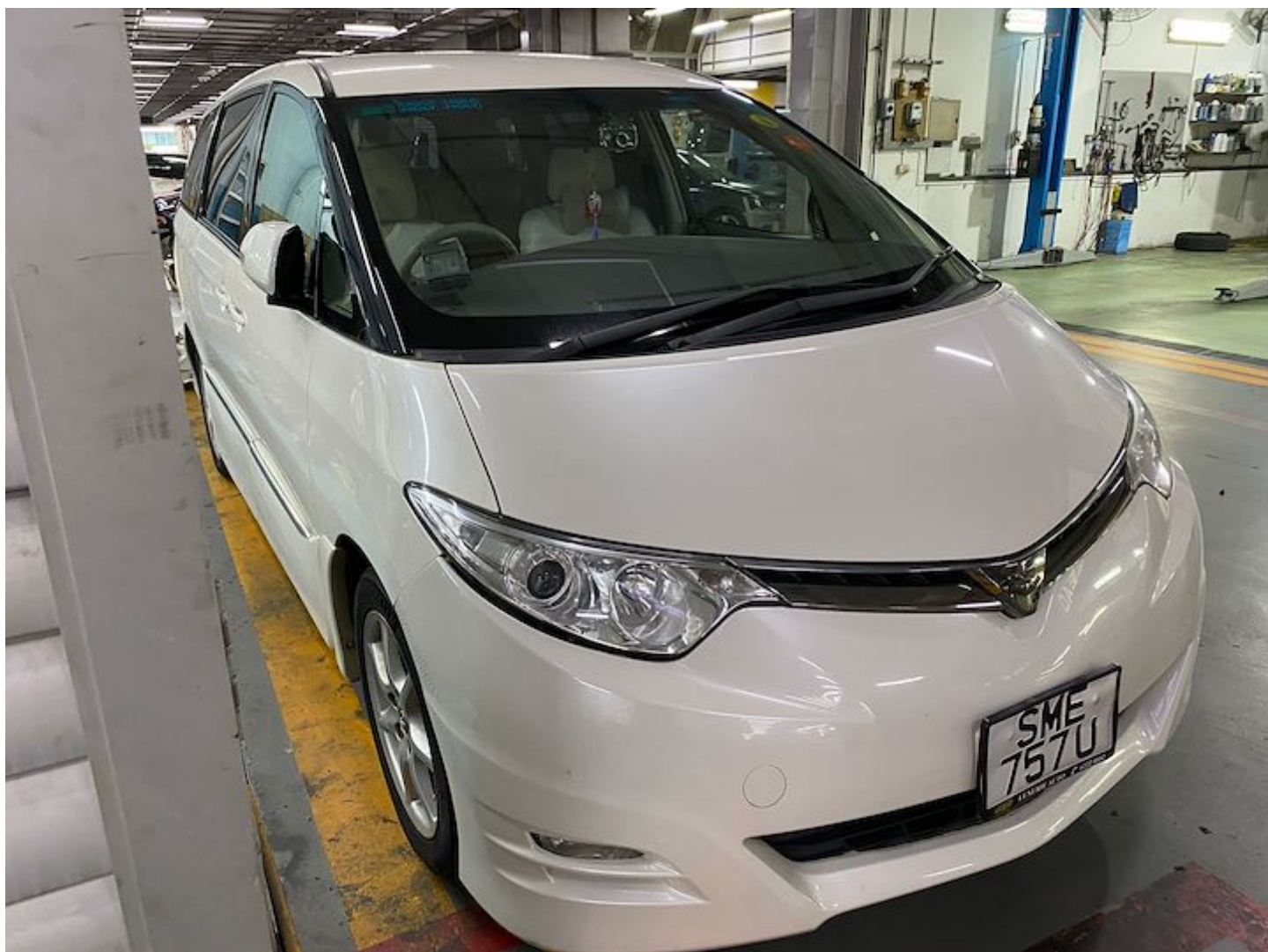
Witnessed by Reporting Officer
Personal





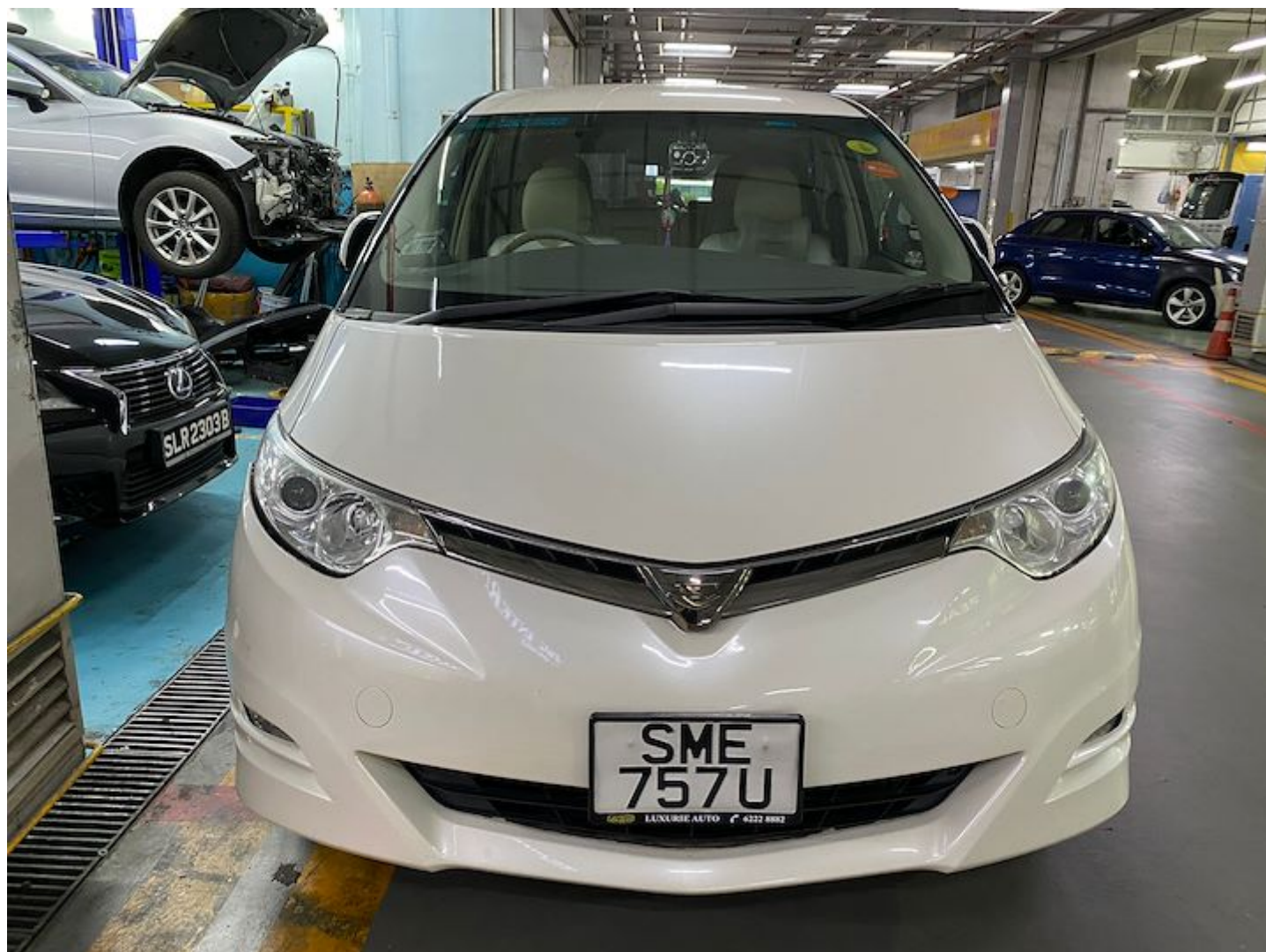














**SINGAPORE
POLICE FORCE**



T/20230623/7056

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

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Report No. T/20230623/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2023 17:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW LIAN NGO			Address: 649 WOODLANDS RING ROAD #12-426 SINGAPORE 730649		
ID Type / ID No.: NRIC NO / S7373009J			Contact No.: Home/Office: Mobile: 96806173		
Nationality: MALAYSIAN			Email: JOLOWLN@HOTMAIL.COM		
Sex: Female	Age: 50	Date of Birth: 13/03/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Management executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2023 13:40	Type of Location:
Location: CAUSEWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SME757U	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230623/7056

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

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Report No. T/20230623/7056

CONTINUATION OF REPORT

Driver			
Name	LOW LIAN NGO	ID No.	S7373009J
Related Vehicle	SME757U (Car)	Contact No.	96806173
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 THE STATED DATE AND TIME OF ACCIDENT, I WAS DRIVING MY VEHICLE (SME757U) ALONG THE JOHOR CAUSEWAY TOWARDS JOHOR.

I WAS DRIVING SLOWLY ON LANE 2 OF THE SAID ROAD. VEHICLE B (SMM4845P) SUDDENLY BRAKED AND I COULD NOT BRAKE IN TIME HENCE THE COLLISION.

WHEN I GOT OFF MY VEHICLE, I REALISED VEHICLE B COLLIDED ONTO ANOTHER VEHICLE C (SMC6839M).

VEHICLE 1: SMC6839M

VEHICLE 2: SMM4845P

VEHICLE 3: SME757U

AFTER I MADE SURE NOBODY GOT INJURED, WE EXCHANGED PARTICULARS AND LEFT THE PLACE. THIS POLICE REPORT IS FOR REPORTING PURPOSES ONLY.



**SINGAPORE
POLICE FORCE**



T/20230623/7056

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

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Report No. T/20230623/7056

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
23/06/2023 17:02

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Classification Of Case:

NP168