

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 14:14 (SGT)
Reported by Actual Driver
Date of Accident 19/06/2023 09:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORNIE HIGHWAY NEAR LAMP POST 24V2F
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF2662D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHE.COM.SG PTE LTD
Company Reg No 202030291W
Email Address JCJH9698@GMAIL.COM
Mobile Phone No (Phone) +65-98462952
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model S1K350
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motor trade
Transmission Auto
CC 3498

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5119369591-02

DRIVER

Name of Driver LOW JIA CHENG
NRIC No S9641528A
Date Of Birth 12/11/1996
Occupation Outdoor

Date Of Driving Pass	30/03/2015
Driving experience	8 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98462952
Alt. Phone Number	-
Email Address	JCJH9698@GMAIL.COM
Address	116 PENDING RD #10-200 S.670116
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	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

REFER ATTACHED 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	SHC3802Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

CHE. COM. SG
PTE LTD
UEN 202030291W



Policyholder's Signature / Date & Time

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

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

Sketch Plan

Describe Circumstance of the Accident

Refer attached Police Report

Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

CHE . COM . SG
PTE LTD
UEN 202030291W

Policyholder's Signature / Date & Time



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

25/6/23, 1055hrs



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
























**SINGAPORE
POLICE FORCE**


T/20230620/7027

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

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Report No. T/20230620/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2023 13:33		Vide Report No.: E/20230619/0042		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOW JIA CHENG			Address: 116 PENDING ROAD #10-200 SINGAPORE 670116		
ID Type / ID No.: NRIC NO / S9641528A			Contact No.: Home/Office:		Mobile: 98462952
Nationality: SINGAPORE CITIZEN			Email: jcjh9698@gmail.com		
Sex: Male	Age: 26	Date of Birth: 12/11/1996	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Workshop manager			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/06/2023 09:15	Type of Location: Flyover
Location: LORNIE HIGHWAY				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC3802Y	Car	TOYOTA		Blue	Seriously Damaged	1
SNF2662D	Car	MERCEDES BENZ	Slk350	Blue	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230620/7027

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

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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG LIANG HUAT	ID No.	S1222321H
Related Vehicle	SHC3802Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	EDWARD	ID No.	NIL
Related Vehicle	SHC3802Y (Car)	Contact No.	82000117
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LOW JIA CHENG	ID No.	S9641528A
Related Vehicle	SNF2662D (Car)	Contact No.	98462952
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/06/2023	Date	19/06/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the above mentioned date, time and location I was travelling Lornie highway near lamppost 24V2F. It was morning heavy traffic where suddenly the front vehicle applied emergency brake and I followed suit. I managed to stop but suddenly I felt a heavy impact from the rear where my spectacle was flung off my face. I felt pain from my neck and back as I was flung towards the steering wheel and back at the seat. I then rested for awhile before alighting my vehicle where I found a taxi SHC3802Y had hit onto the rear of my car. The taxi was badly damaged with its airbag blown and a police car came across the incident and rendered assistance. I manage to call my family members for help and also ambulance



**SINGAPORE
POLICE FORCE**



T/20230620/7027

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

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Report No. T/20230620/7027

CONTINUATION OF REPORT

for my injuries. I was then sent to Tan Tock Seng hospital where I was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**

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



T/20230620/7027

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Report No. T/20230620/7027

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 20/06/2023 13:33
Classification Of Case:

NP168