

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 17/07/2023 12:41 (SGT)
Reported by Actual Driver
Date of Accident 09/07/2023 15:30 (SGT)
Exact Location of Accident 79, Jalan Tebrau Lama, Taman Abad, 80250 Johor Bahru, Johor, Malaysia
Additional Location Information PETRON CENTURY GARDEN JB
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2402R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW ZHI LING
NRIC No SXXXXX300G
Email Address enzolowgraphics@gmail.com
Mobile Phone No (Phone) +65-87518858
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 1496

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 2070127780-02

DRIVER

Name of Driver ENZO LOW
NRIC No SXXXXX464F
Date Of Birth 20/09/1994

Occupation	Outdoor
Date Of Driving Pass	25/07/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-87518858
Alt. Phone Number	-
Email Address	enzolowgraphics@gmail.com
Address	BLK 121A EDGEDALE PLAINS #03-245
Address complement	-
Postcode	821121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	SV8100F
Vehicle Category	Private car

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 SKETCH PLAN AND POLICE REPORT T/20230715/7009

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	SU8100F
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

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 (Name as in NRIC/ID card)

Sketch Plan

PRITON CENTURY GARDEN

17/07/2023
Johor Bahru

A: SMV 2402R

B: SY8100F


Describe Circumstance of the Accident


ON THE STATED DATE AND TIME I VEHICLE (A) WHILE
TURNING MISJUDGE AND HIT ONTO VEHICLE (B)

POLICE REPORT 7/20230715/2009

Declaration

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


Policyholder's Signature / Date & Time


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


17/07/2023
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**

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



T/20230715/7009

1 of 3

Report No. T/20230715/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2023 14:24	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ENZO LOW		Address: 121A EDGEDALE PLAINS #03-245 SINGAPORE 821121	
ID Type / ID No.: NRIC NO / S9434464F		Contact No.: Home/Office: Mobile: 87518858	
Nationality: SINGAPORE CITIZEN		Email: ENZOLOWGRAPHICS@GMAIL.COM	
Sex: Male	Age: 28	Date of Birth: 20/09/1994	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Financial/Investment adviser		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: 02/07/2023 15:35	Type of Location: Petrol Station
Location: WOODLANDS CENTRE ROAD			
Weather: Cloudy		Road Surface: Dry	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Stationary Vehicle and Slow Moving Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMV2402R	Car					0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

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



T/20230715/7009

2 of 3

Report No. T/20230715/7009

CONTINUATION OF REPORT

Driver			
Name	ENZO LOW		ID No. S9434464F
Related Vehicle	SMV2402R (Car)		Contact No. 87518858
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Accident took place in an Malaysia petrol station (Petron) at Johor Bahru.

Car was parked and filling up petrol as I was making a turn in, my vehicle tyre scratched on the parked vehicle slide skirt.

Accident took place in: 79, Jalan Tebrau Lama, Taman Abad, 80250 Johor Bahru, Johor, Malaysia

**SINGAPORE
POLICE FORCE**

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



T/20230715/7009

3 of 3

Report No. T/20230715/7009

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

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

Date/Time:
15/07/2023 14:24

Classification Of Case:

NP168:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08237D0003 Vehicle Registration No: SMV2402R
 Name (as shown in NRIC): EZ/20 LOW NRIC/FIN/Passport No: SXXXX464F
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 09/07/2023 Time of Accident: 15:30
 Place of Accident: 79 JALAN TUBAN LOMA
 Insurance Company: ALL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle Number To SU8100F

Policyholder / Actual Driver's Signature
Date:

18/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: