

## 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 Authorised 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 ability.
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 Report	06/02/2018 16:38
Date Of Accident	05/02/2018 13:05
Exact Location Of Accident	COLLYER QUAY > FULLERTON HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB967G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LKB TRANSPORT
Co Reg No	53346419J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8A

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094214119
Cover Note Number	

### Driver

Name of Driver	LEOW KWANG BENG
NRIC No	S1551708E
Date Of Birth	26/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	05/09/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81336858
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 751 PASIR RIS STREET 71 #07-78
Postcode	510751
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180205/2130

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDG277U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOO LAN SIE
NRIC/Passport Number	S7417806E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	LEOW KWANG BENG
Approximate Age	55
Injuries Sustain	NECK,SHOULDER,NAUSEA
Injured person in which vehicle?	SJB967G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan Pg. 1


### SKETCH PLAN


#### IMPORTANT NOTICE


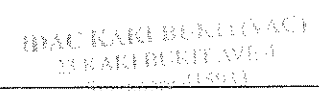
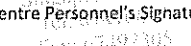

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

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

  
  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 

**Accident Sketch Plan Pg. 1**

### SKETCH PLAN

As per attached sketch.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No. T/2180205/2130 .

## 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 &amp; Time:

06 FEB 2040

[illegible]

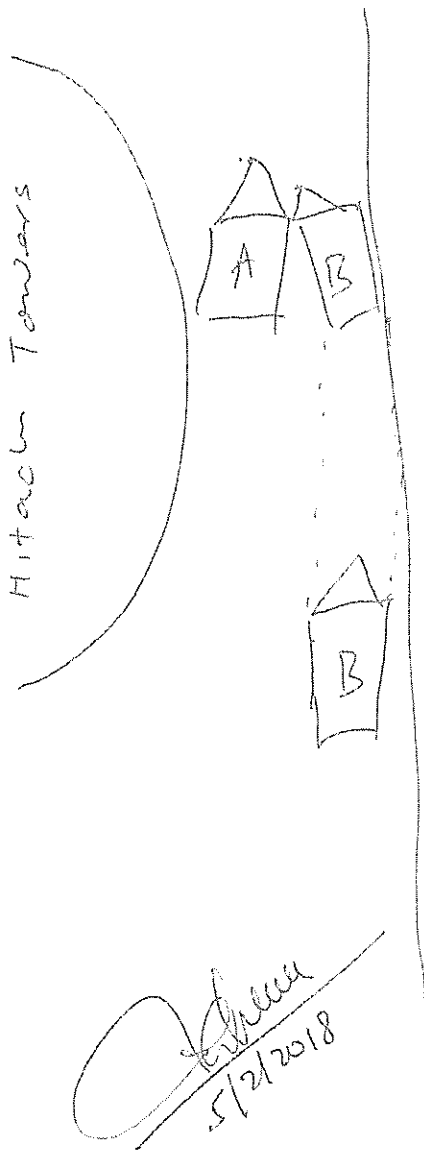
Reporting Centre Personnel's Signature

Name: Fax: 67492306

**NRIC/FIN No:** 907687-9

taxi stand

SKETCH PLAN .



A) SJB 967 G

B) SDG 2777 U

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180205/2130

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3  
Report No. T/20180205/2130

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 16:51		Vide Report No.:		Station Diary No.: 148	
<b>Informant's Particulars</b>					
Name of Informant: LEOW KWANG BENG			Address: APT BLK 751 PASIR RIS STREET 71 #07-78 SINGAPORE 510751		
ID Type / ID No.: NRIC NO / S1551708E			Contact No.: Home/Office: Mobile: 81336858		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/05/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB CAR DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2018 13:05	Type of Location: Straight Road
Location: Along Road 1 COLLYER QUAY  Along Collyer Quay towards Fullerton Hotel				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SDG2777U	Car	VOLKSWAGO N	JCW ALL4 LED SR HUD NAV	Silver	Slightly Damaged	0
SJB967G	Car	HONDA	CIVIC 1.8L A	Grey	Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180205/2130

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3  
Report No. T/20180205/2130

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LOO LAN SIE		ID No. S7417806E
Related Vehicle	SDG2777U (Car)		Contact No. 97510938
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LEOW KWANG BENG		ID No. S1551708E
Related Vehicle	SJB967G (Car)		Contact No. 81336858
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

## Brief Details.

On 05/02/2018 at 1304hrs, I was driving my Grab car SJB967G along Collyer Quay towards Fullerton Hotel. I was stationary in front of the Hitachi towers before the taxi stand. I was about to alight my 2 passengers at Hitachi towers. Suddenly I felt an impact from my front right side. It was a vehicle SDG2777U (V2) Volkswagen Mini Cooper (White with red stripes) hit me on my right side. The driver was driving in a great speed. The driver stopped about 70 metres away from my vehicle. I then drove forward to exchange particulars with the driver.

At about 1500hrs, I felt pain on my neck, shoulders and nausea. As such I went to see doctor at Horizon Medical Pte Ltd and was given 4days mc from 05/02/2018 till 08/02/2018.



Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180205/2130

Police Station Of Origin:  
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3 of 3



Report No. T/20180205/2130

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 JEFFREY LOIS	Signature Of Informant: 
Signature Of Interpreter Not applicable	Date/Time: 05/02/2018 16:51
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No: 65476219	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	SN 061