

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 15:59
Date Of Accident	05/02/2018 13:50
Exact Location Of Accident	ALONG YIO CHU KANG RD TOWARDS ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ772Z
Insured/Policyholder	
Name Of Registered Owner	JPRESTIGE
Co Reg No	53363602K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AE IONIQ HEV DCT-1.6 (A)

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	NO
Policy Number	5092150925
Cover Note Number	

Driver

Name of Driver	CHOO MIN RUI, JEFFREY
NRIC No	S9121080J
Date Of Birth	14/06/1991
Occupation	INDOOR
Date Of Driving Pass	01/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171509
Fax Number	
Contact Number	
Email Address	GUAJJEFF@GMAIL.COM

Address	BLK 446A JALAN KAYU #13-314
Postcode	791446
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO TP REPORT T/20180206/2065

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PLEASE GET FROM WRKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM8414B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOO MIN RUI JEFFREY

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLQ772Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- [illegible]

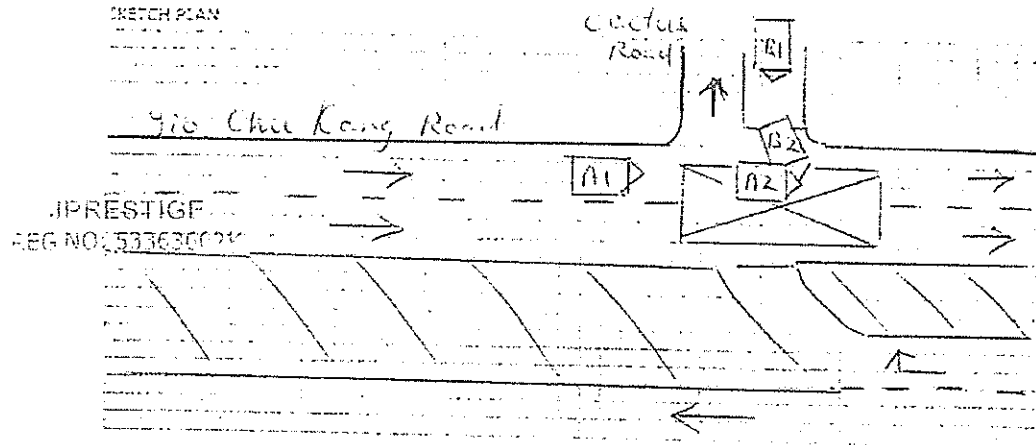
JPRESTIGE
REG NO: 53363602

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: a control group (n = 10) and an experimental group (n = 10). The control group received a placebo (PLA) and the experimental group received a 10% w/v solution of the active ingredient (10% w/v). The subjects were divided into two groups: a control group (n = 10) and an experimental group (n = 10). The control group received a placebo (PLA) and the experimental group received a 10% w/v solution of the active ingredient (10% w/v). The subjects were divided into two groups: a control group (n = 10) and an experimental group (n = 10). The control group received a placebo (PLA) and the experimental group received a 10% w/v solution of the active ingredient (10% w/v).

1. **Identify the problem.**
 2. **Identify the cause.**
 3. **Identify the effect.**
 4. **Identify the solution.**

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Sketch Plan Pg. 2



JPRESTIGE
REG NO: 53363602K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report

JPRESTIGE
REG NO: 53363602K

Report No - T/20180206/2065

DECLARATION

JPRESTIGE
REG NO: 53363602K

Reporting Officer's Signature
Date & Time

Officer's Signature
(For use only if the officer is not the reporting officer)
Date & Time

Reporting Officer's Signature
Name:
S/N: 00000000

Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20180206/2065

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No T/20180206/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 12:18
Vide Report No.:
Station Diary No.: 68

Informant's Particulars

Name of Informant: CHOO MIN RUI, JEFFREY			Address: APT BLK 446A JALAN KAYU #13-314 SINGAPORE 791446		
ID Type / ID No.: NRIC NO / S9121080J			Contact No: Home/Office: Mobile: 90171509		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 14/06/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2018 13:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM8414B	Car				Slightly Damaged	1
SLQ772Z	Car				Slightly Damaged	0

Details of Person Involved

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

Sketch Plan Pg. 4



SINGAPORE
POLICE FORCE



T/20180205/2053

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No: T/20180205/2053

CONTINUATION OF REPORT

Driver			
Name	Ho Zhong Ming Timotius	ID No.	S9335207F
Related Vehicle	SLM8414B (Car)	Contact No.	NIL
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
Driver			
Name	CHOO MIN RUI, JEFFREY	ID No.	S9121080J
Related Vehicle	SLQ772Z (Car)	Contact No.	90171509
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 05/02/2018 at about 1350 hours, I was driving my car(SLQ772Z) along Yio Chu Kang Road towards Ang Mo Kio Avenue 6.

As I was approaching near cactus road, a silver Toyota Prius(SLM8414B) that was from the minor road(cactus road) on the left drove out of the road without checking for cars. As the car was coming out I tried to avoid the car and horn to warn him but I could not brake in time. The car's front right bumper collided on to the left side body of my car.

I went out of the car and approached the driver, Ho Zhong Ming Timotius, IC: S9335207F, HP:81380529. He immediately admitted his fault and asked me to follow to his workshop to discuss about the matter. But I was too tired to go down so we exchanged particulars and left the spot. I also told the driver I would be lodging a police report.

No pedestrian was involved and no one was conveyed by ambulance. There was also no damage to government property. I then went to Khoo Teck Puat hospital to see the doctor as I felt uncomfortable in my head, neck, chest and stomach. I got 3 days of medical leave and will follow up with another check up after the 3 days incase of anything.

Due to the accident my car's left side body is badly damaged. The other car's front right bumper is damaged too.

I wish to state that I have an in car camera which recorded the whole accident.

Sketch Plan Pg. 5



SINGAPORE
POLICE FORCE



T/20180206/2065

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No. 1800-4249999

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Report No. T/20180206/2065

CONTINUATION OF REPORT

I am lodging this for my own record and action.

Sketch Plan Pg. 6



SINGAPORE
POLICE FORCE



T/20180206/2065

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4249999

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Report No. T/20180206/2065

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: F / Sgt 2 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2018 12:16
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP165	