

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 | 20/02/2018 19:49 |
| Date Of Accident | 16/02/2018 17:15 |
| Exact Location Of Accident | JUNC ALEXANDRA RD & TIONG BAHRU RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJB4287J |
| Insured/Policyholder | |
| Name Of Registered Owner | LOW YEW CHOH (LU YAOZU) |
| NRIC No | S7911406E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97895559 |
| Alternative Phone No | OFFICE-97895559 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|------------------|
| Manufacturer | HYUNDAI |
| Model | VERNA 1.4 MANUAL |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5096709853 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | LOW YEW CHOH (LU YAOZU) |
| NRIC No | S7911406E |
| Date Of Birth | 10/05/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/11/2006 |
| Driving Experience | 11 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97895559 |
| Fax Number | |
| Contact Number | OFFICE-97895559 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|-------------------------------------|
| Address | BLK 44 TANGLIN HALT ROAD #04-255 |
| Postcode | 142044 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----------------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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) | 5 |
| Passenger 1 | NAME: : TRAN THI THU DUNG GENDER: : FEMALE |
| Passenger 2 | NAME: : LOW WAI YEN WENDY GENDER: : FEMALE |
| Passenger 3 | NAME: : - GENDER: : MALE |
| Passenger 4 | 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 | KAMPONG UBI NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7479999 - FAX NO: 67453410 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180216/2077.

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 | SJF733T |
| Vehicle Make/Model/Colour | HONDA ODYSSEY |
| 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 | LOW YEW CHOH (LU YAOZU) |
| Approximate Age | |
| Injuries Sustain | HAND,NECK,FACE & BACK |
| Injured person in which vehicle? | SJB4287J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|-----------------------------------------------------|-------------------|
| Name | TRAN THI THU DUNG |
| Approximate Age | |
| Injuries Sustain | HEAD & NOSE |
| Injured person in which vehicle? | SJB4287J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|-----------------------------------------------------|-------------------|
| Name | LOW WAI YEN WENDY |
| Approximate Age | |
| Injuries Sustain | HEAD |
| Injured person in which vehicle? | SJB4287J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
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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:

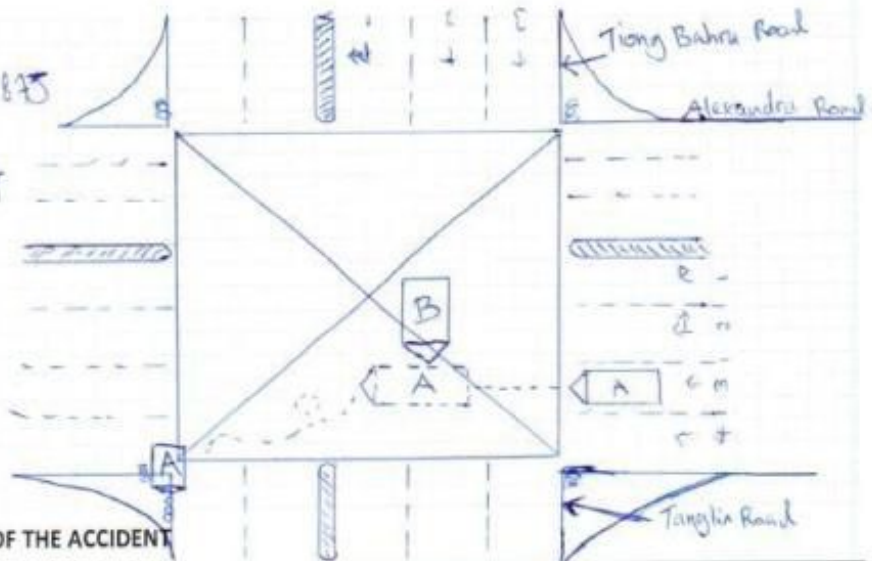

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A - SJG 42835

Vehicle B - SJF 733T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

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 & Time:


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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180216/2077

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20180216/2077

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made: 16/02/2018 19:04 | Vide Report No.: D/20180216/0074 | Station Diary No.: 27 |
|--------------------------------------------|-------------------------------------|--------------------------|

Informant's Particulars

| | |
|---------------------------------------------|----------------------------------------------------------------------|
| Name of Informant: LOW YEW CHOH | Address: APT BLK 44 TANGLIN HALT ROAD #04-255 SINGAPORE 142044 |
| ID Type / ID No.: NRIC NO / S7911406E | Contact No.: Home/Office: Mobile: 97895559 |
| Nationality: SINGAPORE CITIZEN | Email: |
| Sex: Male Age: 38 Date of Birth: 10/05/1979 | Type of Informant: Driver |
| Race: Chinese | Language: English Institution / School Name: |
| Occupation: NEA OFFICER | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: |

General Information of the Accident

| | | | | |
|-----------------------------------------------------------------------------|---------------------------------|---------------------------------------------|--------------------------------------------|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 16/02/2018 17:15 | Type of Location: Straight Road |
| Location: ALEXANDRA ROAD ALEXANDRA ROAD TOWARDS GANGES AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|------------------|-------|-------------------|-----------------|
| SJB4287J | Car | HYUNDAI | VERNA 1.4 MANUAL | Black | Seriously Damaged | 5 |
| SJF733T | Car | HONDA | ODYSSEY 2.4 A | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------------|--------------|------------|-------------|
| SJB4287J | NTUC Income Insurance Co-Operative Limited | 5096709853 | 15/12/2017 | 11/01/2019 |

Police Report



SINGAPORE
POLICE FORCE



T/20180216/2077

2 of 3

Police Station Of Origin:
Kemping Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180216/2077

CONTINUATION OF REPORT

Brief Details.

On 16th February 2018 at about 5.15pm, I was driving my car a Black Hyundai Verna bearing vehicle number SJB4287J along Alexandra Road towards Ganges Ave. I then approached a traffic junction between Alexandra Road to Ganges Avenue and Tiong Bahru Road to Tanglin Road.

My father in -law (Tran Van Au) was seating at the front passenger seat and my wife whom was carrying my three year old daughter were seated at the rear passenger seat just behind me. My cousin was seated at the centre of the rear passenger seat while her son was seated at the right side of the rear passenger seat.

It was a four lane road where the two most left lane were for driving straight. The third lane from the left was a straight and right turn road while the most right was for turning right only. I remember driving at the second lane from the left. As I was approaching the traffic junction, I realized that the traffic light turned amber. At that point of time I was certain that my car had fully crossed the stop line. Suddenly a car black car from Tiong Bahru Road hit the right side of my car. Due to that my car spin and stop just before the traffic light.

I then made a checked and realized that my wife's face was covered with blood. Ambulance and Traffic Police then came. Everyone were conveyed to ambulance except me. I could remember that my wife was conveyed to Singapore General Hospital (SGH) while the remaining passenger were conveyed to National University Hospital (NUH). I am not sure the condition of all the passengers as they are still in hospital.

No government property was damaged and there was other vehicle involved. My in-car camera SD Card had already been handed over to the Traffic Police. The right side of my car from the driver door to the right passenger door was severely damaged.

Wife and Daughter Particulars:

Tran Thi Thu Dung S7889737F 03/12/1978 94521074 (Wife)
Low Wai Yen Wendy (Lu Huien) T1503286Z 01/02/2015 (Daughter)

I am not sure of my cousin and her son's particulars.

Police Report



SINGAPORE
POLICE FORCE



T/20180216/2077

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20180216/2077

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:

G /

Sgt 2 MOHAMED KAMAL BIN AZIZ

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/02/2018 19:04

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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