

## 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	08/03/2018 15:26
Date Of Accident	07/03/2018 17:20
Exact Location Of Accident	JURONG ISLAND HWY AFTER JUNC SAKRA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3758D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LO GEOK KHUN
NRIC No	S8585173Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92703340
Alternative Phone No	OFFICE-92703340

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
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	5086401840-01
Cover Note Number	

### Driver

Name of Driver	LO GEOK KHUN
NRIC No	S8585173Z
Date Of Birth	13/11/1985
Occupation	INDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92703340
Fax Number	
Contact Number	OFFICE-92703340
Email Address	NOEMAIL

Address	BLK 360C ADMIRALTY DRIVE #09-40
Postcode	753360
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180308/2029.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6678A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LO GEOK KHUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT3758D

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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6. The 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 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.

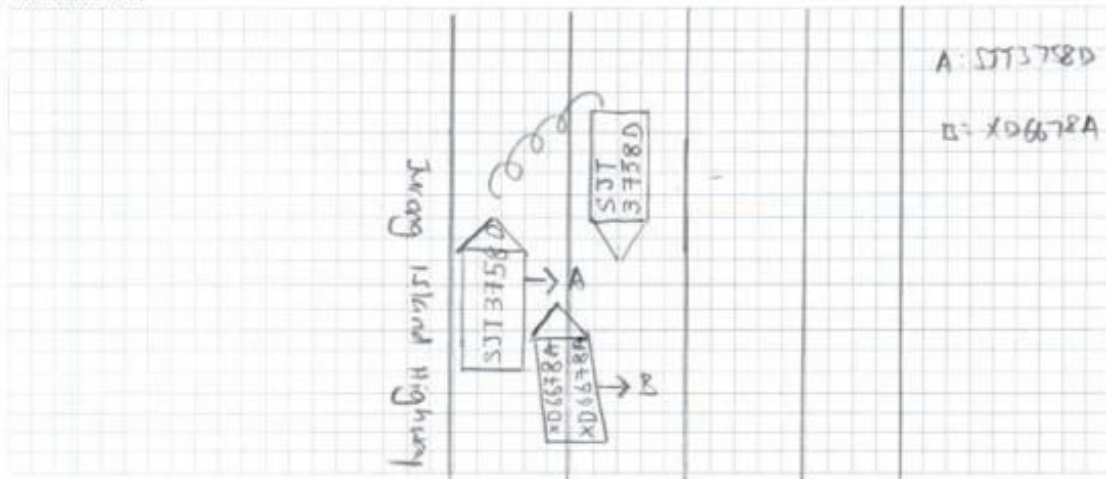
  
Policyholder's Signature  
Date & Time:

  
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



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7621803089 2020.

### 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/20180308/2029

1 of 3

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

Report No. T/20180308/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2018 11:06	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LO GEOK KHUN	Address: 360C ADMIRALTY DRIVE #09-40 HDB-SEMBAWANG SINGAPORE 753360		
ID Type / ID No.: NRIC NO / S8585173Z	Contact No.:	Mobile: 92703340	
Nationality: MALAYSIAN	Home/Office:	Email:	
Sex: Male	Age: 32	Date of Birth: 13/11/1985	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Civil engineer (general)	Driving Licence Information: Class: 2B,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2018 17:20	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision:				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT3758D	Car	HONDA	HONDA CIVIC 1.8L 5AT	Silver		0
XD6678A	TRUCK					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180308/2029

2 of 3

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

Report No. T/20180308/2029

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT3758D	NTUC Income Insurance Co-Operative Limited	5086401840-01	22/11/2017	21/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LO GEOK KHUN		ID No.	S8585173Z
Related Vehicle	NIL		Contact No.	92703340
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

07/03/2018 @1720HRS (JURONG ISLAND HIGHWAY).

I WAS DRIVING ALONG JURONG ISLAND HIGHWAY ON THE 4TH LANE TOWARDS JUROONG ISLAND CHECKPOINT, THE TRUCK DRIVER WAS ON THE 3 LANE. AT THE TRAFFIC LIGHT JUNCTION JUST TURN GREEN AND THERE WAS A CAR IN FRONT OF ME. WHEN WE MOVED OFF THE TRUCK WAS TRAVELLING BESIDE FOR ABOUT 50M THEN THE TRUCK START TO GET CLOSER TO MY VEHICLE AND I PRESS MY HORN TO WARN HIM AND I WANTED TO SPEED UP BUT I WAS NOT ABLE TO DUE TO THE CAR IN FRONT WAS BLOCKING, BUT THE NEXT MOMENT THE TRUCK COLLIDED WITH MY VEHICLE RIGHT BACK DOOR AND MY CAR TURN. THE TRUCK WAS PUSHING MY VEHICLE AGAINST MY DOORS OF MY CAR FOR A WHILE AND STOP ON THE 4 LANE. I SAT IN MY CAR FOR A WHILE DUE TO FROM SHOCK, LATER ON I WAS UNABLE TO EXIT FROM MY DRIVER DOOR SO I HAD TO EXIT FROM THE PASSENGER DOOR. I EXITED TO INSPECT MY VEHICLE AND TOOK PHOTO OF THE SCENE. I INFORM THE DRIVER AND JURONG ISLAND GUARD HOUSE THAT I NEED TO THE AMBULANCE FROM THE ACCIDENT. BEFORE I WAS CONVEY THE TRAFFIC POLICE ARRIVED THEY RECORDED MY PARTICULARS AND THE STORY. I HAVE VIDEO FOOTAGES OF THE ACCIDENT.  
I WAS GIVEN 2 DAYS MC  
THAT'S ALL

Police Report



SINGAPORE  
POLICE FORCE



T/20180308/2029

3 of 3

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Traffic Police Division HQ  
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Tel No: 65470000

Report No. T/20180308/2029

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:

TP /  
KEE CHUAN JIA MARCUS

Signature Of Informant:

*Victory*

Signature Of Interpreter:

Not applicable

Date/Time:

08/03/2018 11:06

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

Signature:

## Medical Cert

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:38458079)

ORIGINAL

NAME: LO GEOK JH

NRIC: S8585173Z

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **7/3/2018** to **8/3/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **07/03/2018 18:28** to **07/03/2018 20:42**.

07/03/2018  
Date

Dr. Faheem Ahmed KHAN (19984B)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



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**Accident Photo**



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