

## 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	03/05/2018 17:25
Date Of Accident	02/05/2018 23:00
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 3 AND AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV607Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH SIEW MUN
NRIC No	S1227763F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96970822
Alternative Phone No	OFFICE-96970822

### Vehicle Particulars

Manufacturer	BMW
Model	525I-2.5 (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 CAR

### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017299
Cover Note Number	

### Driver

Name of Driver	PEK KAIN HOCK
NRIC No	S1230610E
Date Of Birth	07/06/1957
Occupation	INDOOR
Date Of Driving Pass	08/03/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90406440
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 121 ANG MO KIO AVE 3 #11-1719
Postcode	560121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4961J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 PEK KAIN HOCK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SCV607Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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:

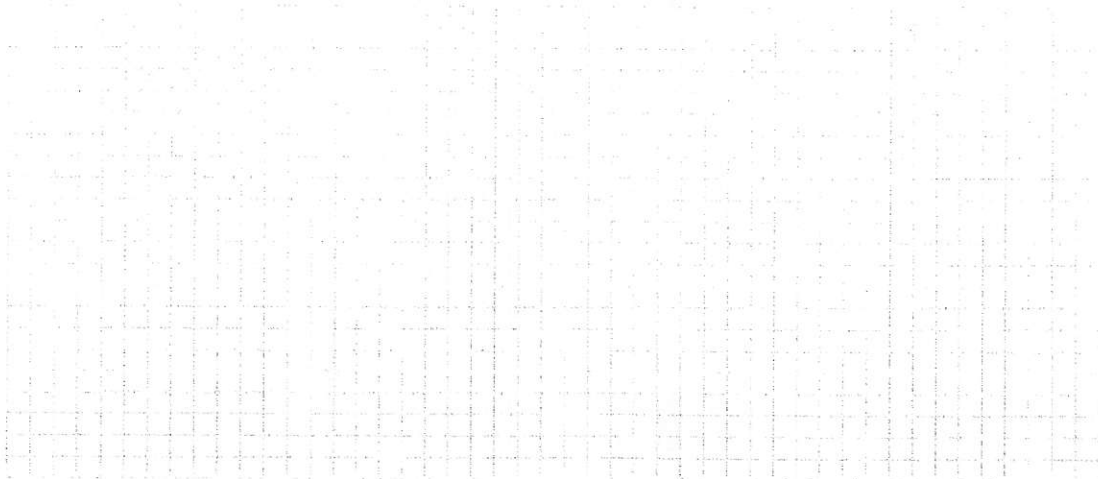
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN

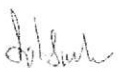


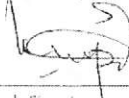
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

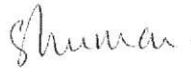
* Please Refer to police Report ATTACHED *
* ATTACHED SKETCH PLAN *
Remark:- CAMERA SD CARD took by Traffic police officer during material Time of Accident.
* Repair at other workshop

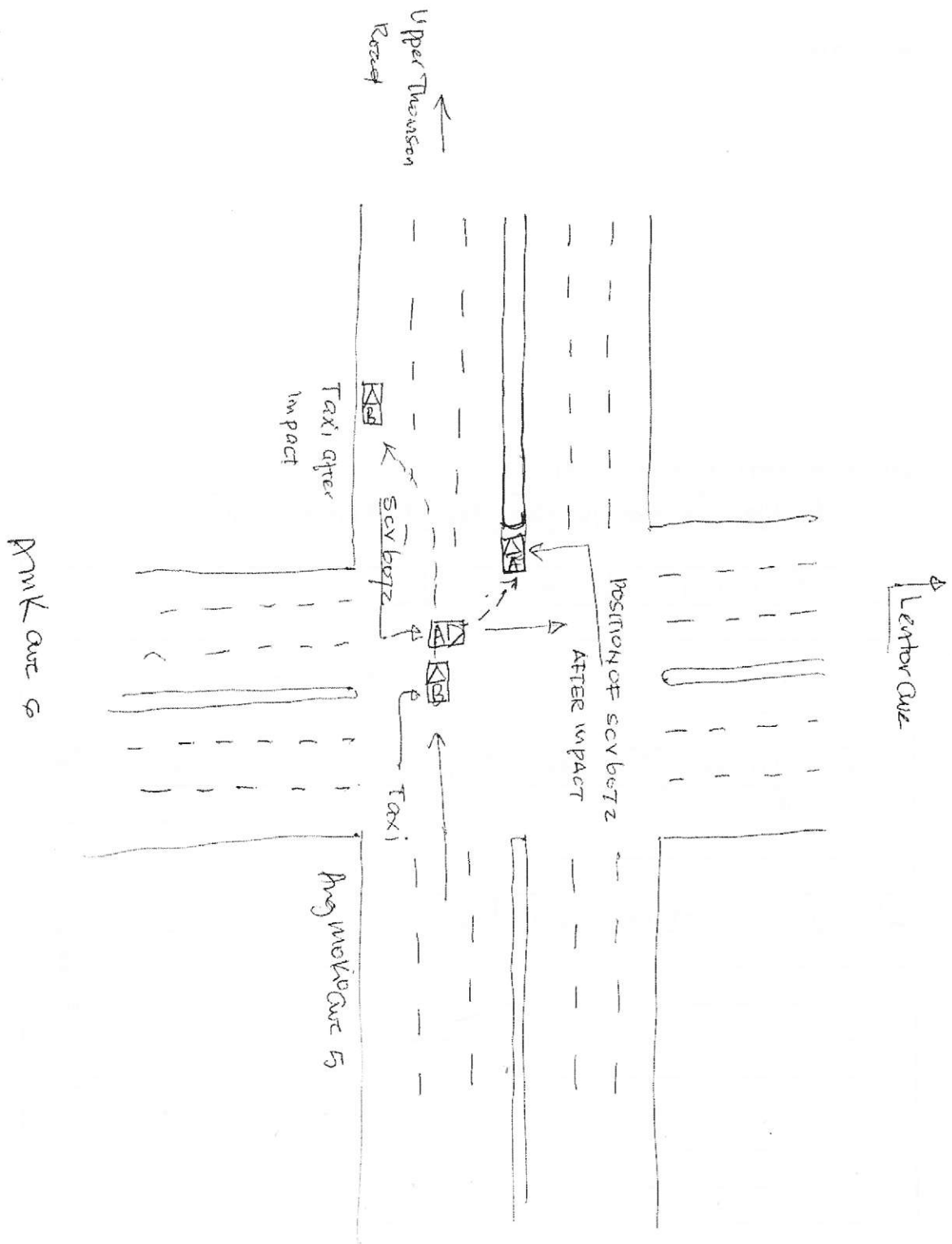
DECLARATION

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:      31/5/18 @  
 NRIC/FIN No.:      5:15pm





**SINGAPORE  
POLICE FORCE**



T/20180503/2117

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

1 of 3

Report No. T/20180503/2117

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/05/2018 16:03		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PEK KAIN HOCK			Address: APT BLK 121 ANG MO KIO AVE 3 #11-1719 HDB-ANG MO KIO SINGAPORE 560121		
ID Type / ID No.: NRIC NO / S1230610E			Contact No.: Home/Office: Mobile: 90406440		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/06/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/05/2018 11:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 5 ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV607Z	Car				Seriously Damaged	0
SHD4961J	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180503/2117

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

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Report No. T/20180503/2117

## CONTINUATION OF REPORT

Driver			
Name	PEK KAIN HOCK	ID No.	S1230610E
Related Vehicle	NIL	Contact No.	90406440
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION @ ABOUT 2300HRS,

I WAS DRIVING ALONG ANG MO KIO AVE 6 TOWARDS LENTOR AVE. THE ROAD CONSIST OF 3 LANES. I WAS IN THE MIDDLE LANE, THE OTHER PARTY IS A TAXI DRIVER, WHO WAS HEADING TO UPPER THOMSON ROAD. I THINK HE NEVER NOTICE THE RED SIGNAL. JUST AT THE TRAFFIC JUNCTION.. THE TAXI SMASHED THE RIGHT SIDE OF MY CAR. IT WAS VERY FAST. SO I COULDN'T REACT.

AFTER THE HIT, I GET DOWN THE CAR, WE MOVED TO A SIDE. THE TAXI DRIVER APPROACHED ME.. AND ASKED IF I AM DOING GOOD. THERE WAS THIS PATROL CAR BEHIND US COINCIDENTLY. SO THEY CAME TO THE SCENE. AMBULANCE WERE CALLED. THERE WAS A PASSANGER IN THE TAXI. SHE NEEDED MEDICAL ATTENTION SO SHE WAS BROUGHT TO KTPH.

I TOOK SOME PHOTOGRAPHS OF THE VEHICLE AS WELL.. I LOST TWO PAIRS OF SPECS(OAKLEY) AND MY HANDPHONE(4 MONTH OLD SAMSUNG WAS BADLY CRACKED). THE TAXI DRIVER ADMITTED HIS MISTAKE AND HE APOLOGISED. I LEFT THE SCENE AFTER THAT.

THATS ALL.





**SINGAPORE  
POLICE FORCE**



T/20180503/2117

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Report No. T/20180503/2117

**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 /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/05/2018 16:03

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: