

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	14/06/2018 16:52
Date Of Accident	13/06/2018 00:15
Exact Location Of Accident	LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1156S
Insured/Policyholder	
Name Of Registered Owner	FORTE AUTO LEASING PTE LTD
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97984296

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-

Driver

Name of Driver	LOH MOK SIM
NRIC No	S2537421E
Date Of Birth	06/10/1944
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1972
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92708041
Fax Number	
Contact Number	
E Mail Address	LMS92708041@GMAIL.COM

Address	BLK 140 SERANGOON NORTH AVE 2 #10-34
Postcode	550140
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	COLLISION - HEAD TO REAR
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	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 POLICE REPORT.

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	SLE3170D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWIN NG
NRIC/Passport Number	S8626655E
Contact Number	97430915
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

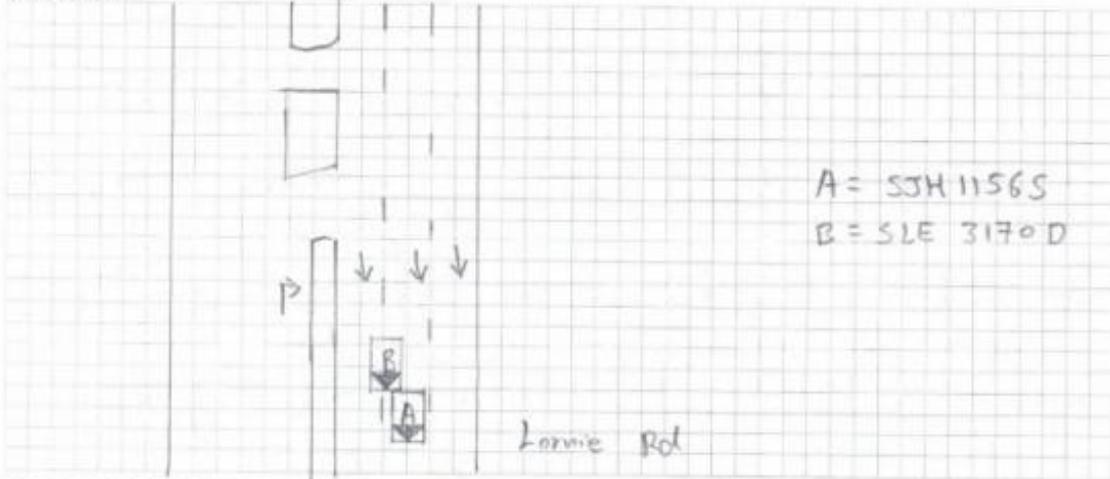
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LOH MOK SIM
Approximate Age	
Injuries Sustain	HEAD INJURY
Injured person in which vehicle?	SJH1156S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

John Watson

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

[Signature]

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180614/2105

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

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Report No. T/20180614/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH MOK SIM	ID No.	S2537421E
Related Vehicle	SJH1156S (Car)	Contact No.	92708041
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/06/2018	Date Discharge	14/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION

I WAS DRIVING ALONG LORNIE ROAD GOING TOWARDS ADAM'S ROAD.AT THE U-TURN BEFORE SIME ROAD. THE TRAFFIC WAS MODERATE, WEATHER'S FINE. SO I MADE A U-TURN WHEN THE CAR APPROACHING FROM OPPOSITE WAS ABOUT 1KM AWAY. AFTER STRAIGHTENING MY CAR, I HEARD A LOUD NOISE AND MY CAR SPINNED SWIFTLY AND LANDED ON MY RIGHT HAND SIDE. FACING TOWARD ADAMS ROAD.THE DRIVER AND I STOP TO ASSESS THE DAMAGE AND WATCH OUT TRAFFIC. SOON IN LESS THAN 10 MINUTES A PATROL CAR DROVE IN. THE TWO POLICEMAN AND WOMEN HELPED TO CONTROL TRAFFIC.

I FELT GIDDY AT NIGHT WHEN I WANTED TO SLEEP AND MY VISION IS VERY BLURRED.SO I WENT TO HAVE A COMPLETE CHECKUP AT THE TAN TOCK SENG HOSPITAL EMERGENCY DEPARTMENT.

THE PARTICULARS OF THE OTHER DRIVER ARE FOLLOWS:

NAME: EDWIN NG
IC:S8626656E
PLATE NUMBER: SLE3170D

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3 of 3

Report No. T/20180614/2105

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 /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/06/2018 16:02

Officer In Charge Of Case:
TP / DDGVT /
Sgt 3 MUHAMMAD FIRDAUS BIN SULEIMAN
Contact No.: 65476394

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



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