

## 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	29/06/2018 15:05
Date Of Accident	29/06/2018 08:40
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ6198B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LJH HOLDING
Co Reg No	53316294K
Email Address	LJHHOLDING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96771000
Alternative Phone No	OFFICE-96771000

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096974707
Cover Note Number	

### Driver

Name of Driver	LIU JIANHUI
NRIC No	S8328353Z
Date Of Birth	16/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771000
Fax Number	
Contact Number	OTHERS-96771000
EEmail Address	LJHHOLDING@GMAIL.COM

Address	BLK 1 LORONG 20 GEYLANG #08-09
Postcode	398721
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : RAIHANAH BINTE MOHAMED GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180629/2151

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8846T
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  
LIU JIANHUI  
Approximate Age  
Injuries Sustain  
SLIGHT INJURY  
Injured person in which vehicle?  
SGQ6198B  
Were seat belts worn?  
YES  
Was this injured conveyed to hospital by ambulance?  
NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name  
RAIHANAH BINTE MOHAMED  
Approximate Age  
Injuries Sustain  
SLIGHT INJURY  
Injured person in which vehicle?  
SGQ6198B  
Were seat belts worn?  
YES  
Was this injured conveyed to hospital by ambulance?  
NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

Veh A: SG6 6198B

Veh B: SHB 8846T

### IMPORTANT NOTICE

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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.

L J H A  
H O L D I N G

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29-06-18 10:30am

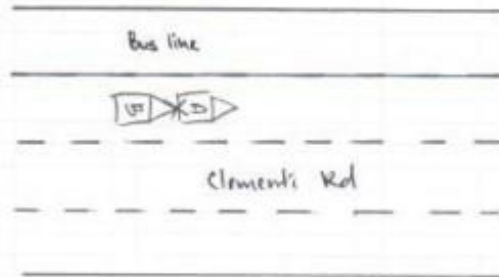
Reporting Centre Personnel's Signature  
Name: *Joshua*  
NRIC/Fin ID: *WAT18*

# Accident Sketch Plan

## SKETCH PLAN

Veh A: 866 6198 B

Veh B: SHB 8846T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling along Clementi Road Vehicle in front of me make  
 2- brake to complete stop. I followed. However Veh B behind me could  
 not stop in time and hit onto my Rear.

Police Report T/20180629/2151

## DECLARATION

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

L J H  
 HOLDING

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)

Date & Time: 29-06-18 10:30am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/06/2018

Resli a/H/B



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180629/2151

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3  
Report No. T/20180629/2151

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/06/2018 17:47		Vide Report No.:		Station Diary No.: 75	
<b>Informant's Particulars</b>					
Name of Informant: LIU JIANHUI		Address: APT BLK 1 LORONG 20 GEYLANG #08-09 SINGAPORE 398721			
ID Type / ID No.: NRIC NO / S8328353Z		Contact No.:		Mobile: 96771000	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 34	Date of Birth: 16/09/1983	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2018 08:40	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD				
Heading towards West Coast Highway.				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGQ6198B	Car				Seriously Damaged	1
SHB8846T	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



## POLICE REPORT



POLICE FORCE



T/20180629/2151

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3

Report No. T/20180629/2151

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIU JIANHUI	ID No.	S8328353Z
Related Vehicle	SGQ6198B (Car)	Contact No.	96771000
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN HWEE CHUAH	ID No.	S7008192Z
Related Vehicle	SHB8846T (Car)	Contact No.	94239926
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.**

On 29/06/2018 at about 0840hrs, I was driving my Grab vehicle, SGQ6198B on the 3rd lane of a 4-lane road along Clementi Rd, heading towards West Coast Highway. I had earlier picked up a female Malay passenger, named 'Raihanah Bte Mohamed, IC: S7508553B, Hp: 97677726' from her place in Woodlands and was on the way to send her to PSA Vista, Harbour Drive. At that moment, it was raining and the road surface was wet. A vehicle, SKM8085B, had then cut into my lane ahead of me from the right after signaling before suddenly jam-braking due to unknown reason. As a result, I had to jam-brake too when before I heard a loud bang coming from behind and there was a sudden impact causing my vehicle to jerk forward. After the incident, I got down to make a check and discovered that a Silver Cab taxi, SHB8846T had knocked head on to my vehicle's rear. While we were at scene, both me and my passenger initially thought that we were fine and uninjured. However, later on while I was on my way to the workshop, I suddenly felt pain on my back, neck and head area. As such, I called up my passenger to check on her and she informed that she was on her way to NUH to seek medical attention as she too complaint of pain after a while. I then proceeded to KTPH to seek medical consultation and was later given a week of medical leave by the doctor there. That is all.



POLICE REPORT



POLICE FORCE



T/20180629/2151

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No: T/20180629/2151

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 /

SI KHAIRUL ANUAR BIN MOHD HAMIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

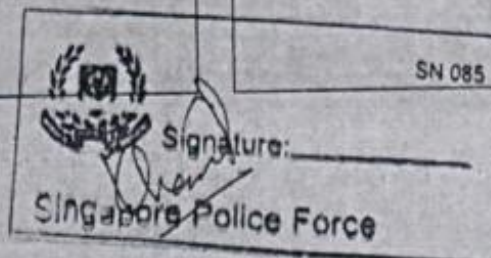
Date/Time:  
29/06/2018 17:47

Officer In Charge Of Case:  
TP / AEIT /  
SI DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

Classification Of Case:

SN 085

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6224 0010 Fax: (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400037785

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA44 3084016 Vehicle Registration No: S65 6198B  
Name (as shown in NRIC) : LJH Holding (Lian Jian Hai) NRIC/FIN/Passport No : S3316294K  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9699 1000  
Email Address : \_\_\_\_\_  
Date of Accident : 29.6.2018 Time of Accident : 0840 HRS  
Place of Accident : Clementi Rd  
Insurance Company : NIC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add Police Report T/20186629/2151

Policyholder / Driver's Signature  
Date: 30 JUN 2018

Reporting Centre Personnel's Signature  
Name: Peshi Vintar  
NRIC/FIN No: 02/02/2018  
Date: