

## 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	10/07/2018 15:27
Date Of Accident	10/07/2018 07:40
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5358B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOY LE HUI (LIU LEHUI)
NRIC No	S8404417B
Email Address	LOUISLLH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87992717
Alternative Phone No	OTHERS-87992717

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01016659
Cover Note Number	06/12/2017 - 05/12/2018

### Driver

Name of Driver	LOY LE HUI (LIU LEHUI)
NRIC No	S8404417B
Date Of Birth	12/02/1984
Occupation	INDOOR
Date Of Driving Pass	23/03/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87992717
Fax Number	
Contact Number	OTHERS-87992717
Email Address	LOUISLLH@GMAIL.COM

Address	BLK 430C FERNVALE LINK #17-233
Postcode	793430
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	CHAIN COLLISION
Weather Conditions	CLEAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### 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	SJX8053A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KHIANG JOO
NRIC/Passport Number	S1131463E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9972X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW TAI CHEE
NRIC/Passport Number	S1451903C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LOY LE HUI
Approximate Age	
Injuries Sustain	RIGHT SHOULDER
Injured person in which vehicle?	SLH5358B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

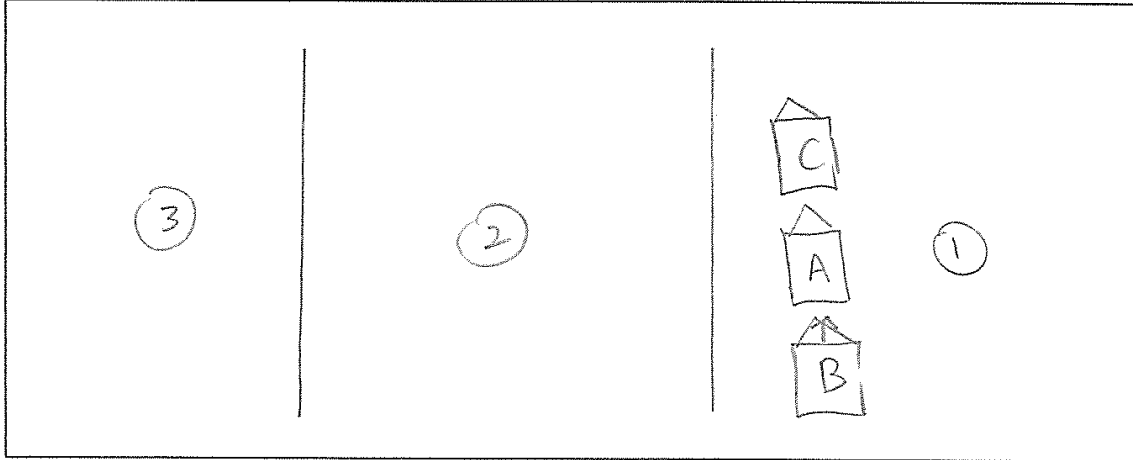
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan Pg. 2

Date of accident: 10/07/2018 Time: 7.40 am Location: Along Yio Chu Kang Rd  
 My Vehicle A: SLH5358B Vehicle B: SKP 9972X Vehicle C: SJX8053A  
 SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car behind Subaru, SKP9972X, because its red light. Suddenly a car, Hyundai, SJX8053A, crashed onto the back of my car and pushed my car forward to hit the car in front, which is SKP 9972X.

CAR B LIM KHIANG JOO  
S1131463E

CAR C - LOW TAI CHEE  
S1451903C

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :  
 My workshop :  
 Email address :  
 & myself : lous11h@gmail.com  
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

### 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.:

AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20180710/2145

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20180710/2145

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/07/2018 17:07	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars				
Name of Informant: LOY LE HUI			Address: APT BLK 430C FERNVALE LINK #17-233 SINGAPORE 793430	
ID Type / ID No.: NRIC NO / S8404417B			Contact No.: Home/Office: Mobile: 87992717	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 12/02/1984	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: IT REGIONAL SALES MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2018 07:40	Type of Location:
Location: Along Road 1 YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8053A	Car				Seriously Damaged	1
SKP9972X	Car				Seriously Damaged	0
SLH5358B	Car	TOYOTA	ESTIMA 2.4 A	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20180710/2145

2 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180710/2145

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH5358B	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV01016659	06/12/2017	05/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM KHIANG JOO		ID No.	S1131463E
Related Vehicle	SJX8053A (Car)		Contact No.	97860535
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LOW TAI CHEE		ID No.	S1451903C
Related Vehicle	SKP9972X (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LOY LE HUI		ID No.	S8404417B
Related Vehicle	SLH5358B (Car)		Contact No.	87992717
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ FERNVALE PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/07/2018		Date Discharge	10/07/2018
No. of Days granted Medical Leave	03		Degree of Injury	Serious



SINGAPORE  
POLICE FORCE



T/20180710/2145

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20180710/2145

CONTINUATION OF REPORT

**Brief Details.**

On 10/7/18 at about 0740hrs, I was driving my Toyota SLH5358B alone on Yio Chu Kang Road on Lane 1. It was drizzling slightly and the road was wet.

As I was approaching the Yio Chu Kang flyover, I saw that the traffic light ahead was red, so I slowed down to a stop behind a Subaru SKP9972X. Mine was the 2nd car.

Suddenly, a few seconds later, I felt a huge bang from the rear of my car as it got pushed forward.

Afterwards I realized that my car was involved in a 3-car collision.

A Hyundai SJX8053A had crashed into my car which in turn collided into the Subaru in front.

My car is installed with a front and rear camera system. Upon checking the rear camera later on, it revealed that the Hyundai had not even slowed down when approaching my car from the rear which suggests that the driver was not aware that traffic had come to a stop ahead of him.

As a result of the crash, I felt pain on my right shoulder whereas the driver of the Hyundai was seen clutching the right side of his chest. However, no one sought for medical attention that time.

Due to the impact, the Subaru's rear bumper had some cracks and scratches, my Toyota's front and rear were crushed in and the Hyundai's front bumper was crushed. Only the Hyundai had a passenger on board.

No police and ambulance was at scene.

I went to seek medical attention later on and was told by the doctor that my right shoulder is sprained. As a result, I received THREE days of MC.





**SINGAPORE  
POLICE FORCE**



T/20180710/2145

4 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

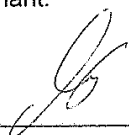
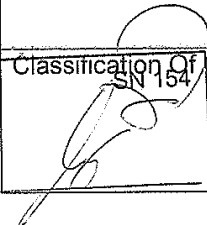
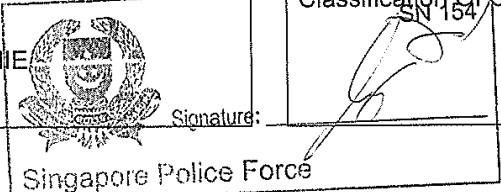
Report No. T/20180710/2145

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 / Staff Sgt LUBIS RATNO BIN REDWAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2018 17:07
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 154 
Authentication Stamp NP168	

# Sketch Plan Pg. 7



## Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

### PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11F02505

Policy No. : D17MTPV01016659

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the

PRIVATE CAR Policy wordings, ref. MTP.27

Insured : LOY LE HUI  
Address : BLK 430C FERNVALE LINK  
#17-233  
SINGAPORE 793430

Business/Profession : ENGINEER

#### INSURED DETAILS

Date of Birth & Age : 12 FEB 1984 & 33 years old  
Driving Experience in : 6 years  
Singapore  
Identification Type : NRIC(Singaporean)  
Marital Status : MARRIED  
Gender : Male  
Identification No. : S8404417B

Period of Insurance : 06 DECEMBER 2017 00:00 TO 05 DECEMBER 2018 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

#### VEHICLE DETAILS

Vehicle Registration No. : SLH5358B  
Chassis No. : ACR507006809  
Engine No. : 2AZC020850  
Vehicle Make & Model : TOYOTA ESTIMA 2.4  
Cc : 2362  
Type of Body : MPV  
Year of Registration : 2006  
Seating Capacity : 6  
(including driver)  
Estimated value of : Market value at time of loss  
Vehicle  
Hire Purchase Owner : THONG LEE TRADING  
PTE LTD

#### PREMIUM DETAILS

Premium	2,045.72
Less No Claim Discount (50%)	(1,022.86)
Less Offence free Discount (5%)	(51.14)
Less EDG Discount (10%)	(97.17)
Add others :	
Less Loyalty Discount(5%)	(43.73)
<b>Total</b>	<b>S\$ 830.82</b>
<b>GST</b>	<b>S\$ 58.16</b>
<b>Premium (incl. GST)</b>	<b>S\$ 888.98</b>

Coverage : Comprehensive - ExcelDrive GOLD

Excess : \$ 800 - Section I  
(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)

Voluntary Excess : N.A

Additional Excess : Named Young and/or Inexperienced Drivers or Elderly Drivers - \$1,500  
Un-named Young and/or Inexperienced Drivers or Elderly Drivers - \$3,000  
Un-named All Other Drivers - \$500

The terms shall be defined as follows:

'Young Drivers' shall be defined as drivers (including the Insured) who are below 25 years old.

'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 2 years of driving experience in Singapore

'Elderly Drivers' shall be defined as drivers (including the Insured) who are above 70 years old.

Paragraph 2 of Endorsement E in the policy will not apply to insured's spouse provided he/she is 25 years old & above but less than 70 years old &/or has 2 or more years driving experience.

Windscreen Excess : S\$100.00 - Waived if Repair at ExcelDrive Workshop

Endorsements Applicable : Endorsement D - Young and/or Inexperienced or Elderly Drivers Excess  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement L - Hire Purchase  
Endorsement M - Inclusion Of Special Perils  
Endorsement P6 - Riot And Strike Endorsement



**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

**PRIVATE CAR POLICY SCHEDULE**

Intermediary Code : 11F02505

Policy No. : D17MTPV01016659

Endorsement V - No Claim Discount Protection

Endorsement Y2 - ExcelDrive Gold Plan

Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

Named Drivers : 1. Name : LOY LE HUI  
Date of Birth & Age : 12 FEB 1984 & 33 years old  
Driving Experience in Singapore : 6 years

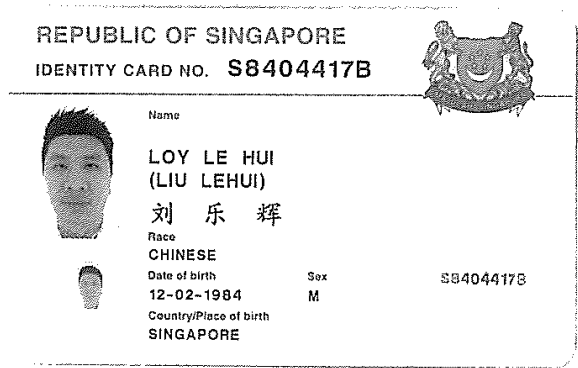
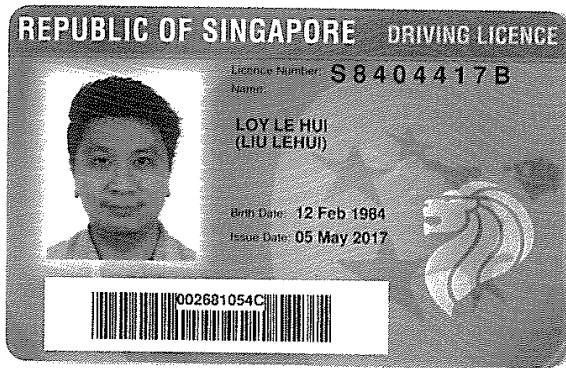
Date of Issue : 14 NOVEMBER 2017  
Intermediary Name : FINANCIAL ALLIANCE PTE LTD  
Producer Code & Name : FNA02871 & TAN CHEE HIONG SAVEN  
User Code : AUDREYS/FNA02871  
Old Policy No. : D16MTPV01011896

Signed on this 14th day of November 2017  
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

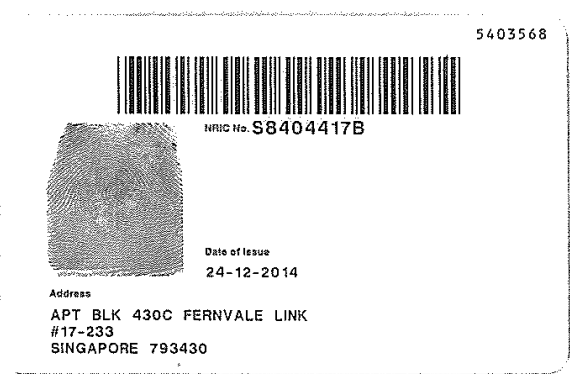
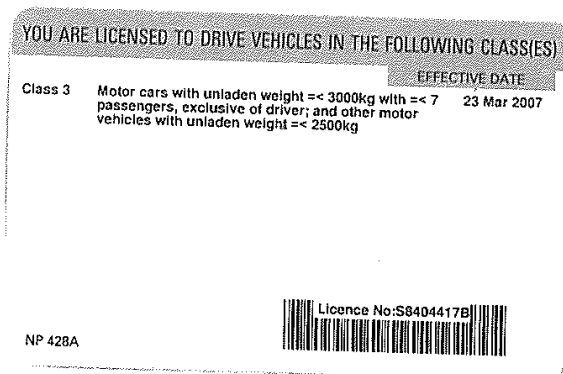
Authorised Signatory  
CI Code : 22A

**24-HOUR EMERGENCY HOTLINE**  
**Tel: (65) 6226 3323**

Specialist from 24 Hours Mobile Accident Response Service (MARS) will:  
- Take photographs of the vehicle involved.  
- Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours  
- Arrange towing service if necessary to the nearest ExcelDrive Workshop  
\* When overseas, inform the operator that you would like to place a collect call, or call on reverse charge basis.



8799277  
~~the~~  
 clear & wet  
 night vision.  
 camera.  
 per.



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



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Accident Photo



Accident Photo





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