

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	06/09/2018 16:29
Date Of Accident	05/09/2018 08:00
Exact Location Of Accident	BT TIMAH RD TWDS FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6850G
Insured/Policyholder	
Name Of Registered Owner	T K MOTOR WORKSHOP
Co Reg No	53049097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097467701
Cover Note Number	-

Driver

Name of Driver	LOH LIN HIONG RICHARD
NRIC No	S6941057Z
Date Of Birth	28/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2014
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97269882
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 114 PUNGGOL WALK #02-29
Postcode	828767
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFG7Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMED SUHAIMI BIN TAIB

NRIC/Passport Number	S6929004C
Contact Number	90614639
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH LIN HIONG RICHARD
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SJN6850G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.
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.

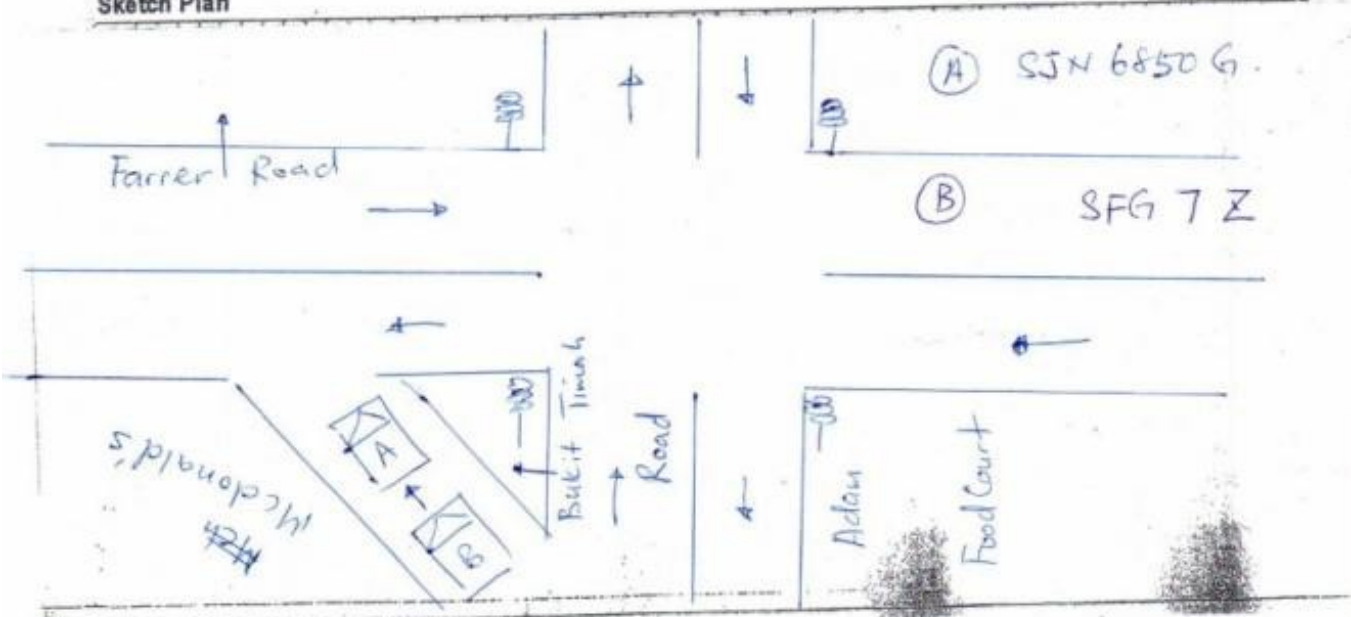
TK MOTOR WORKSHOP

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Refer To Police Report NO: 7/20180905/2152

Declaration

We declare the foregoing particulars are true in every respect.

TK MOTOR WORKSHOP

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180905/2152

1 of 4

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180905/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 21:18	Vide Report No.:	Station Diary No.: 81
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Informant's Particulars			
Name of Informant: LOH LIN HIONG RICHARD		Address: APT BLK 114 PUNGGOL WALK #02-29 SINGAPORE 828767	
ID Type / ID No.: NRIC NO / S6941057Z		Contact No.: Home/Office: Mobile: 97269882	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 28/11/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		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: 05/09/2018 08:00	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD FARRER ROAD Filter lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passengers
SFG7Z	Car	MINI		Red	Slightly Damaged	0
SJN6850G	Car	TOYOTA	Altis	White	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJN6850G	NTUC Income Insurance Co-Operative Limited	5097467701	16/01/2018	24/02/2019

POLICE REPORT



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T/20180905/2152

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

2 of 4

Report No. T/20180905/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Mohammed Suhaimi Bin Taib	ID No.	S6929004C
Related Vehicle	SFG7Z (Car)	Contact No.	90614639
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	LOH LIN HIONG RICHARD	ID No.	S6941057Z
Related Vehicle	SJN6850G (Car)	Contact No.	97269882
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	05/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Hamdan	ID No.	NIL
Related Vehicle	SJN6850G (Car)	Contact No.	83636560
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

Brief Details.

On 5.09.2018 at about 8.00 am, I was driving my motorcar (SJN6850G) along Bukit Timah Road towards Farrer Road. While I was in the filter lane waiting to turn into Farrer Road, a motorcar (SFG7Z) collided onto the rear of my vehicle. Therefore, we alighted from our vehicles and exchanged our particulars. We then left the scene as I needed to drop my passengers at their destination. I had checked with the passengers whether they felt unwell due to the accident and they do not have any complaint.

Later at about 2.00 pm, I felt pain on my back. Consequently, I visited Mount Alvernia Hospital to consult doctor. I was treated outpatient and given 5 days of Medical Leave. My vehicle sustained damages at the

POLICE REPORT



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T/20180905/2152

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Whampoa NPP
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3 of 4

Report No. T/20180905/2152

CONTINUATION OF REPORT

rear of the vehicle.

I wish to state that there is no police or ambulance attended to the accident. I believed the passengers who were on-board in my vehicle are couple and thus I only took one of their contact details. I also wish to state that the driver of SFG7Z admitted that it was his fault to have collided onto my vehicle.

POLICE REPORT



SINGAPORE
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T/20180905/2152

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4 of 4

Report No. T/20180905/2152

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:

E /

Sr Staff Sgt LOW WEE KEONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/09/2018 21:18

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168 POLICE FORCE

SN 072

[Signature]

DATE TIME

1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



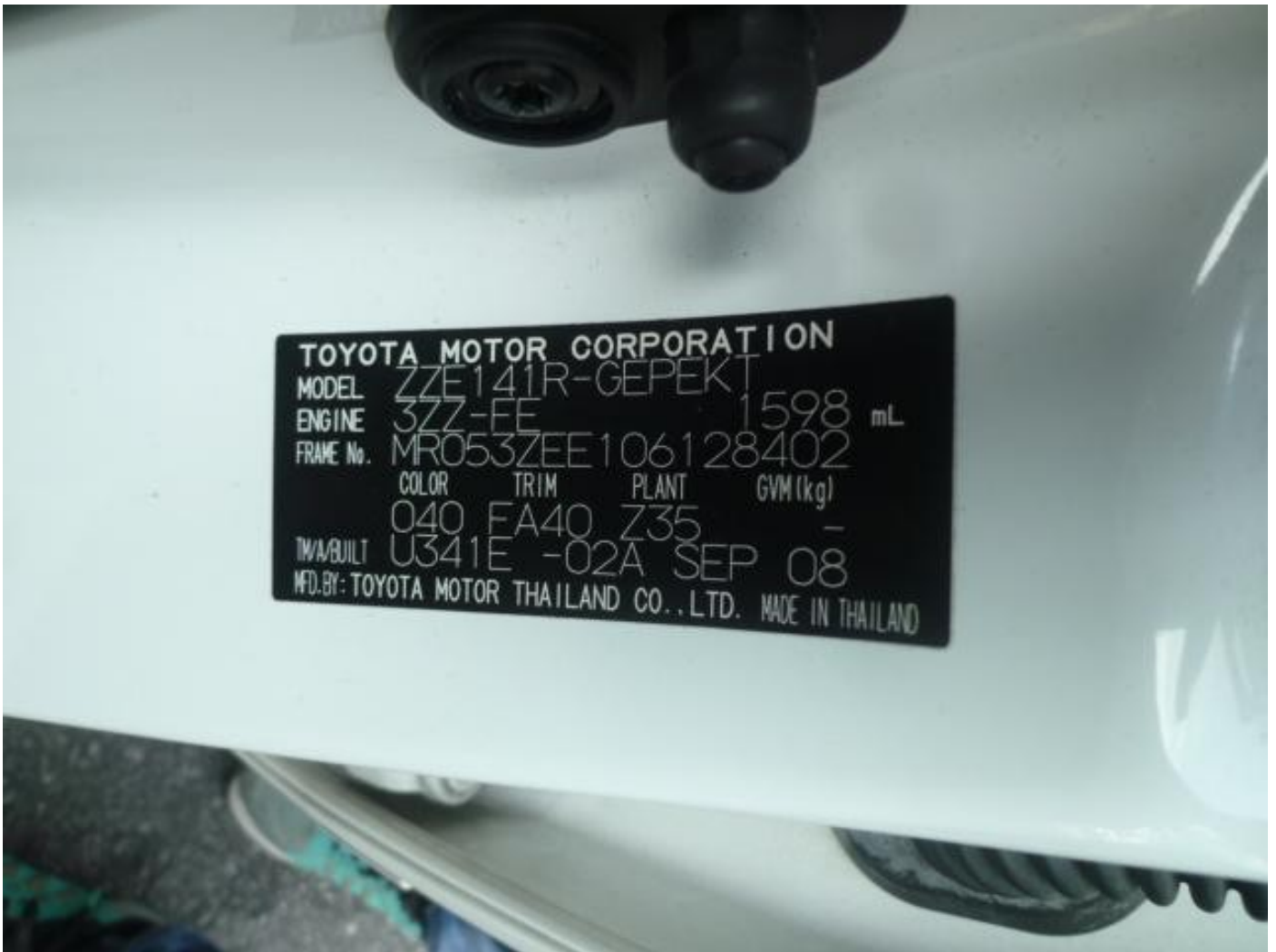
Accident Photo



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Accident Photo

