SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	09/11/2018 10:54
Date Of Accident	07/11/2018 19:20
Exact Location Of Accident	JUNC OF SENGKANG EAST WAY & ANCHORVALE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF1953U
Insured/Policyholder	
Name Of Registered Owner	LOH,JUN JIA
NRIC No	S8039937E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91374389
Alternative Phone No	OTHERS-91374389
Vehicle Particulars	
Manufacturer	HONDA
Model	MOBILIO SV 1.5CVT
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00503594
Cover Note Number	
Driver	
Name of Driver	LOH,JUN JIA
NRIC No	S8039937E
Date Of Birth	19/12/1980
Occupation	INDOOR
Date Of Driving Pass	25/10/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91374389

OTHERS-91374389

NOEMAIL

BLK 271C PUNGGOL WALK Address

#06-529 823271

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

NO

5

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LOH ZI LIN

GENDER: : FEMALE

Passenger 2 NAME: : LOH JIAN YONG

> GENDER: : MALE

Passenger 3 NAME: : LOH JIAN HAO

> GENDER: : MALE

Passenger 4 : NGUYEN THI THU TRANG NAME:

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2448999 - FAX NO: 62446558 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181108/2000

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 Witness 1

MR SUM WAI TECK Name

Phone Number 65145269

Email Address

Details of Witness 2

Name **IRFAN** Phone Number 91995301

Email Address

Details of Witness 3

Name **AVERY** 90055667 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG5783Z

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

PRIVATE CAR Vehicle Category

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

LOH,JUN JIA Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SLF1953U Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NGUYEN THI THU TRANG

Approximate Age

Injuries Sustain **SLIGHT** SLF1953U Injured person in which vehicle? Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

NO

NO

Address Postcode

DETAILS OF INJURED PERSON 3

LOH ZI LIN Name

Approximate Age

SLIGHT Injuries Sustain Injured person in which vehicle? SLF1953U Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name LOH JIAN YONG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLF1953U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name LOH JIAN HAO

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SLF1953U
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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 aforesald.
- B. 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)
 - (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
- 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.
- 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

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	141414141414141414	Vehicle B: SKG 57837
DESCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT Song Kanney E	Anchorvate Rd Anchorvate Rd Anchorvate Rd
Rotor	To Police t	
	10 1010	4017
DECLARATION /We declare the foregoing part officyholder's Signature ate & Time:	Occuper Signature (If driver is not the policyholder) Date & Time:	Agus 0.9/11/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Individual Statement





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

Report No. T/20181108/2000

CONTINUATION OF REPORT

Passenger		STATE OF THE PARTY OF	SEN COURSE	NAME OF TAXABLE PARTY.
Name	LOH ZI LIN	I	D No.	T0919454H
Related Vehicle	SLF1953U (Car)	(Contact No	. NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN HOSPITAL	i i	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date Discha	rge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In		
Passenger		STATE OF THE PARTY	ALL DESIGNATION	
Name	NGUYEN THI THU TRANG	F	D No.	S8875788B
Related Vehicle	SLF1953U (Car)	C	Contact No	. NIL
Hospital/Clinic	NIL	L	Class of Driving icence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		
No. of Days grant	ted Medical Leave NIL	Degree of In		
Passenger	WHEN COMPANY TO SERVICE THE RESIDENCE	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	Selection of the	PS-Library N. St. of St. Des
Name	LOH JIAN HAO	11	O No.	T1612900Z
Related Vehicle	SLF1953U (Car)	C	ontact No	. NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN' HOSPITAL	D L	lass of priving icence & xpiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date Dischar		
	ed Medical Leave NIL	Degree of In		

Brief Details.

On 07/11/2018 about 1915hrs, I was travelling along third lane along Sengkang East Way near junction Anchorvale Rd. There was one yellow jazz, driver Witness 1 Mr Sum Wai Teck Office: 65145269 (Name card given) infront of my car and approaching the said junction, Jazz Driver sounded his hom at one vehicle: SKG5783Z white Altis as driver is trying to inch out of his right pocket trying to make an U-turn or turn right, the said Altis stopped and allowed his Honda jazz to pass through. While I was driving straight toward Sengkang NPC at the said junction as approaching the traffic junction was still green light on my path, the Altis suddenly inch out and make a maneuver out from his junction right pocket and trying to make a U-turn.

I sounded my horn and stepped on my brake and tried to perform an emergency brake to stop my vehicle however was not able to stop on time, my front bumper had hit onto his front passenger side door and

Individual Statement





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 4 of 5 Report No. T/20181108/2000

CONTINUATION OF REPORT

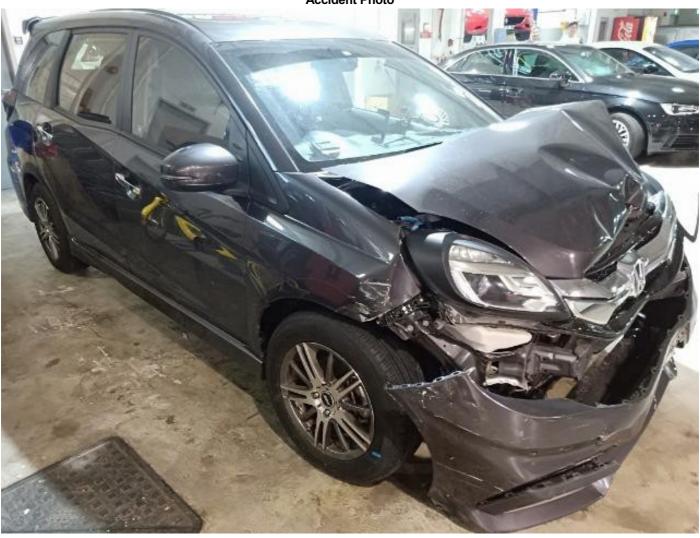
both my car two airbags deployed. We both got down of the car and checked with our passengers. One RedMart van Driver/Passenger Witness 2 Irfan HP: 91995301 came down and told me that he was along Anchorvale Rd opposite Swimming Complex and witness that I have the right of way but the Altis insisted making his U-turn without watching out for incoming traffic. Shortly Witness 3 Avery HP: 90055667 render some basic first aid and checked my children well-being, she mentioned that I have the right of way too and she further informed that she will lodge a police report about the incident to state her story.

Ambulance and fire bike and fire engine was at scene to render their assistance, ambulance paramedics checked both involved vehicles drivers and passengers, my 3 kids was conveyed to KK Hospital and myself walked in to Sengkang Hospital for further check up with assistance from my brother, Daniel. The altis driver and passenger were not convey by ambulance. Traffic Police Officer came down to scene and interview all parties including all witnesses except Witness 1. He passed me one paper indicating TP IO Zayid and report number: F/20181107/0258

I suffered neck sprain and right hand contusion, discharged for follow up with Orthopaedic Surgery Clinic, and was given 4 days Medical Leave with effect 7 Nov 2018. Please see below injuries for my children,

- f 1) Loh Zi Lin Was conveyed to KK after assessment by paramedic
- 1/2 Loh Jian Yong was conveyed to KK and injuries sustain was right top forehead bruises
- 3) Loh Jian Hao was conveyed to KK with neck sprain and 0.5 cm laceration below his left eye area

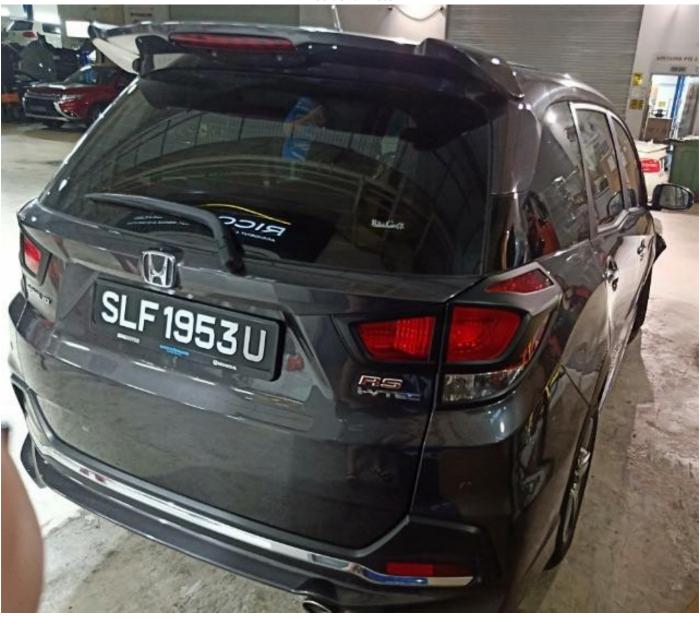
All 3 children was warded at KK for one night for further observation as advice by Doctor in KK, Ward 62 Bed 1, 2 and 4.

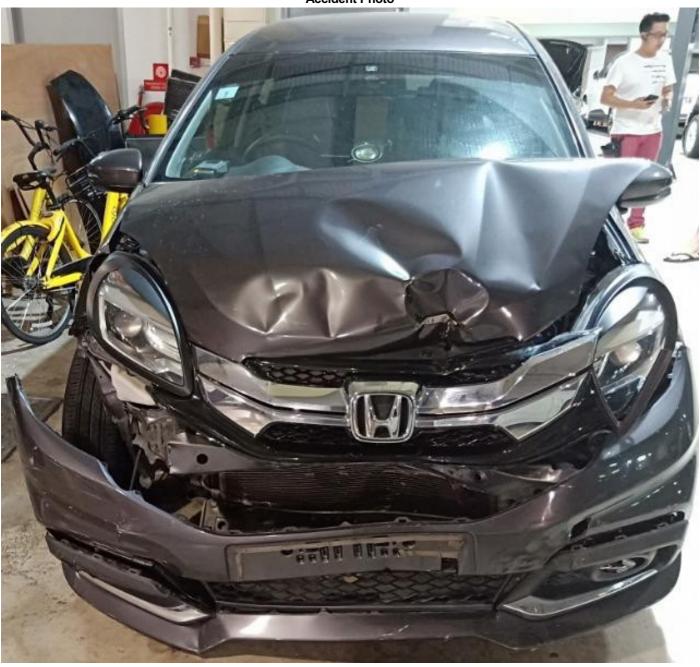


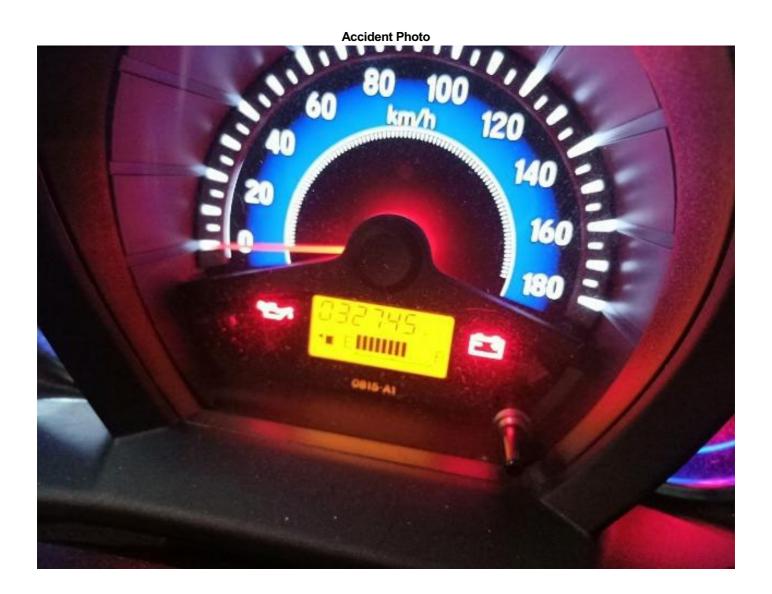
















Police Station Of Origin: Bedox South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No. 1800-2448999

1 of 5 Report No. T/20181108/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 00:30		Made:	Vide Report No.: F/20181107/0258	Station Diary No.		
Informa	nt's Partic	ulars		OF THE PERSON NAMED IN COLUMN		
Name of Informant: LOH JUN JIA			Address: APT BLK 271C PUNGGOL WALK #05-529 SINGAPORE 823271			
ID Type / ID No.; NRIC NO / S8039937E		37E	Contact No.: Mobile: 91374389			
National SINGAP	ity: ORE CITIZ	ŒN .	Email:			
Sex: Male	Age:	Date of Birth: 19/12/1980	Type of Informant:			
Race: Chinese			Language: English	Institution / School Name;		
Occupation: Police officer			Driving Licence Information: Class: 28,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police				
Location: Junction of Ri SENGKANG ANCHORVAL Weather: Clear		Road Surface		Road Speed Limit	
Traffic Flow:				Traffic Volume:	
Traffic Flow; One Way		Traffic Control:		Traffic Volume:	

Details of V	ehicle invo	lved	T. 11 2 11 2 27	CONTRACTOR OF THE PARTY OF	STATE OF STREET	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
5KG5783Z	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Slightly Damaged	1
SLF1953U	Car	HONDA	MOBILIO SV 1.5 CVT	Grey	Slightly Damaged	4

Dotalls of Vehicle Insurar	ice	The second second	A CONTRACTOR OF THE PARTY OF TH	
Vehicle No. Insurance Co	mpany	Insurance No	Effective	Expiry Date





Police Station Of Origin: Bedok South N.P.C 20 Chair Chee Drive SINGAPORE 469045 Tel No. 1800-2448999

Date Treatment | 07/11/2018 No. of Days granted Medical Leave 2 of 5 Report No. 1/2018/1108/2000

CONTINUATION OF REPORT

Vehicle No.	Insu	urance Company	Insurar	ice No		Effective	Expiry Date
SLF1953U	DIR	ECT ASIA INSURANCE NGAPORE) PTE. LTD:	MT/00503594			6/08/2018	15/08/2019
Details of P			NAME OF BRIDE		100	D. S. A. J. J. Dall.	San Asia San San
Any Pedestri	ian In	ivolved: No	AND STREET	- Alberta	12.22		
No. of Pedes	itrian	s Injured: NIL	Use of Pa	destrian	Cross	ing: NA	
Oriver	76	A STATE OF THE PARTY OF THE PARTY OF					- FE 166
Name		CALRUXIONG		ID No.	Ş.	32676242/	Λ.
Related Veh	icle	SKG5783Z (Car)		Conta	ct No.	84781529	
Hespital/Ciln	ile	NIL		Class Drivin Licens Expin	9 5e &	Class NIL Date of Exp	piry: NIL
Date Treatm	eret.	NII	Date Dis	charge	NIL		
		ted Medical Leave NL	Degrée d				
Driver	7.7		ACCOMMENTS:			10 331	OLD THE REAL PROPERTY.
Name		LOH JUN JIA		ID No		S80399371	E
Related Veh	ide	SLF1953U (Car)		Conta	et No.	91374389	
HospitaVCtir	nic.	SENGKANG GENERAL HOSPITAL PTE. LTD.			of g se & Date	Class, 28, Date of Ex	
Date Treatm	tnor	07/11/2018	Date Dis	charge	07/1	/2018	
		ted Medical Leave 04	Degree	of Injury	Sign		
Passenger	- X				To be	THE PERSON	
Name		LOH JIAN YONG		ID No		T1202696	į.
Related Veh	icle	SLF1953U (Car)		Conta	at No.	NII.	
Hospita/Olir	vic.	KK WOMEN'S AND CHILDREN'S HOSPITAL			of g on & v Date	Class: NIL Date of Ex	

NIL

Date Discharge NIL

Degree of Injury NIL





Police Station Of Origin: Bedck South N.P.C 20 Chai Chae Drive SINCAD

Report No. T/20181108/2000

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

CONTINUATION OF REPORT

Passenger	The same of the same of the	E11502-57-67	CONTRACTOR	100	DESCRIPTION OF PERSONS
Name	LOH ZI LIN).	T0919454H
Related Vehicle	SLF1953U (Car)		Conta	act No.	NIL
Hospital/Clinic	HOSPITAL			of ig ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date D	lischarge	NIL	
	ted Medical Leave NIL	Degree	e of Injury.	NIL	
Passenger -	The state of the s	P491 (1971)	BUTTON		CONTRACTOR OF THE
Name	NGUYEN THI THU TRANG	F	ID No		S8875788B
Related Vehicle	SLF1953U (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date D	ischarge	NIL	
No. of Days grant	ed Medical Leave NIL		of Injury		
Passenger	OFFICE AND STREET	E. STREET, N. LOW.	100000		Control of the last of the las
Name	LOH JIAN HAO		ID No		T1612900Z
Related Vehicle	SLF1953U (Car)			ct No.	NIL
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL			of g te &	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2018	Date D	Ischarge		
	ed Medical Leave NIL	Dogree			

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T/20181108/2000

Police Station Of Origin; Bedox South N.P.C 20 Chai Chee Drive SINGAPORE 489045 Tel No. 1800-2448999

4 of 5 Report No. T/20181108/2000

CONTINUATION OF REPORT

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- (a) Loh Jian Hac was conveyed to KK with neck sprain and 0.5 cm laceration below his left eye area

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Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No. 1600-2446999 5 et 5 Report No. T/20181108/2000

CONTINUATION OF REPORT

		an

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: G/ Staff Sgt CHIN YONG PEI, DESMOND	Signature Of Ingoments
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2018 00:30
Officer in Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No : 85476252	Classification Of Case:
Authertication Stamp NP166	- Harana

Identification Card





