

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 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.

ACCIDENT STATEMENT

Date Of Report	13/11/2018 13:17
Date Of Accident	07/11/2018 16:00
Exact Location Of Accident	OPEN SPACE CARPARK NEAR BLK 328 HOUGANG AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4310Z
Insured/Policyholder	
Name Of Registered Owner	MOO AUTO
Co Reg No	53373000K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90067335
Alternative Phone No	OFFICE-90067335

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5100745627
Cover Note Number	

Driver

Name of Driver	LOKE YUE KIN
NRIC No	S2716675Z
Date Of Birth	23/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90067335
Fax Number	
Contact Number	OTHERS-90067335
Email Address	NOEMAIL

Address	BLK 886 TAMPINES STREET 83 #09-37
Postcode	520886
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181108/2165

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	SLS9524D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG YIM HUAT
NRIC/Passport Number	S1349853I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOKE YUE KIN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SME4310Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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 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. 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.

X
Policyholder's Signature
Date & Time:



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

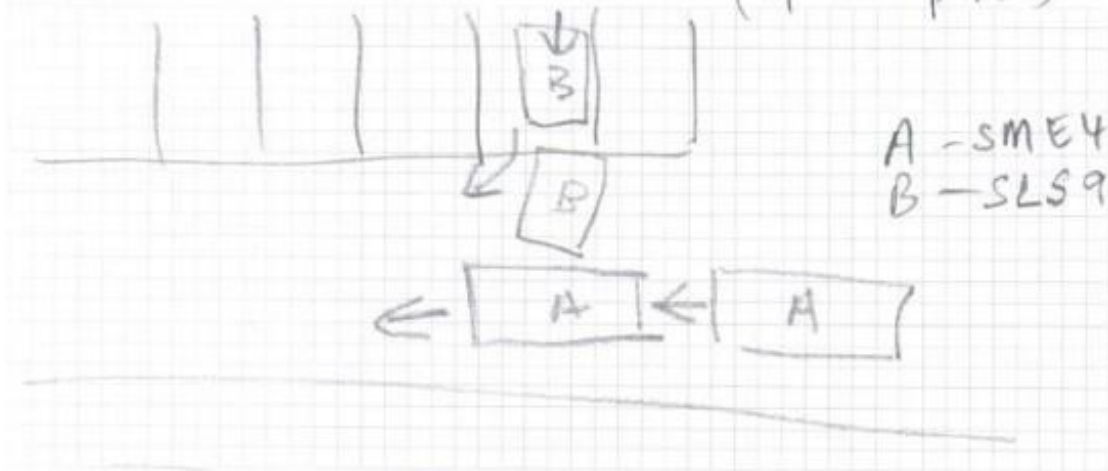
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

13/11/2018

Sketch Plan #2

Hougang Ave 5 B1K 328
(open car park)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20181108/2165

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.:

13/11/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Kampong Ubi NPP
5 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800 7470009



T051811062100

2 of 3

Report No: T051811062100

CONTINUATION OF REPORT

Driver 1			
Name	CHEONG YIM HUAT	ID No	S13498531
Related Vehicle	SLS9524D (Car)	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver 2			
Name	LOKE YUE KIN	ID No	S2710075Z
Related Vehicle	SME4310Z (Car)	Contact No	90067335
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/11/2018 at around 1600hrs, I was driving my vehicle at the open space carpark near Blk 328 Hougang Avenue 5. I was intending to exit the carpark. While driving, I had suddenly heard a loud sound. I look to my right and discovered there was one vehicle which was in the lot near to right side of my vehicle which had hit onto the rear right passenger door of my vehicle. At that point of time, I did not feel that I was injured. Both drivers had exchanged particulars and went our separate ways. Today I woke up and felt some soreness and pain on my neck and right shoulder. There was also some stiffness on my back. I went to doctor and was given 3 days MC.

The damage to my vehicle is as follows

- 1.) Scratches on the rear right passenger door
- 2.) Dents on the rear right passenger door

RESTRICTED

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Loke Yue Kin,
NRIC/FIN S2716675Z, has reported to the Police a non-injury traffic accident
which occurred at Blk 328 Hougang Avenue 5, open carpark

on 7/11/2018 at 1600hrs am/pm involving the following vehicles:

- 1) SME4310Z
- 2) SLS9524D

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Bryan Lim

Date: 7/11/2018 Time: 1748hrs

S/D Ref: 93

Police Post/Unit: Tampines NPC

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

RESTRICTED



Tampines NPC
No. 6 Tampines Avenue 4
Singapore 529682
Tel: 1800-5871999

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



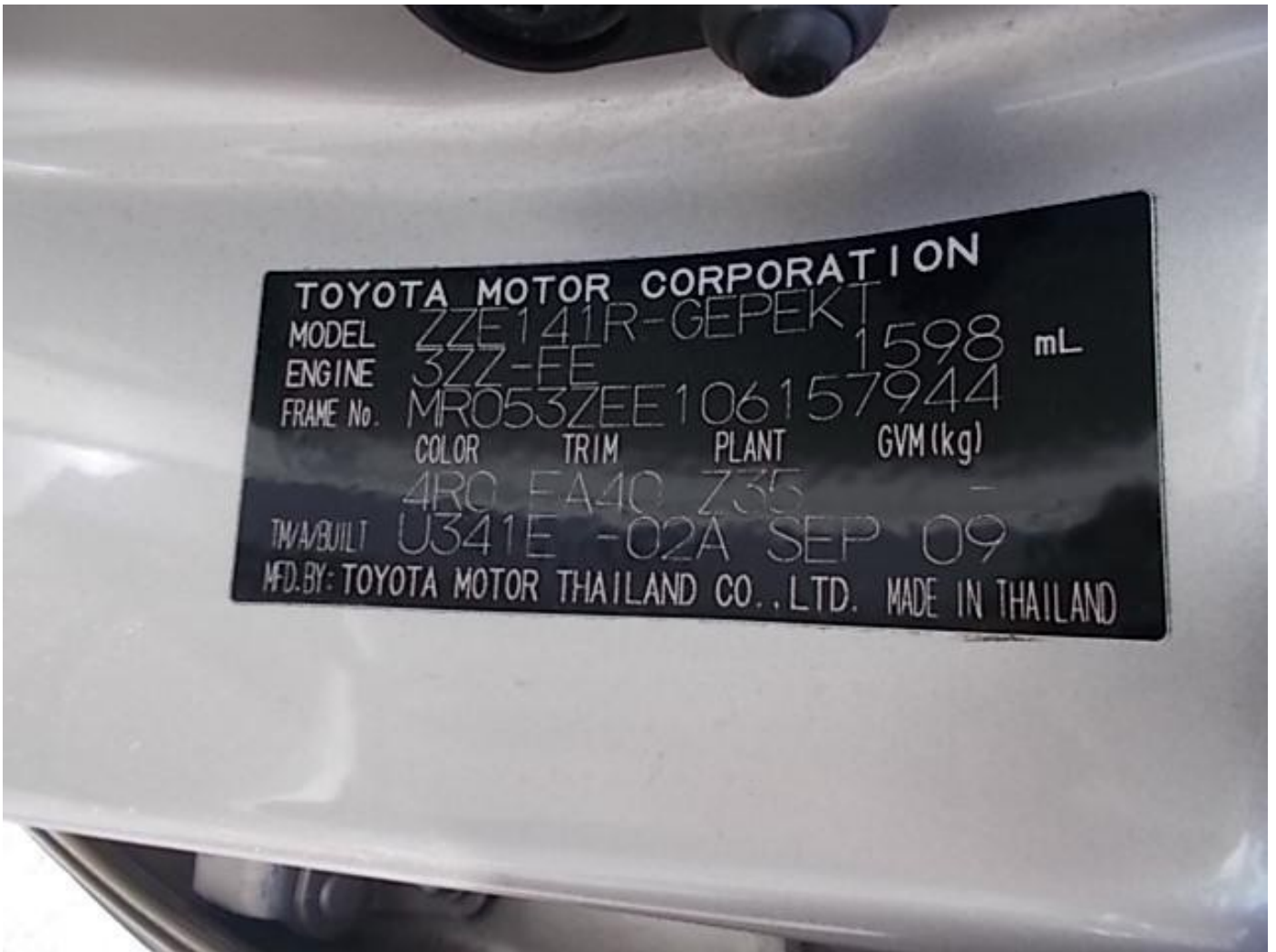
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T201811082165

1 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Euros Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T201811082165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2018 18:02 Vide Report No: Station Diary No: 30

Informant's Particulars

Name of Informant: LOKE YUE KIN Address: APT BLK 886 TAMPINES STREET 83 #09-37 SINGAPORE 520886
ID Type / ID No: NRIC NO / S2718675Z Contact No: Home/Office Mobile: 90067335
Nationality: SINGAPORE CITIZEN Email:
Sex: Male Age: 62 Date of Birth: 23/01/1956 Type of Informant: Driver
Race: Chinese Language: Institution / School Name:
Occupation: GRAB DRIVER Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 07/11/2018 18:00	Type of Location: OPEN SPACE CARPARK
Location: Along Road 1 HOUGANG AVENUE 5				
OPEN SPACE CARPARK NEAR BLK 329 HOUGANG AVENUE 5				
Weather: Clear	Road Surface: Dry	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
SLS9524D	Car				Slightly Damaged	0
SME4310Z	Car				Slightly Damaged	0

Details of Pedestrian Involved: No
Any Pedestrian Involved: No Use of Pedestrian Crossing: NA
No. of Pedestrians Involved: 0

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
6 Eunos Crescent #01-2087 SINGAPORE
400008
Tel No: 1800-7470999



T251811582165

2 of 3

Report No: T251811582165

CONTINUATION OF REPORT

Driver		Related Vehicle	
Name	CHEONG YIM HUAT	ID No.	S1349531
Related Vehicle	SLS9524D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		Related Vehicle	
Name	LOKE YUE KIN	ID No.	S27166752
Related Vehicle	SME4310Z (Car)	Contact No.	90067335
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/11/2018	Date Discharge	08/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details:

On 07/11/2018 at around 1600hrs, I was driving my vehicle at the open space carpark near Bk 326 Hougang Avenue 5. I was intending to exit the carpark. While driving, I had suddenly heard a loud sound. I look to my right and discovered there was one vehicle which was in the lot near to right side of my vehicle which had hit onto the rear right passenger door of my vehicle. At that point of time, I did not feel that I was injured. Both drivers had exchanged particulars and went our separate ways. Today I woke up and felt some soreness and pain on my neck and right shoulder. There was also some stiffness on my back. I went to doctor and was given 3 days MC.

The damage to my vehicle is as follows:

- 1.) Scratches on the rear right passenger door
- 2.) Dents on the rear right passenger door

Police Report



SINGAPORE
POLICE FORCE



TQ21811062165

3 of 3

Police Station Of Origin
Kampong Ubi NPP
9 Eunos Crescent #01-2087 SINGAPORE
430009
Tel No. 1800-7479999

Report No. TQ21811062165

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
G /
Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time
08/11/2018 18:02

Officer in Charge Of Case
TP / AE / T /
GSI 2 JUREMAH BINTE AHMAD
Contact No: 65472078

Classification Of Case

Authentication Stamp
Date