

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	27/03/2019 12:19
Date Of Accident	25/03/2019 18:45
Exact Location Of Accident	ALONG PIE TWRDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS2421Y
Insured/Policyholder	
Name Of Registered Owner	LOO HAN KWANG
NRIC No	S1737283A
Email Address	DAIHONGLOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96349158
Alternative Phone No	OTHERS-96349158

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090872491-01
Cover Note Number	

Driver

Name of Driver	LOO DAI HONG
NRIC No	S9632108B
Date Of Birth	05/09/1996
Occupation	INDOOR
Date Of Driving Pass	15/11/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349158
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 461A YISHUN AVENUE 06 311-1031
Postcode	761461
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	2
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: : HO MEI QI, SHEENA 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 SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190326/2128;

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	GBA664E
Vehicle Make/Model/Colour	TOYOTA DYNA 100 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

QBE INSURANCE (SINGAPORE) PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

•LOO DAI HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGS2421Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

•HO MEI QI, SHEENA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGS2421Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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.

27 MAR 2019



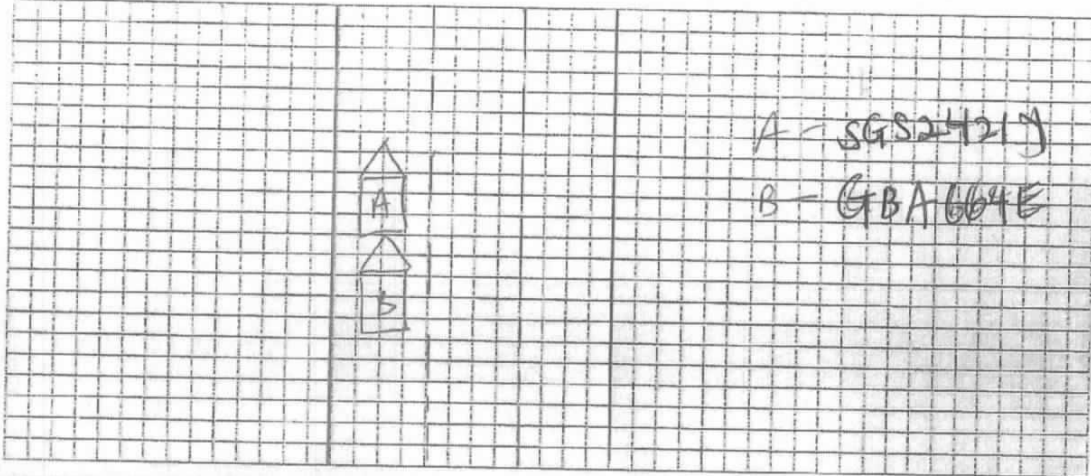
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Person's Signature
Name:
Fax: 67492305
Email: vackb@sine.net.com.sg
NRIC/Fin No:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Res to the police

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:

27 MAR 2019
IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 67416697
Reporting Centre Personnel's Signature
Name:
Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190326/2128

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190326/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2019 17:02		Vide Report No.:		Station Diary No.: 40
Informant's Particulars				
Name of Informant: LOO DAI HONG		Address: APT BLK 461A YISHUN AVENUE 6 #11-1031 SINGAPORE 761461		
ID Type / ID No.: NRIC NO / S9632108B		Contact No.: Home/Office: Mobile: 96349158		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 22	Date of Birth: 05/09/1996	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Self employed		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2019 18:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY exited toh guan flyover to PIE CHANGI				
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	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA664E	Lorry				Slightly Damaged	3
SGS2421Y	Car				Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 1



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T/20190326/2128

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20190326/2128

CONTINUATION OF REPORT

Driver			
Name	LOO DAI HONG	ID No.	S9632108B
Related Vehicle	SGS2421Y (Car)	Contact No.	96349158
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	26/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HO MEI QI SHEENA	ID No.	S9824105A
Related Vehicle	SGS2421Y (Car)	Contact No.	84823119
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/03/2019	Date Discharge	26/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON 25/03/2019 AT ABOUT 1845hrs I was travelling on my vehicle bearing plate number sgs2421y with my wife namely ho mei qi sheena s9824105a and exited toh guan flyover to PIE CHANGI near the chevron marking, suddenly a lorry bearing plate number GBA664E knock into the rear of my vehicle while exiting the expressway from toh guan flyover. The lorry skied to the road shoulder to a stop and the impact of the collision resulted my to jam brake and caused my vehicle to skied 5meter before my vehicle was able to come to a complete stop. My Wife and I felt pains on my neck, shoulder and lower back and my wife was her neck shoulder and lower abdomen. Both of us went to seek medical treatment at mount alvernia hospital and was given 5 days mc each from 26/03/2019 to 30/03/2019. I also brought my wife to seek medical treatment at KK hospital as my wife was pregnant at the time of accident and the doctor inform that my wife's baby is fine and was given 2 days mc from 26/03/21019 to 27/03/2019.

I would like to inform that I have a dash cam on my vehicle but I am unable to see any footage when I try to retrieve the footage and I exchange particulars and took pictures of the aftermath of the accident.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190326/2128

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190326/2128

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:

L /

LEONG SHAO JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/03/2019 17:02

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force