

## 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	29/04/2019 12:43
Date Of Accident	28/04/2019 17:40
Exact Location Of Accident	62 MIMOSA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1592K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YOKE KHERNG HENRY
NRIC No	S1129350F
Email Address	LYKH55@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81004062
Alternative Phone No	OFFICE-81007062

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5108550148
Cover Note Number	

### Driver

Name of Driver	LOH YOKE KHERNG HENRY
NRIC No	S1129350F
Date Of Birth	09/05/1955
Occupation	INDOOR
Date Of Driving Pass	24/12/1973
Driving Experience	45 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81004062
Fax Number	
Contact Number	OFFICE-81007062
EEmail Address	LYKH55@YAHOO.COM.SG

Address	BLK 581 PASIR RIS STREET 53 # 11-09
Postcode	510581
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to police report no.: T/20190428/2089.

#### 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	SFU93A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKC995H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SMJ2600Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**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**.
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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

Refer to police report.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As police report No: 7/20190428/2089

## 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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Unique Number: S1129350F  
 Name: LOH YOKE KHERNG HENRY

Birth Date: 09 May 1955  
 Issue Date: 27 Oct 2008

100951403K

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1129350F**

Name: LOH YOKE KHERNG HENRY

盧育勤

Race: CHINESE  
 Date of Birth: 09-05-1955 Sex: M  
 Country of Birth: SINGAPORE

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 24 Dec 1973

Licence No: S1129350F

NP 428A

0387691

NRIC No: S1129350F

Blood Group: O+ Date of Issue: 17-06-1992

NRIC No: S1129350F Date: 22-01-2000 No: 8261800

HP: P1007062.

E-mail: lykh55@yahoo.com.sg



**SINGAPORE  
POLICE FORCE**



T/20190428/2089

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190428/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2019 22:04	Vide Report No.: F/20190428/0163	Station Diary No.: 104
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**Informant's Particulars**

Name of Informant: LOH YOKE KHERNG HENRY			Address: APT BLK 581 PASIR RIS STREET 53 #11-09 SINGAPORE 510581	
ID Type / ID No.: NRIC NO / S1129350F			Contact No.: Home/Office: Mobile: 81007062	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 09/05/1955	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TUTOR			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 NIM ROAD				
ALONG NIM ROAD TOWARDS SARACA ROAD, BY THE ROAD SIDE OF MIMOSA PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: MOVING VEHICLE AGAINST STATIONERY VEHICLE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU93A	Car					0
SKC995H	Car					0
SLN1592K	Car	KIA	FORTE K3 1.6A	Grey	Slightly Damaged	0
SMJ2600Z	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190428/2089

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20190428/2089

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN1592K	NTUC Income Insurance Co-Operative Limited	5108550148	25/04/2019	24/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH YOKE KHERNG HENRY		ID No. S1129350F
Related Vehicle	SLN1592K (Car)		Contact No. 81007062
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

**Brief Details.**

On 28/04/2019 at about 3.30pm, I parked my vehicle bearing the registration number SLN1592K by the road side of Nim Road, just outside of Mimosa Park, and left. At about 5.40pm, I came back to my vehicle and discovered a Police case card left on my vehicle. The driver who caused the accident then approached me to exchange particulars. I was also informed by the Traffic Police officers to lodge an accident report. I do not know what had happened until I was being called up by the Investigating Officer at about 8pm, and he too, informed me to lodge an accident report.

I wish to inform that the damages to my vehicle include dents and scratches at the front right of my vehicle. When the accident happened, no one was inside my vehicle. I have a dash camera, and it should start recording when my vehicle is being hit. I have not checked if it was recording when the accident happened. I am the owner of the vehicle.

Particulars of the driver who approached me:  
Long Tian-En, Ian  
S9112700H  
HP: 91550879





**SINGAPORE  
POLICE FORCE**



T/20190428/2089

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Report No. T/20190428/2089

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel.No: 1800-5852999

**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 /  
Sgt 2 REGINA LUI YU TING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

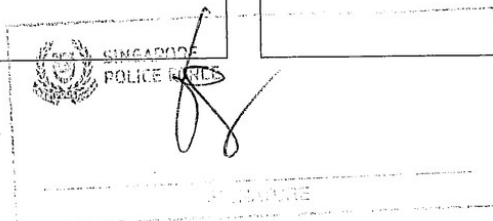
28/04/2019 22:04

Officer In Charge Of Case:

TP / GIT /  
Sgt 2 HO JIEKANG, IVAN  
Contact No.: 65476170

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo

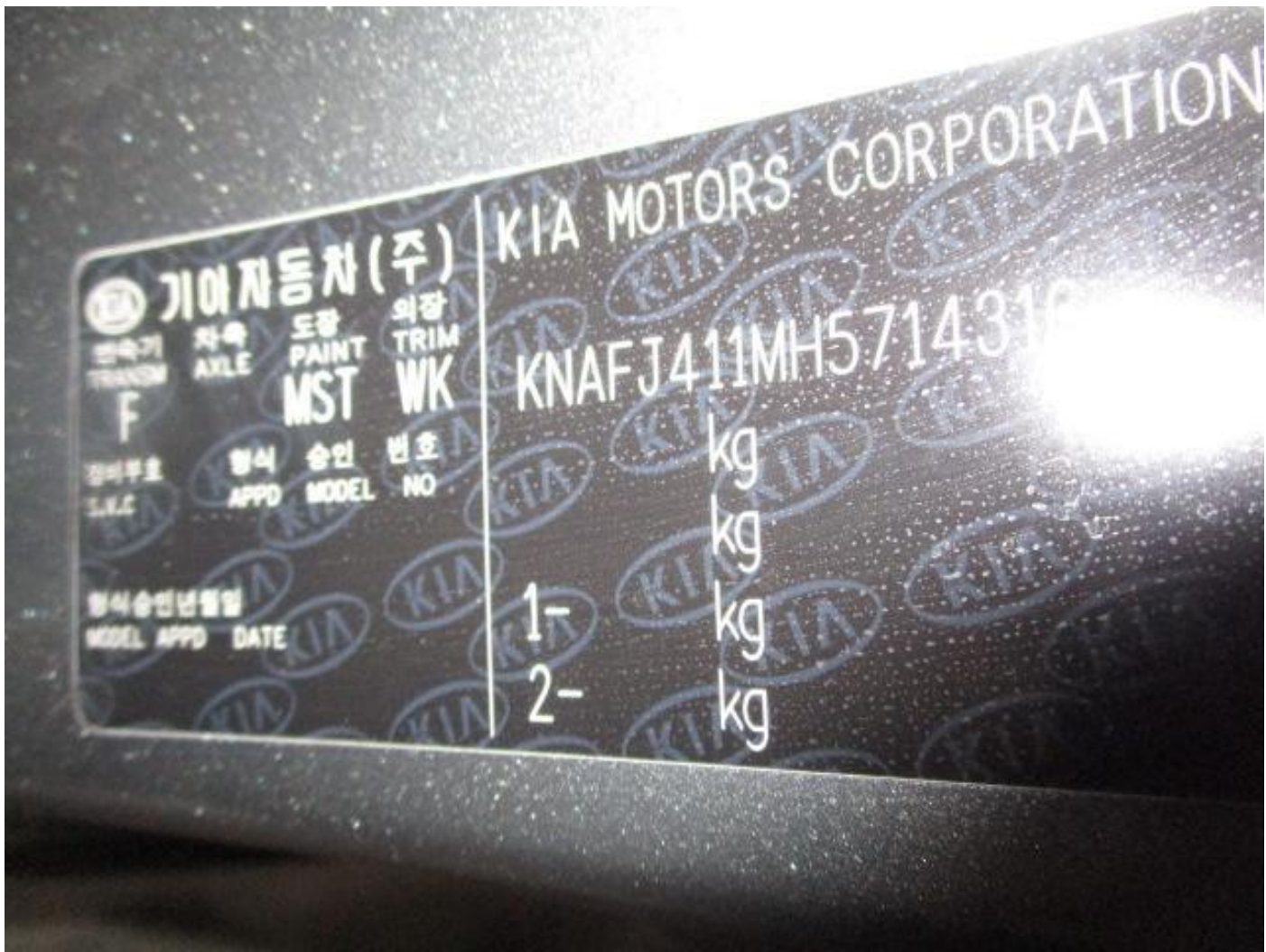


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





**SCENE PHOTO**



SCENE PHOTO

