

## 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	07/05/2019 13:29
Date Of Accident	01/05/2018 02:15
Exact Location Of Accident	EAST COAST PARKWAY TWDS AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5410R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YUAN HAN
NRIC No	S8814149J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93840216
Alternative Phone No	OTHERS-93840216

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
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?	YES
If No, Please state action to be taken	
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	5094110018
Cover Note Number	

### Driver

Name of Driver	LOH YUAN HAN
NRIC No	S8814149J
Date Of Birth	01/05/1988
Occupation	INDOOR
Date Of Driving Pass	09/12/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840216
Fax Number	
Contact Number	OTHERS-93840216
Email Address	NOEMAIL

Address	BLK 10A BENDEMEER ROAD #13-107
Postcode	331010
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	COLLISION - MAJOR/MINOR RD
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	1
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : A/20180509/2163

#### 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 INJURED PERSON 1

Name	LOH YUAN HAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKD5410R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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.

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

## Sketch Plan #2

### SKETCH PLAN

NO IDEA WHAT HAPPEN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report  
A/20180509/2163

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Signature of Policyholder

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 7/5/19

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

7/5/2019

Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



A/20180509/2163

1 of 2

**POLICE REPORT (NP322)**

Report No. A/20180509/2163

Police Station Of Origin  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Date/Time Report Made 09/05/2018 18:54		Vide Report No. A/20180504/2079		Station Diary No. 27
Name Of Informant MINDY HUANG YINGJIA		Address APT BLK 10A BENDEMEER ROAD #13-107 SINGAPORE 331010		
ID Type / ID No. NRIC NO / S8700702B		Contact No. Home/Office Mobile 9384 0216		
Nationality SINGAPORE CITIZEN		Email Address		
Occupation After-sales adviser / Client account service executive		Sex Female	Age 31	Date of Birth 20/01/1987
Institution/School Name		Race Chinese		
Date/Time Of Incident 01/05/2018 02:15		Location Of Incident EAST COAST PARKWAY SINGAPORE East Coast Parkway towards Airport		

**Brief details.**

On 01/05/2018 vide report A/20180504/2079, my husband was driving his car and he was involved in an accident along East Cost Parkway. The car was towed back to Traffic Police (TP) compound.

As I had my passport in the said car, TP officials mentioned that they could not find my passport as the car was a total wreck.

Signature Of Officer Recording The Report: A / Sgt 2 MUHAMMAD ALIF ABDULLAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2018 18:54
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / ASP BERNICE LOW XIAO TING Contact No.: 6557 5076	Classification Of Case:

Authentication Stamp



Singapore Police Force

FUPO hotline number: 68429645





**SINGAPORE  
POLICE FORCE**



A/20180509/2163

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. A/20180509/2163

As such I am lodging this report to replace my said passport.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Passport	Lost				1		SINGAPORE

Signature Of Officer Recording The Report:

A / Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

A / Central Police Divisional Investigation Branch /  
ASP BERNICE LOW XIAO TING  
Contact No.: 6557 5076

Authentication Stamp

Signature Of Informant:

Date/Time:  
09/05/2018 18:54

Classification Of Case:

FUPO hotline number: 68429645



Copy  
Entry No. 991239

THE REPUBLIC OF SINGAPORE  
The Women's Charter (Chapter 353)

# Certificate of Marriage

(Section 31)  
The Marriage

between LOH YUAN HAN ( S/PINK )  
(Bridegroom) S8814149J

and MINDY HUANG YINGJIA ( S/PINK )  
(Bride) S8700702B

was solemnized by MDM KWEH BEE HWA ELISE

at REGISTRY OF MARRIAGES SINGAPORE on 31 MAY 2016  
*in the presence of*

LOH WING CHEONG ( S/PINK )  
(Witness) S1196614D

and NG KOK GENE ( S/PINK )  
(Witness) S1401066A

and was registered by me at Registry of Marriages Singapore on 31 MAY 2016

MDM KWEH BEE HWA ELISE  
Deputy Registrar of Marriages, Singapore  
IF282587

REGISTRY OF MARRIAGES  
SINGAPORE

Sketch Plan #6

Informance by wife

Driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8700702B**



Name  
**MINDY HUANG YINGJIA**  
**黄滢家**

Race  
**CHINESE**

Date of birth  
**20-01-1987**

Country/Place of birth  
**SINGAPORE**

Sex  
**F**



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8814149J**  
Name  
**LOH YUAN HAN**

Birth Date **01 May 1988**  
Issue Date **09 Dec 2013**

002254011J



5538382



NRIC No. **S8700702B**



Date of issue  
**07-12-2015**

APT BLK 10A CENDAMEEN ROAD #12-107  
SINGAPORE 331010  
NRIC No: **S8700702B** Date: **07/02/2017**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 09 Dec 2013

NP 428A

License No: **S8814149J**





# Accident Sketch Plan

Driver

## REPUBLIC OF SINGAPORE CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

273745J

DECEASED	Death registered at FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY					
	Full name of deceased LOH YUAN HAN					
	NRIC/Identification Document No. S8814149J	Sex MALE	Date of birth 01/05/1988			
	Race/Dialect Group CHINESE/CANTONESE	Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 10A BENDEMEER ROAD #13-107 SINGAPORE 331010		Date and hour of death 01/05/2018 0214			
	Place or Address where death occurred EAST COAST PARKWAY EXPRESSWAY TOWARDS AIRPORT, 3.5KM, LP 447F		Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I (a) MULTIPLE INJURIES		Years	Months	Days	Hours
	Disease or Condition leading to death					
	(b)					
	Antecedent Causes					
	(c)					
	II Other Significant conditions					
Name and official status of person certifying cause of death DR CHAN SHUIA, CONSULTANT FORENSIC PATHOLOGIST		Certificate of Cause of Death Reference No.: 1851-02541 Date: 01/05/2018				
INFORMANT	Name MINDY HUANG YINGJIA		I certify that the above information given by me is correct.			
	Address APT BLK 10A BENDEMEER ROAD #13-107 SINGAPORE 331010		01 MAY 2018			
	NRIC/Identification Document No. S8700702B		Informant's Signature/ Date			
	Relationship WIFE		Thumb impression			
REGISTRATION OFFICER	Name of Registration Officer MUTHMAINNAH BINTE DAILAMI		for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER					
	Date 01/05/2018					

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





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