

## 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	10/05/2019 11:17
Date Of Accident	09/05/2019 10:15
Exact Location Of Accident	BKE TWDS SLE B4 MANDAI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1833G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUO LIANGHAI
NRIC No	S8536712I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96649465
Alternative Phone No	OTHERS-81820139

### Vehicle Particulars

Manufacturer	MINI
Model	COOPERS
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	REPORTING ONLY
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	5103235360
Cover Note Number	

### Driver

Name of Driver	JASMIN CHONG
NRIC No	S8970278Z
Date Of Birth	27/10/1989
Occupation	INDOOR
Date Of Driving Pass	29/09/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81820139
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 572B WOODLANDS AVE 1 #02-828
Postcode	732572
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRD1298 (COMMERCIAL VEHICLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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	WOODLANDS EAST N.P.C
Police Station Address	<b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190509/2142

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	ANDREW
Phone Number	91788988
Email Address	

#### Details of Witness 2

Name	DARIWIN
Phone Number	92467404
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JRD1298
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LATIP BIN ABD HARUN
NRIC/Passport Number	600112125027
Contact Number	60189599774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE

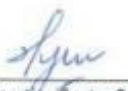
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

  
Policyholder's Signature  
Date & Time:

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

 10/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BKE 7WDS SLE BU MANDAI RD

A: JMD 16336  
B: JRD 1298


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement of police report: 1/2019 0509/2142

## 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:

 10/05/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GP/ACCIDENT REPORT FORM\_V3



## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190509/2142

3 of 4

Report No. T/20190509/2142

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

CONTINUATION OF REPORT

**Brief Details.**

I am the driver of the vehicle registration no. SMD1833G.

On 09/05/2019 at about 1015hrs, I was driving my vehicle on the second lane along BKE towards SLE, before Mandai Rd. As I was driving, I suddenly felt a collision on the left side of my vehicle. It was a Malaysia trailer truck bearing JRD1298 that collided onto my vehicle. I then braked and stopped my vehicle. I saw the trailer drove towards the road shoulder, therefore I followed suit.

We alighted from our vehicles and made a check on our vehicles. We then exchanged particulars and subsequently drove off.

As a result of the accident, the front passenger door and left side mirror was dented, the front passenger's door handle was damaged and my left rear tire suffered multiple scratches. Some of the tire rim also chipped off.

My vehicle has front and rear in-car camera which captured the accident. There were two witnesses that saw the accident.

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





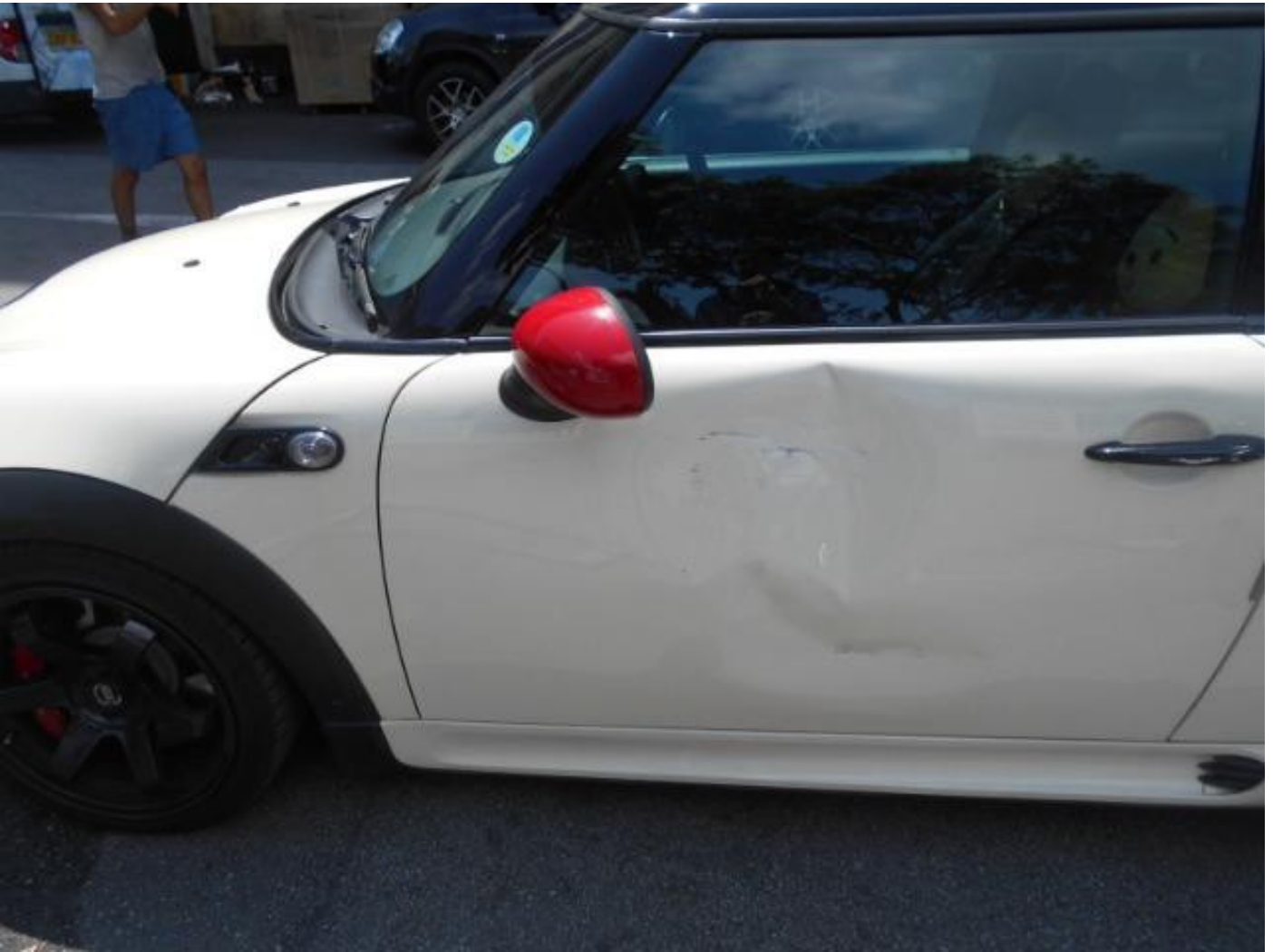
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737858  
Tel No: 1800-7679669



T001905003142

1 of 4

Report No: T001905003142

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
09/05/2019 16:24

Video Report No.:

Session Diary No.  
128

### Informant's Particulars

Name of Informant:  
JASMIN CHONG

Address:  
APT BLK 572B WOODLANDS AVENUE 1 #02-828  
SINGAPORE 732572

ID Type / ID No:  
NRIC NO / 888702782

Contact No:  
Home/Office Mobile: 81820139

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 28 27/10/1989

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
SENIOR EXECUTIVE

Driving Licence Information:  
Class: 3A

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Non-Injury  
Foreign Vehicle

Drink  
Drive:  
No

Date/Time of  
Accident:  
09/05/2019 10:15

Type of Location:  
Straight Road

Location:  
Along Road 1 Traveling Toward Road 2  
BUKIT TIMAH EXPRESSWAY  
SELETAR EXPRESSWAY  
BEFORE MANDAL ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:  
Moderate

Type of Collision:  
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
JRD1288	TRAILER TRUCK					0
SMD1833G	Car	MINI	COOPER S HB 1.6	White	Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190509/2142

2 of 4

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No: T/20190509/2142

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LATIF BIN ABD HARUN	ID No.	800112125027
Related Vehicle	JD1298 (TRAILER TRUCK)	Contact No.	80189589774
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
<b>Driver</b>			
Name	JASMIN CHONG	ID No.	889702782
Related Vehicle	SMD1833G (Car)	Contact No.	81823139
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>WITNESS</b>			
Name	ANDREW	ID No.	NIL
Related Vehicle	NIL	Contact No.	91788988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>WITNESS</b>			
Name	BARIWIN	ID No.	NIL
Related Vehicle	NIL	Contact No.	82487404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190509/2142

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Report No. T/20190509/2142

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 83, SINGAPORE 737890  
Tel No. 1800-Y678699

CONTINUATION OF REPORT

**Brief Details:**

I am the driver of the vehicle registration no. BMD1833G.

On 09/05/2019 at about 10:15hrs, I was driving my vehicle on the second lane along BKE towards SLE, before Mandal Rd. As I was driving, I suddenly felt a collision on the left side of my vehicle. It was a Malaysia trailer truck bearing JRD1298 that collided onto my vehicle. I then braked and stopped my vehicle. I saw the trailer drove towards the road shoulder, therefore I followed suit.

We alighted from our vehicles and made a check on our vehicles. We then exchanged particulars and subsequently drove off.

As a result of the accident, the front passenger door and left side mirror was dented, the front passenger's door handle was damaged and my left rear tire suffered multiple scratches. Some of the tire rim also chipped off.

My vehicle has front and rear in-car camera which captured the accident. There were two witnesses that saw the accident.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20190505/2142

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Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737880  
Tel No: 1800-7879269

Report No: T/20190505/2142

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/

AHMAD OZUL DANIAL BIN ABDUL RAZAK

Signature

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2019 15:24

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp

NP150

10 Neo Ang Drive, Singapore 757044  
www.lta.gov.sg

26 Sep 2018

Our ref: 26091801018557022044

LUO LIANGHAI  
32 WOODLANDS DRIVE 14  
#04-08  
SINGAPORE 757800

Dear Sir/Madam,

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKC3626D WITH VEHICLE REGISTRATION NO. SMD1833G**

You may be pleased to know that your application of 26 Sep 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SMD1833G (Previously SKC3626D)
Vehicle Make	: MINI
Vehicle Model	: COOPER S HD 1.6 AT HD SR ABS TC 2WD
Chassis No.	: WMW5V32070T150191
Engine No./ Motor No.	: B840012N18B16A / -

3. Please change the number plates on your existing vehicle (i.e. Chassis No.: WMW5V32070T150191, Engine No./ Motor No.: B840012N18B16A / -) to display the new replacement registration number, SMD1833G by 29 Sep 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20110931094406019671 or the vehicle registration number when making your enquiry.

Yours sincerely

NG LAY CHOO (MS)  
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS  
VEHICLE SERVICES GROUP  
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)