

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	13/12/2019 11:44
Date Of Accident	12/12/2019 13:40
Exact Location Of Accident	CORPORATION RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU8183Z
Insured/Policyholder	
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Co Reg No	201836450G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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
Fleet Policy	YES
Policy Number	5106629800
Cover Note Number	

Driver

Name of Driver	LOH KWONG SENG JAMES (LUO GUANGCHENG JAMES)
NRIC No	S7133519D
Date Of Birth	14/09/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1989
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94888456
Fax Number	
Contact Number	OFFICE-94888456
EEmail Address	NOEMAIL

Address	BLK 877 WOODLANDS AVENUE 9 #04-284
Postcode	730877
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 (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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191212/2185.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6677G
Vehicle Make/Model/Colour	HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LOH KWONG SENG JAMES (LUO GUANGCHENG JAMES)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJU8183Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



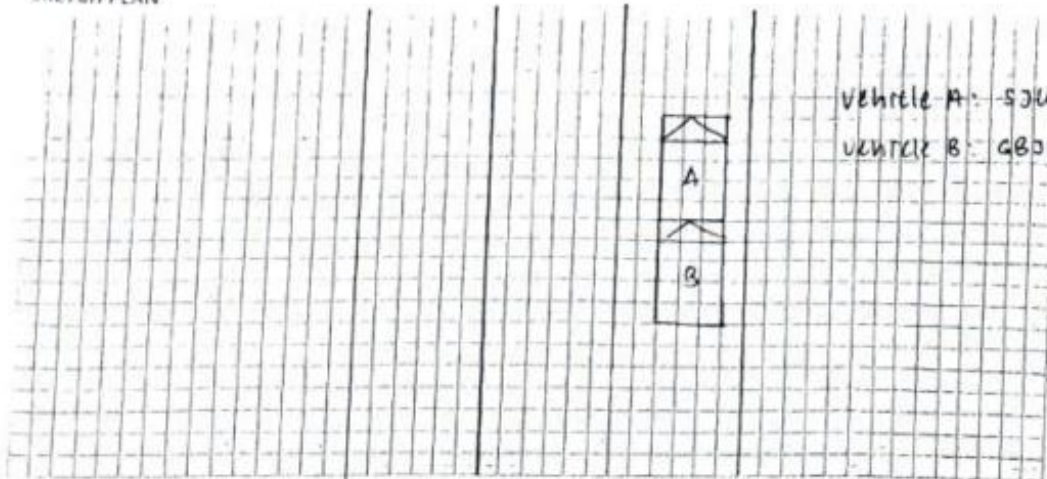
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Reg. No: 2018384506
 Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2185

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999

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Report No. T/20191212/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2019 20:10	Vide Report No.:	Station Diary No.: 201
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Informant's Particulars

Name of Informant: LOH KWONG SENG JAMES			Address: APT BLK 877 WOODLANDS AVENUE 9 #04-284 SINGAPORE 730877	
ID Type / ID No.: NRIC NO / S7133519D			Contact No.:	Mobile: 94888456
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 48	Date of Birth: 14/09/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2019 13:40	Type of Location: Straight Road
Location: Along Road 1 CORPORATION ROAD				
ALONG JALAN AHMAD IBRAHIM TRAFFIC LIGHT JUNCTION TURNING RIGHT INTO CORPORATION ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBJ6677G	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	Slightly Damaged	0
SJU8183Z	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2185

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Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20191212/2185

CONTINUATION OF REPORT

Driver				
Name	FOO TIAN MING DAREN		ID No.	S8318121D
Related Vehicle	GBJ6677G (Van)		Contact No.	88088564
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
Driver				
Name	LOH KWONG SENG JAMES		ID No.	S7133519D
Related Vehicle	SJU8183Z (Car)		Contact No.	94888456
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/12/2019		Date Discharge	12/12/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 12/12/2019 at about 1340hrs, I was driving my car SJU8183Z (Toyota Vios, Silver colour) with 1 passenger in the car. I was doing 'GOJEK' service and was heading towards Jurong area. When I arrived at the traffic junction of Jalan Ahmad Ibrahim wanting to turn to corporation road, I stopped my car as the traffic light was red. A few seconds later, I felt an impact from the rear of my car. I was shock. I alight from my car and spotted a van GBJ6677G (Toyota HIACE, Silver colour) had collided onto the rear of my car. The driver of the van also alighted and we spoke to each other. No one was injured at that point of time.

I check on my vehicle and discovered my rear bumper was slightly dislodged from the main body kit. There was also a dent on the boot. I wish to state that the damages on the van was minimal. There is CCTV in my car capturing the front side of my car. My passenger was not injured from the accident.

I felt pain on the back of my body and I decided to go to "Care Medical Pte Ltd" to do a checkup. After treatment, I was given 5 days MC from 12/12/2019 till 16/12/2019.

I wish to state that my car is a rental car and I have already inform the rental company about the accident. This is the first time such incident happened.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191212/2185

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Tel No: 1800-4890999

3 of 3

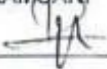
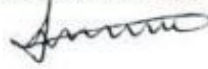


Report No. T/20191212/2185

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: F / Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2019 20:10
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

