

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	06/02/2020 11:14
Date Of Accident	05/02/2020 20:30
Exact Location Of Accident	JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6413A
Insured/Policyholder	
Name Of Registered Owner	JUDY SEAH POH GEK
NRIC No	SXXXX106H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84987242
Alternative Phone No	OFFICE-84987242

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z20VP05025707
Cover Note Number	

Driver

Name of Driver	JUDY SEAH POH GEK
NRIC No	SXXXX106H
Date Of Birth	29/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84987242
Fax Number	
Contact Number	OFFICE-84987242
Email Address	NOEMAIL

Address	BLK 878A TAMPINES AVE 8 #09-05
Postcode	521878
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 - U-TURN
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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200206/2023

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	GBG4651J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIENG ZHAO JUN ALVIN
NRIC/Passport Number	SXXXX510G
Contact Number	82877888
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JUDY SEAH POH GEK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU6413A

Were seat belts worn? YES

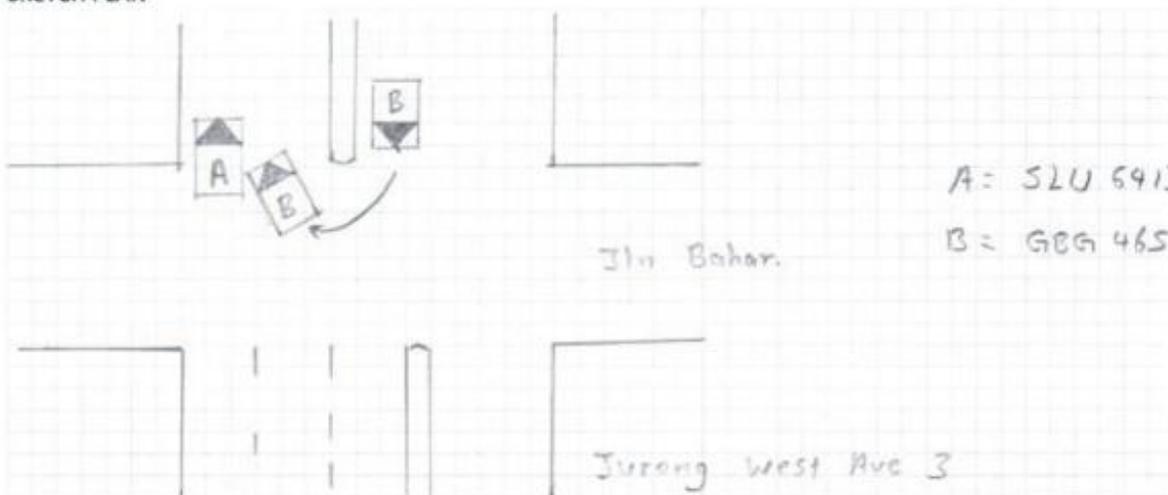
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200206/2023

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200206/2023

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20200206/2023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU6413A	LONPAC INSURANCE BHD.	Z20VP05025707	06/01/2020	05/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHIENG ZHAO JUN, ALVIN		ID No.	S8530510G
Related Vehicle	GBG4651J (Van)		Contact No.	82877888
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
Driver				
Name	JUDY SEAH POH GEK		ID No.	S1648106H
Related Vehicle	SLU6413A (Car)		Contact No.	84987242
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2020		Date Discharge	NIL
No. of Days granted Medical Leave	04		Degree of Injury	Slight

Brief Details.

On 5/2/2020 at about 2030hrs, I was driving along Jalan Bahar with one passenger on board. I was going straight and I had just drove past the traffic light.

All of a sudden, I felt an impact on the right side of my car and when I made a check, I saw that there was a van on the right side of my vehicle. The driver of the van had been attempting to do a U-turn as I was driving past.

There were no visible injuries on the parties involved and I had exchanged particulars with the van driver and took photos of the scene.

After the accident, I felt some ache in the right side of my body as such I had gone to Changi General Hospital and I was given 4 days of medical leave (6/2/2020-9/2/2020).

My vehicle sustained scratches to the right side and the driver door cannot be opened.

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Report No. T/20200206/2023

CONTINUATION OF REPORT

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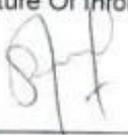
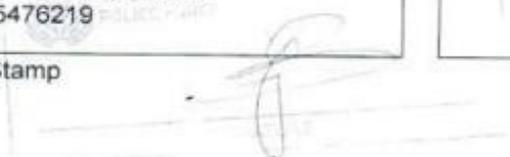
Report No. T/20200206/2023

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 3 BRYAN LIM GHIM SONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 10:41
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



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