

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	06/08/2020 10:45
Date Of Accident	05/08/2020 09:50
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE CLEMENTI ROAD EXIT 26A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6585X
Insured/Policyholder	
Name Of Registered Owner	LOH YIH JOON JOSHUA
NRIC No	SXXXX038G
Email Address	J91000911@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91000911
Alternative Phone No	OTHERS-91000911

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 EXV-S CVT SR (A)
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V03570/VPC2/R01
Cover Note Number	

Driver

Name of Driver	LOH YIH JOON JOSHUA
NRIC No	SXXXX038G
Date Of Birth	18/02/1967
Occupation	INDOOR
Date Of Driving Pass	17/04/1990
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91000911
Fax Number	
Contact Number	OTHERS-91000911
Email Address	J91000911@GMAIL.COM

Address	137 WHITLEY ROAD
Postcode	297678
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200805/2084

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	FBH2463T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 YIH JOON JOSHUA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLX6585X
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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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

Please refer to police report (Report No. T / 20200805 / 2084)

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:

06/08/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200805/2084

1 of 3

Report No. T/20200805/2084

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No. 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 16:47	Video Report No.: J/20200805/0060	Station Diary No.: 32
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Informant's Particulars

Name of Informant: LOH YIH JOON JOSHUA			Address: 137 WHITLEY ROAD SINGAPORE 297678		
ID Type / ID No.: NRIC NO / S1826038G			Contact No.: Home/Office: Mobile: 91000911		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 18/02/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2020 09:50	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE(TUAS) before Clementi Road Exit 26A, extreme right lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2463T	Motorcycle				Seriously Damaged	0
SLX6585X	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200605/2054

2 of 3

Report No. T/20200605/2054

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2540999

CONTINUATION OF REPORT

Driver			
Name	LOH YIH JOON JOSHUA	ID No.	S1826038G
Related Vehicle	SLX6585X (Car)	Contact No.	91000911
Hospital/Clinic	TOA PAYOH NORTH CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/08/2020	Date Discharge	05/08/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and place, I was driving my car, travelling on the PIE(Tuas) and at that material time, I was on the extreme right lane trying to make the 26A exit (Clementi Road). The traffic was heavy at that time, with all 4 lanes heavily congested. Subsequently, I saw 3 cars in front of me made an abrupt stop, as such, I immediately hit my brakes as well, missing the front car about 20cm to 30cm.

Suddenly there was a loud bang, followed by a jerk from my left rear and the next moment, after I alight my car to make a check, a Malay rider was already on the road. I immediately called 995 and rendered help to the rider. I wished to state that there was a lorry behind me had also assisted to direct the traffic, as well as construction workers not far came and assisted to put up cones for diversion. To further add, the Malay rider was conveyed to NUH in a conscious state.

My car does not have an in-car camera. I went for a medical check up and was given 07 days of medical leaves. I am lodging this report for record and to facilitate insurance claims.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999



TJ2008062044

302

Report No. T20200802/2064

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

E/

Sgt. 3 KENNETH TOH JING YAN

Signature Of Informant _____

Signature Of Interpreter:

Not applicable

Date/Time

05/06/2020 16:47

Officer In Charge Of Case

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No. 65476390

Classification Of Case

Aurion
NP 1403

SINGAPORE
ESSENCE AD-ICK
100% COTTON, 100% 100%

414 112

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

