

## 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             | 30/09/2020 15:25                   |
| Date Of Accident           | 29/09/2020 14:40                   |
| Exact Location Of Accident | JUNC YISHUN RING RD & YISHUN AVE 2 |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLJ412A                          |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | 2XXXXX722Z                       |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-68445525                  |

### Vehicle Particulars

|  |                               |
|--|-------------------------------|
| Manufacturer   | TOYOTA                        |
| Model  | COROLLA ALTIS CLASSIC 1.6 CVT |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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 HIRE                  |

### Insurance Company

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD19V13180/VPZ/R01        |
| Cover Note Number         |                           |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LOKE LENG KAY         |
| NRIC No              | SXXXX845F             |
| Date Of Birth        | 25/04/1955            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 24/03/1977            |
| Driving Experience   | 43 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-82451631  |
| Fax Number           |                       |
| Contact Number       | OFFICE-82451631       |
| EEmail Address       | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 162 YISHUN STREET 11<br>#15-258 |
| Postcode  | 760162                              |
| 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 | -<br>-<br>-                         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                         |

#### General Information of the Accident

|                    |                         |
|--------------------|-------------------------|
| Type Of Accident   | COLLIDED INTO BICYCLIST |
| 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?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200929/7024.

#### Attachment(s)

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

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 Insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

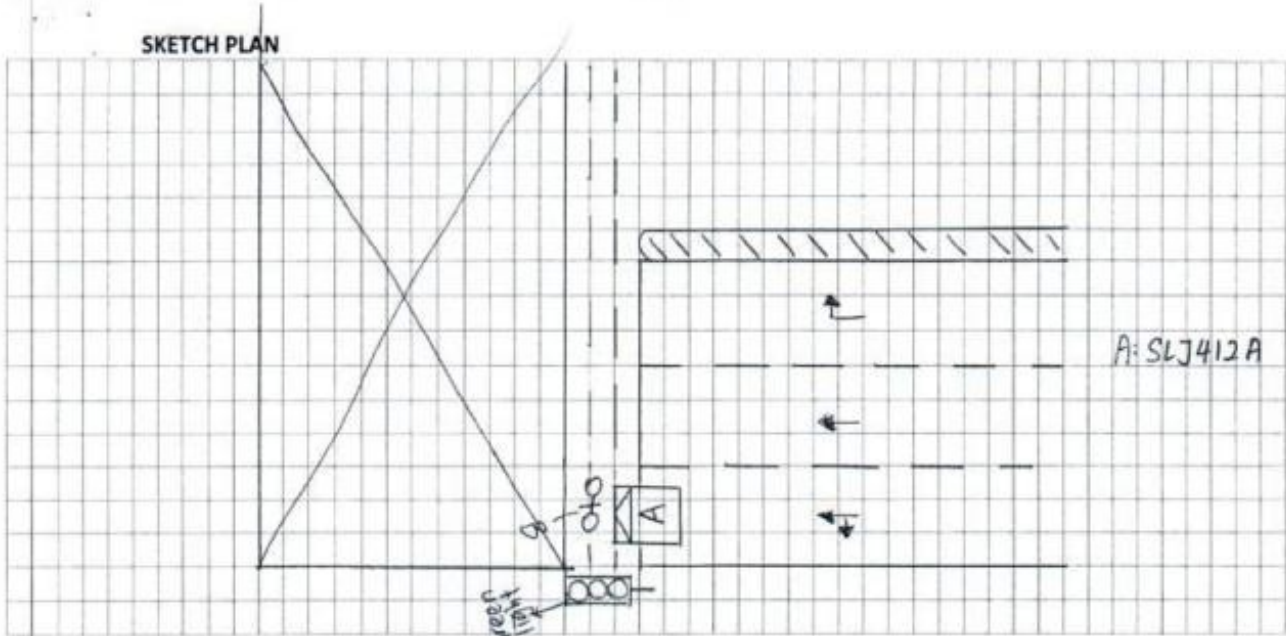


Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

## DECLARATION

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



Policy holder's signature  
Date & time:

*[Signature]*

Driver's signature  
(if driver is not policy holder)  
Date & time:

*[Signature]*

reporting centre personnel's Signature  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200929/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200929/7024

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                              |
|--|------------|---|------------------------------|
| Date/Time Report Made:<br>29/09/2020 18:47 |            | Vide Report No.:<br>L/20200929/0082                       | Station Diary No.:           |
| <b>Informant's Particulars</b>             |            |   |                              |
| Name of Informant:<br>LOKE LENG KAY        |            | Address:<br>162 YISHUN STREET 11 #15-258 SINGAPORE 760162 |                              |
| ID Type / ID No.:<br>NRIC NO / S1106845F   |            | Contact No.:<br>Home/Office: Mobile: 82451631             |                              |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>davidloke1@gmail.com                            |                              |
| Sex:<br>Male                               | Age:<br>65 | Date of Birth:<br>25/04/1955                              | Type of Informant:<br>Driver |
| Race:<br>Chinese                           |            | Language:<br>English                                      | Institution / School Name:   |
| Occupation:<br>DRIVER                      |            | Driving Licence Information:<br>Class: Date of Expiry:    |                              |

## General Information of the Accident

|   |                           |                    |  |                   |
|---|---------------------------|--------------------|--|-------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>29/09/2020 14:40 | Type of Location: |
| Location:<br><br>JUNCTION OF YISHUN RING ROAD AND YISHUN AVENUE 2 |                           |                    |  |                   |
| Weather:  |                           | Road Surface:      | Road Speed Limit:                          |                   |
| Traffic Flow:   |                           | Traffic Control:   | Traffic Volume:                            |                   |
| Type of Collision:  |                           |                    | Anyone conveyed by ambulance:<br>Yes       |                   |

## Details of Vehicle Involved

| Vehicle No. | Type    | Make | Model | Color | Conditio | No of |
|-------------|---------|------|-------|-------|----------|-------|
| SLJ412A     | Car     |      |       |       |          | 0     |
|             | Bicycle |      |       |       |          | 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/20200929/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200929/7024

## CONTINUATION OF REPORT

|                                   |                 |           |  |
|-----------------------------------|-----------------|-----------|--|
| <b>Driver</b>                     |                 |           |  |
| Name                              | LOKE LENG KAY   |           | ID No. S1106845F   |
| Related Vehicle                   | SLJ412A (Car)   |           | Contact No. 82451631   |
| Hospital/Clinic                   | NIL             |           | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL             |           | Date NIL   |
| No. of Days granted Medical Leave | NIL             | Degree of | NIL  |
| <b>Cyclist</b>                    |                 |           |  |
| Name                              | Unknown Cyclist |           | ID No. NIL   |
| Related Vehicle                   | (Bicycle)       |           | Contact No. NIL  |
| Hospital/Clinic                   | NIL             |           | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL             |           | Date NIL   |
| No. of Days granted Medical Leave | NIL             | Degree of | Serious  |

### Brief Details.

On the stated date and time, I was driving my vehicle (SLJ412A) along Yishun Ring Road heading to fetch my Gojek passenger. When I was approaching the junction of Yishun Ring Road and Yishun Avenue 2, the traffic light was green in my favor so I proceeded to cross the junction. When I was traveling, suddenly a bicycle dashed out from my left. I was not able to stop in time and collided onto the bicycle.

I wish to state that traffic police attended the accident and took my SD card and both of the cyclists was conveyed to hospital by ambulance.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200929/7024

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Report No. T/20200929/7024

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TCM / Training Command /  
MUHAMMAD SYARIFUDDIN MUHAMMAD  
AJMAIN  
Contact No.: 65476367

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
29/09/2020 18:47

Classification Of Case:



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

