

# 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 Submission ..... 21/12/2020 16:27 (SGT)  
Date of Accident ..... 20/12/2020 12:45 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... PIE TWDS CHANGI B4 LORNIE RD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKD6109E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LOOI CHIN CHUAN  
NRIC No ..... SXXXX226I  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98559331  
Alternative Phone No ..... +65-98559331

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Stream  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2019-00005141-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOOI CHIN CHUAN  
NRIC No ..... SXXXX226I  
Date Of Birth ..... 01/01/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	28/09/1999
Driving experience .....	21 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98559331
Alt. Phone Number .....	+65-98559331
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 679A PUNGGOL DR #10-876
Address complement .....	-
Postcode .....	821679
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TOH E-VYN
Gender .....	Female

#### PASSENGER 2

Name .....	LIM BOON WEE
Gender .....	Male

#### PASSENGER 3

Name .....	CHARMAINE GOH CHAN MI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201220/7011

#### 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 ..... SHD4824Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GX1281P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... TOH E-VYN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SKD6109E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... CHARMAINE GOH CHAN MI  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SKD6109E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 3

Name of injured person .....	LOOI CHIN CHUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SKD6109E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No






**Describe Circumstances of the Accident**


Please refer to the police report. (T/20201220/7011)

*[The remaining lines of the form are crossed out with a diagonal line.]*

**Declaration**

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

  
 Witnessed by Reporting Centre Personnel























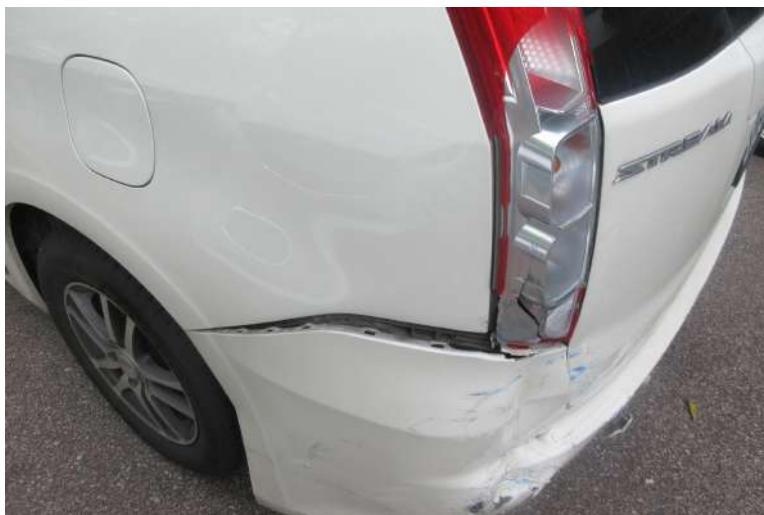


















**SINGAPORE  
POLICE FORCE**



T/20201220/7011

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

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Report No. T/20201220/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2020 14:50	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LOOI CHIN CHUAN			Address: 679A PUNGGOL DRIVE #10-876 SINGAPORE 821679		
ID Type / ID No.: NRIC NO / S7801226I			Contact No.: Home/Office: Mobile: 98559331		
Nationality: SINGAPORE CITIZEN			Email: shawnlloi11@gmail.com		
Sex: Male	Age: 42	Date of Birth: 01/01/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Digital Consultant			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2020 12:45	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GX1281P	Lorry					0
SHD4824Y	Taxi					0
SKD6109E	Car	HONDA	STREAM 1.8X A	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20201220/7011

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD6109E	FWD Singapore Pte. Ltd	PNPV2019-00005141-01	02/04/2020	01/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RASHID HARUN OR	ID No.	G6964888L
Related Vehicle	GX1281P (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ROHIM BIN SANDI	ID No.	S0045080D
Related Vehicle	SHD4824Y (Taxi)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TOH E-VYN	ID No.	S9943103B
Related Vehicle	SKD6109E (Car)	Contact No.	92723411
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



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Report No. T/20201220/7011

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LIM BOON WEE	ID No.	S9619112Z
Related Vehicle	SKD6109E (Car)	Contact No.	96453505
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	LOOI CHIN CHUAN	ID No.	S7801226I
Related Vehicle	SKD6109E (Car)	Contact No.	98559331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	CHARMAINE GOH CHAN MI	ID No.	S9936534Z
Related Vehicle	SKD6109E (Car)	Contact No.	97667293
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving vehicle SKD6109E (Honda Stream) along Pan Island Expressway lane 2 (towards Changi) between Eng Neo exit and Lornie Road exit when my car was hit by taxi SHD 4824Y from the rear. There was also a second impact when lorry GX 1281P travelling behind taxi SHD 4824Y hit the taxi and the taxi hit my car's rear again. Prior to the accident, I was travelling within my lane 2 and started to slow down as the traffic became slower due to a road maintenance truck along lane 1. As I was slowing down and stopped for a few seconds due to the car in front stopping, that was when my car was hit by the taxi for 2 times. I was performing a Grab Hitch ride and inside my car, there were 3 other passengers in the back seat: 1) Lim Boon Wee S9619112Z, 2) Charmaine Goh Chan Mi S9936534Z, 3) Toh E-Vyn S9943103B. Initially, all passengers reported no injuries. However, as I dropped them off at Botanic Gardens MRT station after moving being cleared by the LTA officer to





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Report No. T/20201220/7011

**CONTINUATION OF REPORT**

move off from the accident, Charmaine Goh Chan Mi indicated that she has slight lower back pain, while Toh E-Vyn indicated that she has slight upper back and shoulder pain. They indicated that they will be visiting the doctor. Lim Boon Wee did not report any injuries. Taxi SHD 4824Y was driven by Rohim Bin Sandi (S0045080D). Lorry GX 1281P was driven by Rashid Harun Or (G6964888L). Both drivers indicated no injuries. The lorry has 2 other passengers who indicated no injuries. The taxi has one passenger who indicated back pain.



**SINGAPORE  
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T/20201220/7011

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Report No. T/20201220/7011

**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:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
20/12/2020 14:50

Classification Of Case: