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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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

Honda

Vehicle Registration Number SKD6109F

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

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 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 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? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TOH E-VYN Gender **Female** PASSENGER 2 Name LIM BOON WEE Gender Male PASSENGER 3 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201220/7011 ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHD4824Y
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 Address	TOH E-VYN
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	
NOONED 2	
Name of injured person	CHARMAINE GOH CHAN MI
Name of injured person Address	-
Name of injured person Address Address Complement	-
Name of injured person Address Address Complement Post Code	-
Name of injured person Address Address Complement Post Code Approximate Age Years Old	- - -
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - - BODY
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- - - BODY SKD6109E
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	- - - - BODY

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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' law yers/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")

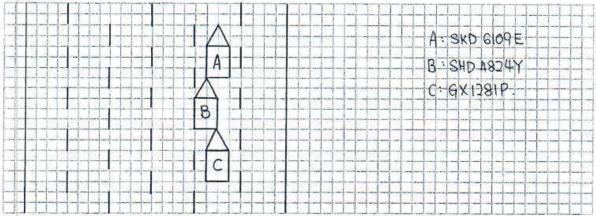
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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,

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Please	refer	to the	police	report	. (T/20°	201220 / 701	1)		
					1	0.7 101			
100									
							7	/ .	
		K-1 4781							
									El V
		_							
						/			
				- 113					
		_				-/-	-	A STATE OF THE STA	
	-					-			
	-					1			
-			-			/			
				25000					
	-423				_/_				
		4/10	-		1	W-F-6-77-1		1 1 1 1 1	MANAGEMENT OF THE PARTY OF THE
					/		PARTIES A		
			NITS.	1	Table Villa	and the second		- NEXT 7	
111/1196		HER WILL	124	/					
4 1 10				1					
	76. July 1	Kind.			To Tage			Anna a	
Willelly.			/		The part				
-								MESER	
			/						
	-				Alleria malles				
×		/							
-0									
ation									
		W 70							
lare the fo	egoing par	ticulars a	re true in	every res	pect.				
				8	1				
0				J	/			11	3
1.	7			7	1			M	
n	5656			1				₹.	





































1 of 5 Report No. T/20201220/7011

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	e Report N 20 14:50	/lade:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
Name of Informant: LOOI CHIN CHUAN			Address: 679A PUNGGOL DRIVE #10-876 SINGAPORE 821679			
ID Type NRIC NO	/ ID No.: 0 / S78012	261	Contact No.: Home/Office;	Mobile: 98559331		
National SINGAP	ty: ORE CITIZ	EN	Email: shawnlooi11@gmail.co	m		
Sex: Male	Age: 42	Date of Birth: 01/01/1978	Type of Informant: Driver			
Race: Chinese		Language: Institution / School Na English				
Occupation: Digital Consultant		Driving Licence Information: Class: Date of Expiry:				

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

Details of V	ehicle Invol	lved	TO SEE THE STATE OF			
Vehicle No.	Туре	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			自然をより出場を知り
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date





NIL

No. of Days granted Medical Leave

Details of Vehicle Insurance

2 of 5 Report No. T/20201220/7011

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company	Insuran	ce No	Effective	Expiry Date
SKD6109E	FW	/D Singapore Pte. Ltd	PNPV2 000051	7.7	02/04/2020	01/04/2021
Details of Po	erso	n Involved				
Any Pedestri	ian Ir	nvolved: No			ne resultant	
No. of Pedes	strian	s Injured: NIL	Use of Pe	destrian Cros	sing: NA	
Driver					NE PROPERTY NAMED IN	STATE OF THE STATE OF
Name		RASHID HARUN OR		ID No.	G6964888L	
Related Vehi	icle	GX1281P (Lorry)	THE WELLS	Contact No.	NIL	
Hospital/Clin	ospital/Clinic NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date		NIL	Date	NIL		
No. of Days	grant	ted Medical Leave NIL	Degree of	NIL		
Driver	一	K substitution of the subs	MAN SAN SAN	Manual Property		
Name	A. S.	ROHIM BIN SANDI		ID No.	S0045080D	
Related Vehi	cle	SHD4824Y (Taxi)		Contact No.	NIL	
Hospital/Clini	ic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date		NIL	Date NIL			
No. of Days	grant	red Medical Leave NIL	Degree of	NIL		
Passenger	46.6		以全角间形成	日本の出版を開発し	NAME OF THE PARTY OF THE	美国和国际的
Name		TOH E-VYN		ID No.	S9943103B	
Related Vehic	cle	SKD6109E (Car)		Contact No.	92723411	
Hospital/Clini	ic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Exp	iry: NIL

Date

Degree of

NIL

NIL

Slight





3 of 5 Report No. T/20201220/7011

CONTINUATION OF REPORT

Passenger	Para Jacob Multiple	Trail Control		No. of the last of		
Name	LIM BOON WEE			ID No		S9619112Z
Related Vehicle	SKD6109E (Car)			Conta	ct No.	96453505
Hospital/Clinic	NIL CONTRACTOR OF THE PARTY OF			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			
Driver		Nath Park	A STATE OF THE STA	10年965	WALES OF	White State of the
Name	LOOI CHIN CHUAN			ID No		S7801226I
Related Vehicle	SKD6109E (Car)			Contact No.		98559331
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	di nera lun	Date		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o	f	NIL	
Passenger					r Steam	
Name	CHARMAINE GOH	CHAN MI		ID No		S9936534Z
Related Vehicle	SKD6109E (Car)		elan in	Contact No.		97667293
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	7
	ed Medical Leave	INIL	Degree o	,	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





4 of 5 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.





5 of 5 Report No. T/20201220/7011

CONTINUATION OF REPORT

12000000	10000000	4 - 45 -	
Ska	toh	Dia	-
ORE	LUII	Pla	н

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2020 14:50
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

NP168

Authentication Stamp