

Dr. Loy Zhi-Yang  
c/o Blk. 1009, #01-90,  
Bukit Merah Lane 3,  
Singapore 159273.

31<sup>st</sup> December 2020

without prejudice

MS First Capital Insurance Limited  
36 Robinson Road, #16-01,  
City House,  
Singapore 068877.

Attention : Motor Claims Dept

Dear Sirs,

ACCIDENT INVOLVING SLR 6784 U AND SHC 7615 U ON 29/12/2020

I refer to the above matter.

I am the owner/driver of SLR 6784 U who was involved in the abovementioned accident as a result of the gross negligence caused by your insured driver of SHC 7615 U.

Please be informed that I am now holding your insured driver responsible for all my outlays as a result of the accident. In line with the new implementation on 1<sup>st</sup> May 2011, kindly arrange for survey to my vehicle as soon as possible at Shu Fatt Auto Works, Block 1009, #01-90, Bukit Merah Lane 3, Singapore 159723 (Tel: 6273-0119/Fax : 62707065).

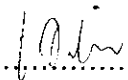
I will appoint my own adjuster and claim survey costs in addition to my other disbursements if:=

1. My vehicle is not surveyed within 2 working days
2. There is no confirmation on your part (within 5 working days from date of survey) regarding liability dispute

This confirmation is very important to me as I will have to revert to own damage claim with survey report from my insurer's panel should your insured or his/her driver breached policy condition/s or for reason/s unknown to me now.

**Please arrange for survey as soon as possible and confirm liability and I look forward to your early confirmation.**

Yours faithfully,

  
.....

Encs

DTP-MS 14 Capital

# 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	30/12/2020 15:44 (SGT)
Date of Accident	29/12/2020 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI LAKE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6784U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOY ZHI-YANG
NRIC No	SXXXX291D
Email Address	loyzhiyang@gmail.com
Mobile Phone No	(Phone) +65-98445799
Alternative Phone No	+65-98445799

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5093296733-03
Cover Note Number	-

### DRIVER

Name of Driver	LOY ZHI-YANG
NRIC No	SXXXX291D
Date Of Birth	18/11/1978
Occupation	Indoor

Date Of Driving Pass	13/11/2017
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98445799
Alt. Phone Number	+65-98445799
Email Address	loyzhiyang@gmail.com
Address	1P PINE GROVE #04-82
Address complement	-
Postcode	591401
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LOY XING-YI
Gender	Female

#### PASSENGER 2

Name	LOY XING HSU
Gender	Female

#### PASSENGER 3

Name	LOY XING HAN
Gender	Male

#### PASSENGER 4

Name	LIM YING TZE JULIA
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 SKETCH AND POLICE REPORT T/20201230/7009 ATTACHED

## ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7615U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	LAM KONG CHEONG
NRIC No	SXXXX812C
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	LOY XING YI
Address	1P PINE GROVE #04-82
Address Complement	-
Post Code	591401
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**

SLR 67844  
29/12/20

**IMPORTANT NOTICE**

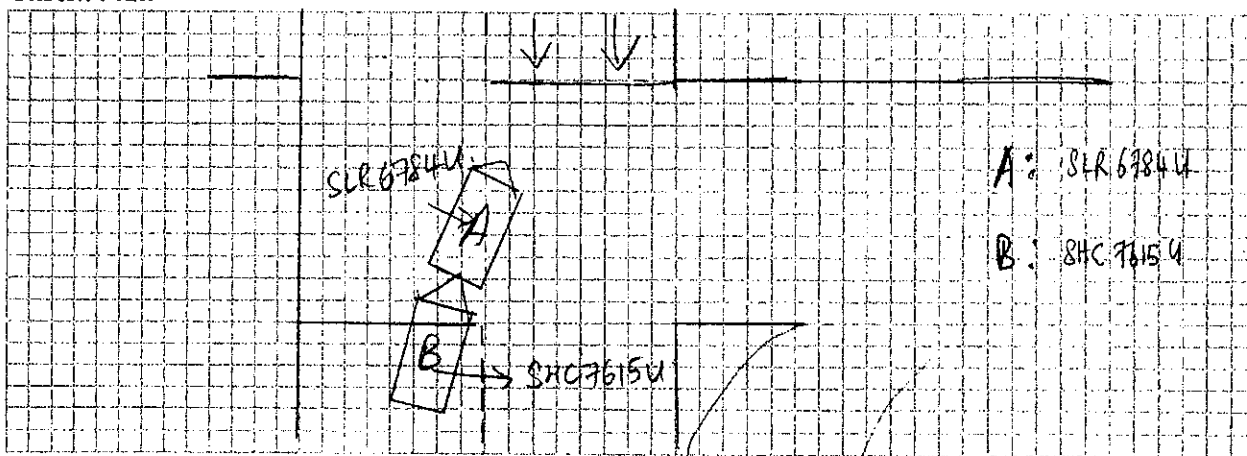
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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. 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' 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.

74 30/12/20  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Pls refer to Police Report No : T/20201230/7009.

## Declaration

**We declare the foregoing particulars are true in every respect.**

84 50/12/20  
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/20201230/7009

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

1 of 4

Report No. T/20201230/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/12/2020 11:00		Vide Report No.: L/20201229/0125		Station Diary No.:	
<b>Informant Details</b>					
Name of Informant: LOY ZHI-YANG			Address: 1P PINE GROVE #04-82 SINGAPORE 591401		
ID Type / ID No.: NRIC NO / S7835291D			Contact No.: Home/Office: Mobile: 98445799		
Nationality: SINGAPORE CITIZEN			Email: loyzhiyang@gmail.com		
Sex: Male	Age: 42	Date of Birth: 18/11/1978	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: General practitioner/physician		Driving Licence Information: Class: Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2020 19:00	Type of Location: T-Junction
Location:  Mandai lake road				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No:	Type	Make	Model	Color	Condition	No of
SLR6784U	Car	TOYOTA	SIENTA 1.5G CVT ABS D/AIRBAG	Red		0

<b>Details of Vehicle Insurance</b>				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20201230/7009

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

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Report No. T/20201230/7009

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Insured By	Policy Date
SLR6784U	NTUC Income Insurance Co-Operative Limited	5093296733-03	24/08/2020	23/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOY ZHI-YANG		ID No.	S7835291D
Related Vehicle	SLR6784U (Car)		Contact No.	98445799
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
Passenger				
Name	LOY XING-YI		ID No.	T0717199J
Related Vehicle	SLR6784U (Car)		Contact No.	94235480
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/12/2020		Date	29/12/2020
No. of Days granted Medical Leave	08		Degree of	Slight
Passenger				
Name	LOY XING HSU		ID No.	T1923452A
Related Vehicle	SLR6784U (Car)		Contact No.	94235480
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





**SINGAPORE  
POLICE FORCE**



T/20201230/7009

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201230/7009

**CONTINUATION OF REPORT**

<b>PASSENGER</b>				
Name	LOY XING HAN		ID No.	T0921312G
Related Vehicle	SLR6784U (Car)		Contact No.	NIL
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	
<b>PASSENGER</b>				
Name	LIM YING TZE, JULIA		ID No.	S8021924E
Related Vehicle	SLR6784U (Car)		Contact No.	94235480
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.**

We (my family of 5- myself my wife and 3 kids )were driving from Mandai road waiting to turn right to Mandan lake road at 7pm. The green light with green arrow was on, and the cars in front of us were turning right. When it was our turn to turn right the green arrow disappeared and it was only the green light signal on, meaning I had to give way to oncoming vehicles. Hence I started to brake and the taxi behind sounded its horn at us urging me to move forward. However the oncoming vehicles were starting to move forward and hence I braked and my car came to a stop. The taxi behind then collided into the rear of my vehicle. Police was called and my daughter was conveyed to Kk hospital in the ambulance for head injury.

The sd card In my car was taken by the tp who attended to the scene.



**SINGAPORE  
POLICE FORCE**



T/20201230/7009

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Report No. T/20201230/7009

**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 /  
HO JIEKANG, IVAN  
Contact No.: 65476170

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:  
30/12/2020 11:00

Classification Of Case: