

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 18/01/2021 09:26 (SGT)
Date of Accident 16/01/2021 00:30 (SGT)
Exact Location of Accident Tanjong Pagar, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT5709H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOO HAN KWANG
NRIC No SXXXX283A
Email Address DAIHONGLOO@GMAIL.COM
Mobile Phone No (Phone) +65-96349158
Alternative Phone No +65-96349158

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Golf
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 PNPV2020-00010024
Cover Note Number -

DRIVER

Name of Driver LOO DAI HONG
NRIC No SXXXX108B
Date Of Birth 05/09/1996
Occupation Indoor

Date Of Driving Pass	15/11/2016
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96349158
Alt. Phone Number	-
Email Address	DAIHONGLOO@GMAIL.COM
Address	BLK 461A YISHUNAVE 6 #11-1031
Address complement	-
Postcode	761461
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 POLICEREPORT T/20210116/7042

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	SLV1161D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 LOO DAI HONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SJT5709H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

Refer to the attached Police Report No : T/2021.0116 / 7042 .

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel





































**SINGAPORE
POLICE FORCE**



T/20210116/7042

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

1 of 4

Report No. T/20210116/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2021 05:00		Vide Report No.: A/20210116/0008		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOO DAI HONG			Address: 461A YISHUN AVENUE 6 #11-1031 SINGAPORE 761461		
ID Type / ID No.: NRIC NO / S9632108B			Contact No.: Home/Office: Mobile: 96349158		
Nationality: SINGAPORE CITIZEN			Email: DAIHONGLOO@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 05/09/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: self-employed			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 00:30	Type of Location: T-Junction
Location: GOPENG STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJT5709H	Car	VOLKSWAGEN	GOLF 1.4	Red	Seriously Damaged	0
SLV1161D	Car	HYUNDAI	Elantra	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210116/7042

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

2 of 4
Report No. T/20210116/7042

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT5709H	FWD Singapore Pte. Ltd			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOO DAI HONG		ID No.	S9632108B
Related Vehicle	SJT5709H (Car)		Contact No.	96349158
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	16/01/2021		Date	16/01/2021
No. of Days granted Medical Leave		07	Degree of	Slight
Driver				
Name	DAVIS ERIC CHAN YONG CHUA		ID No.	S1423760G
Related Vehicle	NIL		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	NIL

Brief Details.

Traveling on tanjong pagar towards keppel. Suddenly there was this car SLV1161D which was going at the oppsite direction, turning to gopeng street without stoping nor the signal was on. I applied the ebrake on my car, the wheel got lock up i tried to avoid SLV1161D by dodging to the left but he did not stop and we collided. My car was ended up at the oppsite direction of gopeng st and his car was on the pavement. My car air bags was depolyed and was in a shock and black out for around 40second to 1 min till a passer by who saw the incident opened my door to call me and helped me out of the car. Traffic police was at scene. Ambulance was at seen to check on both drivers the other party was conveyed. After my car was tow i went to mount alvernia hospital where i was giving 7 days MC for the pain and suffering (Dizzyness,both hand muscle was badly strain, neck pain, back pain and pain on the right leg).



**SINGAPORE
POLICE FORCE**



T/20210116/7042

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

3 of 4

Report No. T/20210116/7042

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210116/7042

4 of 4

Report No. T/20210116/7042

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

CONTINUATION OF REPORTSketch 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 /
NG BEIFENG
Contact No.: 65476845

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:
16/01/2021 05:00

Classification Of Case: