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.

 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 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 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? 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 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 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 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

Private car

Vehicle Colour
Vehicle Category

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	LOO DAI HONG
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

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>.
- 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")

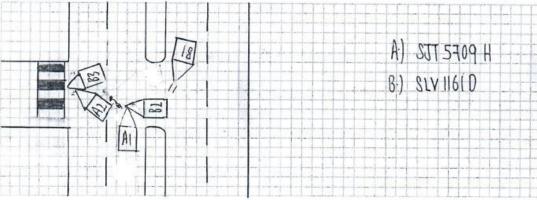
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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



		ances of the Accid	ent			
Declaration						
Declaration						
Declaration We declare the foregoing particulars are true in every respect.	Keter	to the attached	Police Report	No : T/20210	1116/7042.	
Declaration	a == =================================					
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We declare the foregoing particulars are true in every respect						
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THE			416		11	
					Total	







































Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20210116/7042

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 05:00	Station Diary No.:				
Informa	nt's Partic	ulars	42 PERSONAL SERVICE SE	Account No. 10 to		
Name of LOO DA	Informant: HONG		Address: 461A YISHUN AVENUE 6 #1	1-1031 SINGAPORE 761461		
ID Type NRIC NO	/ ID No.: 0 / S96321	08B	Contact No.: Home/Office:	Mobile: 96349158		
Nationality: SINGAPORE CITIZEN		EN	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:		

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 ST	REET			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
		TOTAL CONTRACTOR OF THE PARTY O	Т	Road Speed Limit: Traffic Volume:

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





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

	Insurance Company	Insurance No	Effective	Expiry Date
SJT5709H	FWD Singapore Pte. Ltd			
	erson Involved			

Any Pedestrian I	nvolved: No		Vicinia III	i i i i i i i i i i i i i i i i i i i	1000	
No. of Pedestriar	s Injured: NIL	Diameter)	Use of Per	destriar	Cross	sing: NA
Driver					NAS E	THE STATE OF STATE OF
Name	LOO DAI HONG			ID No		S9632108B
Related Vehicle	SJT5709H (Car)			Conta	ct No.	96349158
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry		Class: 3A Date of Expiry: NIL	
Date	16/01/2021 Date		Date		16/01	/2021
No. of Days gran	anted Medical Leave 07 Degree of				Slight	
Driver			内的		AND DESCRIPTION OF THE PERSON	
Name	DAVIS ERIC CHAN YON	NG CHUA		ID No.		S1423760G
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL	-	Date	-	NIL	The second second
No. of Dave gran	ted Medical Leave NI	IL .	Degree of	STALL!	NIL	A STATE OF THE STA

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).



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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210116/7042

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

Signature Of Interpreter:
Not applicable

Date/Time:
16/01/2021 05:00

Classification Of Case:
TP / TPHQ /
NG BEIFENG
Contact No.: 65476845

Authentication Stamp
NP168