

## 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	08/02/2021 15:27 (SGT)
Date of Accident	07/02/2021 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK CTE BEFORE AVE 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX706S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH HONG MENG
NRIC No	SXXXX694Z
Email Address	charley_loh@yahoo.com.sg
Mobile Phone No	(Phone) +65-96498198
Alternative Phone No	+65-96498198

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120424914 (DRIVO CLASSIC)
Cover Note Number	-

#### DRIVER

Name of Driver	LOH HONG MENG
NRIC No	SXXXX694Z
Date Of Birth	13/09/1963
Occupation	Outdoor

Date Of Driving Pass	10/06/1987
Driving experience	33 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96498198
Alt. Phone Number	+65-96498198
Email Address	charley_loh@yahoo.com.sg
Address	BLK 156 #04-599 BEDOK SOUTH AVENUE 3
Address complement	-
Postcode	460156
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
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 NO. T/20210208/7017 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	SLM1366C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENG HANN JEN
NRIC No	SXXXX543D
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	SKX3462Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BENJAMIN TAN CHENG WEI
NRIC No	SXXXX679A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process:

1. This Form must be completed by the Policyholder and/or the Authorised Driver
2. 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
3. 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. Any false information may be referred to the Police for investigation
5. 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
6. By the lodging of this report to the insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available aforesaid
7. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurers, 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 relevant 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 the 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders



Policyholder's Signature  
Date & Time



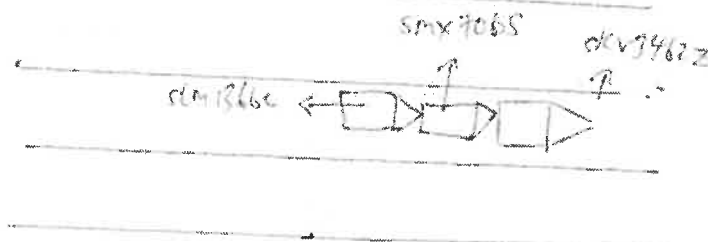
Driver's Signature  
(If Driver is not the policyholder)  
Date & Time

13:40  
08/02/21



Reporting Center Personnel's Signature  
Name:  
NIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 Feb 2021, I was driving my vehicle, SMX706S on the second lane from the right. Suddenly the driver of vehicle SKX34622, cut in my lane from the lane to my left. I could not brake in time and collided into the rear of SKX34622. Shortly after, a violent impact from the back and I discovered that SLM1366c had rear ended my vehicle. My vehicle did not go on to hit the vehicle SKX34622 a second time because my right leg is fully on the brake paddle. Damage to the rear of my vehicle is very severe compared to the frontal damage. I am filling this report for compensation purposes. I had three passengers with me at the time of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]* 1:55pm

Policyholder's Signature  
(Date & Time)

*[Signature]*

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/ID No.:





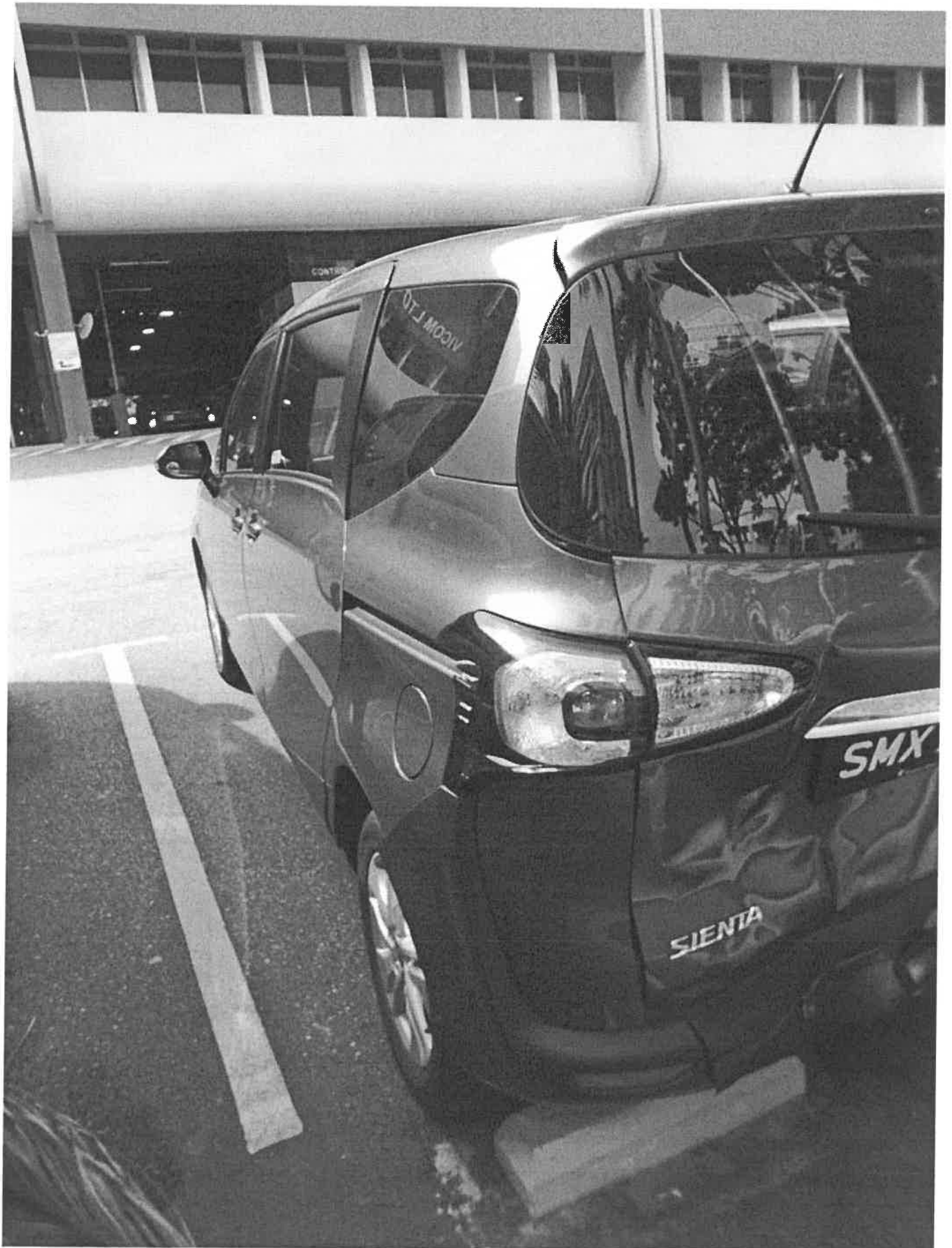






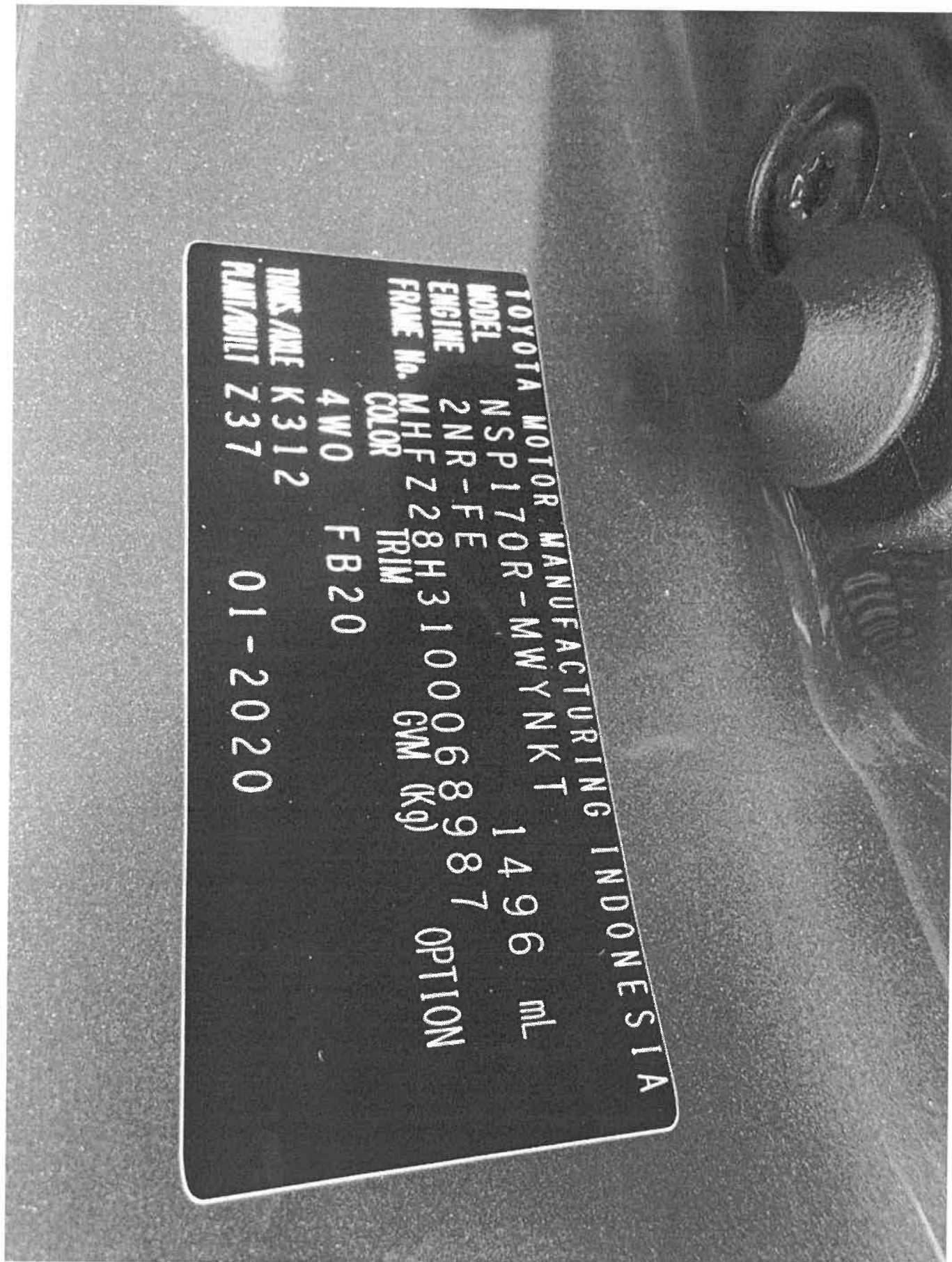














**SINGAPORE  
POLICE FORCE**



T/20210208/7017

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

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Report No. T/20210208/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/02/2021 13:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOH HONG MENG			Address: 156 BEDOK SOUTH AVENUE 3 #04-599 SINGAPORE 460156		
ID Type / ID No.: NRIC NO / S1580694Z			Contact No.: Home/Office: Mobile: 96498198		
Nationality: SINGAPORE CITIZEN			Email: charley_loh@yahoo.com.sg		
Sex: Male	Age: 57	Date of Birth: 13/09/1963	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2021 13:20	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SKX3462Z	Car					0
SLM1366C	Car					0
SMX706S	Car	TOYOTA	SIENTA STANDARD (AUTO)	Brown	Seriously Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20210208/7017

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

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Report No. T/20210208/7017

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX706S	NTUC Income Insurance Co-Operative Limited	5120424914	08/01/2021	07/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BENJAMIN TAN CHENG WEI	ID No.	S9503679A
Related Vehicle	SKX3462Z (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	NIL
Driver			
Name	HENG HANN JEN	ID No.	S8164543D
Related Vehicle	SLM1366C (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	NIL
Driver			
Name	LOH HONG MENG	ID No.	S1580694Z
Related Vehicle	SMX706S (Car)	Contact No.	96498198
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	Serious





**SINGAPORE  
POLICE FORCE**



T/20210208/7017

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

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Report No. T/20210208/7017

**CONTINUATION OF REPORT**

Brief Details.

On 7 February 2021, I was driving my vehicle, SMX 760S on the second lane from the right. Suddenly, the driver of vehicle SKX 3462Z, cut in my lane from the lane to my left. I could not break in time and collided into the rear of SKX 3462Z. Shortly after, a violent impact came from the back and I discovered that SLM 1366C had rear ended my vehicle. My vehicle did not go on to hit the vehicle SKX 3462Z ahead a second time because my right leg is fully on the break paddle.

Damage to the rear of my vehicle is very severe compared to the frontal damage. I am filing this report for compensation purposes. I had three passengers with me at the material time of the accident.



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20210208/7017

**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 / TP1B /  
BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
N2168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
08/02/2021 13:05

Classification Of Case:

