

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 18/02/2021 16:17 (SGT)
Date of Accident 17/02/2021 16:55 (SGT)
Exact Location of Accident Jln Buroh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR8505X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH KUI KENG
NRIC No SXXXX423H
Email Address fannoei@hotmail.com
Mobile Phone No (Phone) +65-98269944
Alternative Phone No +65-92950519

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5100754546-02
Cover Note Number -

DRIVER

Name of Driver OEI YUAN FANG,FANN
NRIC No SXXXX123F
Date Of Birth 10/06/1996
Occupation Indoor

Date Of Driving Pass	20/11/2015
Driving experience	5 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92950519
Alt. Phone Number	-
Email Address	fannoei@hotmail.com
Address	70 HOUGANG AVE 7
Address complement	#01-04
Postcode	538804
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 - 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?	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	MacPherson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007449999
Alt. Police Station Phone No	(Fax) +65-65476366
Police Station Address	Blk 54 Pipit Road #01-82/84 Singapore 370054
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210218/2056

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	XE712T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOGAN
Contact Number	(Phone) +65-84937764

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 OEI YUAN FANG,FANN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? SLR8505X
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

P/s refer to the police report: 7/20210218/2056

We declare the foregoing particulars are true in every respect.

Sam: 18 Feb 2021

Witnessed by Reporting Centre
Personnel



POLICE FORCE		T/20210218/2056	
Police Station Of Origin: MacPherson NPP 54 Piplt Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999		2 of 3 Report No. T/20210218/2056	
CONTINUATION OF REPORT			
Name	OEI YUAN FANG, FANN	ID No.	S9621123F
Related Vehicle	SLR8505X (Car)	Contact No.	92950519
Hospital/Clinic	UNIHEALTH Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mogan	ID No.	NIL
Related Vehicle	NIL	Contact No.	84937764
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Brief Details. On the 17/02/2021 at 1655hr, I was driving along Jalan Buroh entering a merging lane when I felt an impact from the back of my vehicle. I exited from my vehicle and went to make a check and realized it was a Head to Rear collision. I then exchanged details with the driver and continued my way back home. On the 18/02/2021, I visited a private clinic(Unihealth Clinic) located at 214 Bedok North Street 1 #01-171 just for a regular check up and was given 3 days of Medical Certificate. I am lodging this report for insurance claim purposes.			



















**SINGAPORE
POLICE FORCE**



T/20210218/2056

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20210218/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2021 15:05	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: OEI YUAN FANG, FANN		Address: 70 HOUGANG AVENUE 7 #01-04 SINGAPORE 538804	
ID Type / ID No.: NRIC NO / S9621123F		Contact No.:	Mobile: 92950519
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 24	Date of Birth: 10/06/1996	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: STUCTURAL ENGINEER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/02/2021 16:55	Type of Location: Roundabout
Location: JALAN BUROH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR8505X	Car	HONDA	FIT 1.3G A	Pink	Slightly Damaged	0
XE712T	Truck	MERCEDES BENZ	AXOR C 1836LS 4X2 3600 AUTO ABS	White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE FORCE		T/20210218/2056	
Police Station Of Origin: MacPherson NPP 54 Pipl Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999		2 of 3 Report No. T/20210218/2056	
CONTINUATION OF REPORT			
Name	OEI YUAN FANG, FANN	ID No.	S9621123F
Related Vehicle	SLR8505X (Car)	Contact No.	92950519
Hospital/Clinic	UNIHEALTH Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Mogan	ID No.	NIL
Related Vehicle	NIL	Contact No.	84937764
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Brief Details. On the 17/02/2021 at 1655hr, I was driving along Jalan Buroh entering a merging lane when I felt an impact from the back of my vehicle. I exited from my vehicle and went to make a check and realized it was a Head to Rear collision. I then exchanged details with the driver and continued my way back home. On the 18/02/2021, I visited a private clinic(Unihealth Clinic) located at 214 Bedok North Street 1 #01-171 just for a regular check up and was given 3 days of Medical Certificate. I am lodging this report for insurance claim purposes.			

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
MacPherson NPP
54 Phipp Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20210218/2056

3 of 3

Report No: T/20210218/2056

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 1 KENDRICK TAN KIAN LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

18/02/2021 15:05

Classification Of Case:

Authentication Stamp

NP163

SINGAPORE
POLICE FORCE

SIGNATURE