

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 12/03/2021 13:49 (SGT)
Date of Accident 11/03/2021 18:00 (SGT)
Exact Location of Accident Ulu Pandan Rd, Singapore
Additional Location Information SLIP ROAD TOWARDS CLEMENTI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV3752Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH CHEONG KEE
NRIC No SXXXX525G
Email Address cheongkeeloh88@gmail.com
Mobile Phone No (Phone) +65-98475175
Alternative Phone No +65-98475175

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109050165-01
Cover Note Number -

DRIVER

Name of Driver LOH CHEONG KEE
NRIC No SXXXX525G
Date Of Birth 06/12/1952
Occupation Indoor

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 08/07/1975 |
| Driving experience | 45 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98475175 |
| Alt. Phone Number | +65-98475175 |
| Email Address | cheongkeeloh88@gmail.com |
| Address | BLK 352 CLEMENTI AVENUE 2 #03-119 |
| Address complement | - |
| Postcode | 120352 |
| 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 | Side Swipe |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Clementi Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008729999 |
| Alt. Police Station Phone No | (Fax) +65-68728039 |
| Police Station Address | No. Singapore 129858 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 | SH7012C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) -

SKETCH PLAN**IMPORTANT NOTICE**

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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

Describe Circumstances of the Accident

ON 11/03/2021 AT ABOUT 18:00HRS I WAS AT ULU PAIDAM AND
 WANTED TO TURN LEFT TOWARDS CHAMPAUNI ROAD. ON THE 2ND
 TURNING LANE A TAXI WHICH DROVE FAST & DID NOT GIVEWAY
 BRUSH AGAINST MY FRONT LEFT SIDE OF MY CAR. HE DID NOT
 GIVE ME HIS PARTICULAR HE TOOK PHOTO & DROVE OFF.


Declaration

We declare the foregoing particulars are true in every respect.

 12/3/21

Policyholder's Signature / Date &
Time

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

 12/03/2021

Witnessed by Reporting Centre
Personnel















Confidential

Annex E

NOTICE OF REPORTING

This is to confirm that Loh Cheong Kee NRIC S0123525G has reported to the Police a non-injury traffic accident report.

Accident which occurred at slip road of Ulu Pandan road turning into Clementi road.

On 11/03/2021 about 1800hrs, involving the following vehicle:

SKV3752Y (Complainant's vehicle)

SH7012C (Other party)

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/name of Issuing Officer: SSgt Mohd Nasir

Date: 11/03/2021 Time: 2030hrs

S/D Ref: 19

Police Post/Unit: Clementi NPC

Original - To be issued to informant
Duplicate- To be submitted to Traffic Police

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