# **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.

- 4. The issue and acceptance of this is form by instrained 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 30/08/2021 16:22 (SGT) Date of Accident 28/08/2021 23:49 (SGT) Exact Location of Accident Bartley Rd East, Singapore Additional Location Information **TOWARDS TAMPINES AVE 10** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Employment

Vehicle Registration Number GBH5958M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner POOCH'S IMAGE Company Reg No 5XXXX278D Email Address ktmotorwerk@hotmail.com Mobile Phone No (Phone) +65-63444044

Alternative Phone No (Office) +65-63444044

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Yes Vehicle Category Commercial vehicle

Transmission Auto CC 1597

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number DMCVSNW00078642101

Cover Note Number

DRIVER

Name of Driver LOK YONGHAO JASON NRIC No. SXXXX384D

Date Of Birth 14/01/1989 Occupation Indoor Date Of Driving Pass 03/03/2010 Driving experience 11 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-98392497 Alt. Phone Number Email Address ktmotorwerk@hotmail.com Address BLK 601D TAMPINES AVE 9 Address complement #06-856 Postcode 524601 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name VALERIE HENG WEI CHI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Ang Mo Kio Division Headquarters Police Station Phone No (Phone) +65-18002180000 Alt. Police Station Phone No (Fax) +65-64814246 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: F/20210829/7001 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** 

GBK9749H

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKW9000P 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  Gender  Phone No	LOK YONGHAO JASON Male
	(Phone) +65-98392497
	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH5958M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person Gender Phone No	VALERIE HENG WEI CHI Female (Phone) +65-96252837
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle?	SLIGHT GBH5958M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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>.
- 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.
- 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)

Lunderstand, 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' 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

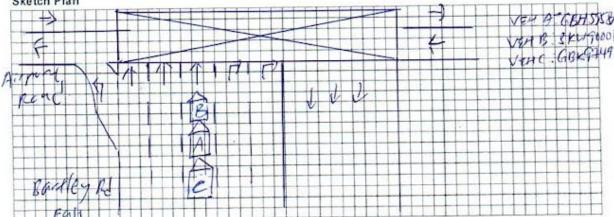
(c) my Person of formation may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including meir law yers (law ways), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholds Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan



escribe Circumstar	nces of the Accident
Refer to th	he police report. F/20210829/7001

Declaration

ulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policy hok Time

#### Page 3 of 4





1 of 2

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Report No. F/20210829/7001

Vide Re	eport No.		Station Diary No.
601D T		AVENUE 9 #06-85	6 SINGAPORE
Contact		Mobile:	
Sex Male	Age	Date of Birth	Race
Language English Location Of Incident BARTLEY ROAD EAST			Chinese
	Address 601D T. 524601 Contact Home/C Email A: JASON. Sex Male Languag English Location	524601 Contact No. Home/Office: Email Address JASON.LOK89@G Sex Age Male 32 Language English Location Of Inciden	Address 601D TAMPINES AVENUE 9 #06-85 524601 Contact No. Home/Office: Mobile: 98392497 Email Address JASON.LOK89@GMAIL.COM Sex Age Date of Birth Male 32 14/01/1989 Language English Location Of Incident

On the 28/8/2021 at 23:49 I was traveling along barley road east towards tampines ave 10 with my wife ( heng wei chi valerie). I was at the traffic light waiting for the green light, and suddenly vehicle C; GBK9749H suddenly hit me from the rear causing big damage to my vehicle and I hit the front vehicle. Totally there are 3 vehicle involve, vehicle A , GBH5958M and vehicle B SKW9000P and vehicle C GBK9749H.

After traffic police came and assist to the case.

I was not feeling well after the accident and I went to "parkway east hospital" to consult the doctor and

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2021 04:27
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

page 4 of 4





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210829/7001

was given a 5 days mc.

Person Name	LOK YONGHAO, JAS	ON	
ID Type	NRIC NO		
Gender	Male	ID No	S8901384D
Race	Chinese	Age	32
Occupation		Language	English
10 1000	Pet groomer	Address	601D TAMPINES AVENUE 9 #06-856 SINGAPORE 52460
Mobile No	98392497	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	THE CO. WINDS AND ADDRESS OF THE PARTY OF TH
Not applicable	Date/Time: 29/08/2021 04:27
Officer In-Charge Of Case:	
onarge of case.	Classification Of Case:
Authentication Stamp	











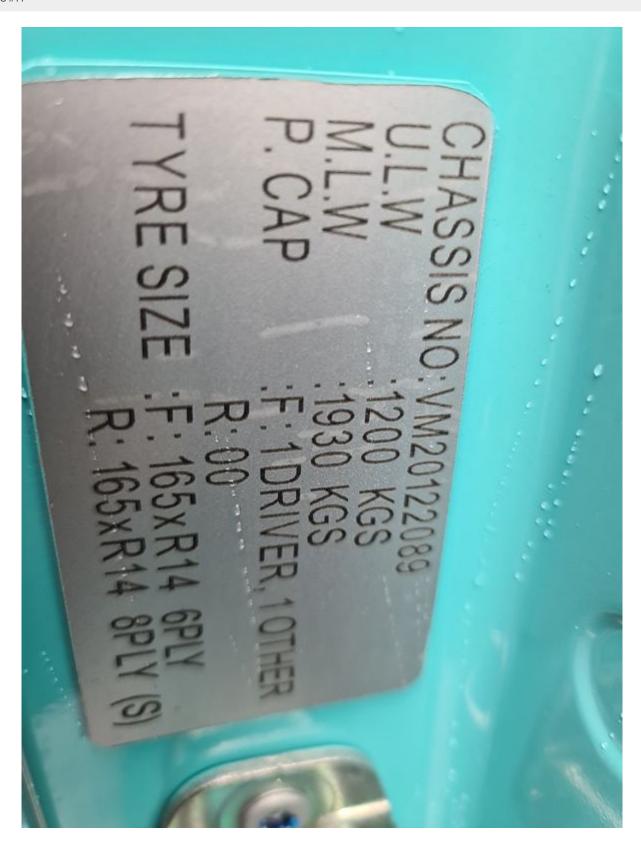














#### Page 3 of 4





1 of 2

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Report No. F/20210829/7001

Vide R	eport No.		Station Diary No.
601D T	AMPINES A	AVENUE 9 #06-85	6 SINGAPORE
Contact	No.	Mobile:	
Sex Male	Age	Date of Birth	Race
Language English Location Of Incident BARTLEY ROAD EAST			Chinese
	Address 601D T 524601 Contact Home/C Email A JASON Sex Male Languag English Location	524601 Contact No. Home/Office: Email Address JASON.LOK89@G Sex Age Male 32 Language English Location Of Inciden	Address 601D TAMPINES AVENUE 9 #06-85 524601 Contact No. Home/Office: Mobile: 98392497 Email Address JASON.LOK89@GMAIL.COM Sex Age Date of Birth Male 32 14/01/1989 Language English Location Of Incident

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Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2021 04:27
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

page 4 of 4





2 of 1

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210829/7001

was given a 5 days mc.

Person Name	LOK YONGHAO, JAS	ON	
ID Type	NRIC NO		
Gender	Male	ID No	S8901384D
Race	Chinese	Age	32
Occupation		Language	English
Mobile No	Pet groomer	Address	601D TAMPINES AVENUE 9 #06-856 SINGAPORE 52460
Mobile IVO	98392497	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:

Not applicable

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

Date/Time:
29/08/2021 04:27

Classification Of Case:

Authentication Stamp



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN09218 40008 Original Report No: SN09218 40008 Vehicle Registration No: GRH 5958 M Name (as shown in NRIC): JUSON Lok Yory Hab NRIC/FIN/Passport No: 58901384D (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: BLK 601D Tamples Ave 9 # 06-856 Mobile No.: 98392497 Singapore ( 5246%) Contact (Tel): Email Address: Ktmotorwerk & hotmail.com Place of Accident: 28.05.2021 Time of Accident: 2349hrs Place of Accident: Bartley Road East Towards Tampines Are 10 Insurance Company: China Taiping (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: I would like to Charge from third party claim to OD (our demande dalm) 1 Policyholder / Driver's Reporting Centre Personnel's Signature Date: 09.09.202 1 Name:

NRIC/FIN No.:

Date:

GIARMC Addendum Form





1 of 2

### POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20210829/7000

	Station Diary No.	
AVENUE 9 #06-85	6 SINGAPORE	
Mobile: 96252837		
nail.com		
Date of Birth	Race	
21/12/1992	Chinese	
	- Commode	
English Location Of Incident		
BARTLEY ROAD EAST		
1	AST	

On the 28/8/2021 at 23:49 I was traveling along barley road east towards tampines ave 10 with my husband (lok yonghao jason). I was at the traffic light waiting for the green light, and suddenly vehicle C; GBK9749H suddenly hit me from the rear causing big damage to my vehicle and I hit the front vehicle. Totally there are 3 vehicle involve, vehicle A, GBH5958M and vehicle B SKW9000P and vehicle C GBK9749H.

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Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.  Date/Time: 29/08/2021 04:26	
Signature Of Interpreter: Not applicable		
Officer In-Charge Of Case:	Classification Of Case:	

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210829/7000

was given a 5 days mc.

Person Name	HENG WEI CHI, VALERIE		
ID Type	NRIC NO	ID No	0000
Gender	Female		S9247859I
Race	Chinese	Age	28
O IIIIIOOC		Language	English
	Pet groomer	Address	601D TAMPINES AVENUE 9
Mobile No	96252837	Is Informant A Victim?	#06-856 SINGAPORE 524601 Yes

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter:	the property of the second sec	
Not applicable	Date/Time: 29/08/2021 04:26	
Officer In-Charge Of Case:	Classification Of Case:	
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Authentication Stamp		