

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 30/08/2021 18:08 (SGT)
Date of Accident 28/08/2021 10:00 (SGT)
Exact Location of Accident Near Braddell Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH3201H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Loke Pui Wai Cynthia
NRIC No SXXXX627Z
Email Address lokepuiwai@hotmail.com
Mobile Phone No (Phone) +65-98154677
Alternative Phone No +65-98154677

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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
Transmission Auto
CC 2400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118910307
Cover Note Number -

DRIVER

Name of Driver Loke Pui Wai Cynthia
NRIC No SXXXX627Z

Date Of Birth	20/12/1973
Occupation	Indoor
Date Of Driving Pass	06/12/1996
Driving experience	24 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98154677
Alt. Phone Number	+65-98154677
Email Address	lokepuiwai@hotmail.com
Address	26 Jalan Rendang
Address complement	-
Postcode	428357
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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	John Chong
Gender	Male

PASSENGER 2

Name	Joshua Chong
Gender	Male

PASSENGER 3

Name	Justin Chong
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report:- T/20210828/2060

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	FBR6022D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Braddell Road

A: SLH3201H

B: FBR 6022D

Describe Circumstances of the Accident

Refer to Police report:- T/20210828/2060

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
30/08/2021 01:23:45

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

Witnessed by Reporting Centre Personnel
Lum Wei Sheng























**SINGAPORE
POLICE FORCE**



T/20210828/2060

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20210828/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2021 15:15	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars				
Name of Informant: LOKE PUI WAI CYNTHIA			Address: 26 JALAN RENDANG SINGAPORE 428357	
ID Type / ID No.: NRIC NO / S7346627Z			Contact No.: Home/Office:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/08/2021 09:55	Type of Location: Straight Road
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
FBR6022D	Motorcycle					0
SLH3201H	Car	TOYOTA	ESTIMA AERAS PREMIUM 2.4 A	White	Seriously Damaged	3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210828/2060

2 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20210828/2060

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLH3201H	NTUC Income Insurance Co-Operative Limited	5118910307	28/10/2020	27/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOKE PUI WAI CYNTHIA		ID No. S7346627Z
Related Vehicle	SLH3201H (Car)		Contact No. 98154677
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 28/08/2021 at about 0958hrs, I was driving my vehicle bearing the plate number (SLH3201H) along Braddell Road. Subsequently, I felt an impact on my rear and noticed a motorcycle bearing the plate number (FBR6022D) had hit me from the back. The motorcyclist then rode off without stopping.

I then drove and followed the said motorcycle. I managed to captured the plate number of the said motorcycle. My passengers and I were not injured. No police or ambulance came to the scene.



**SINGAPORE
POLICE FORCE**



T/20210828/2060

3 of 3

Report No. T/20210828/2060

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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 MUHAMMAD FAZLI IDHAM BIN MOHD
YAZID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
→ Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP16B

Signature Of Informant:

Date/Time:
28/08/2021 15:15

Classification Of Case:

