# **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 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 SI H3201H

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 Private use accident 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 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 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) 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Marine Parade Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004428999 Alt. Police Station Phone No

(Fax) +65-62447678

300 Marine Parade Road Singapore 449296

### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report:- T/20210828/2060

Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 5 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
- 8. Consent under the Personal Data Protection Act (PDPA)

- (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) collectively referred to as the "Insurers"), the Insurers law yers/law firms, the Monetary Authority of Singapore and any relevant
- (ii) investigating the accident and/or my claims;
- (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
- (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

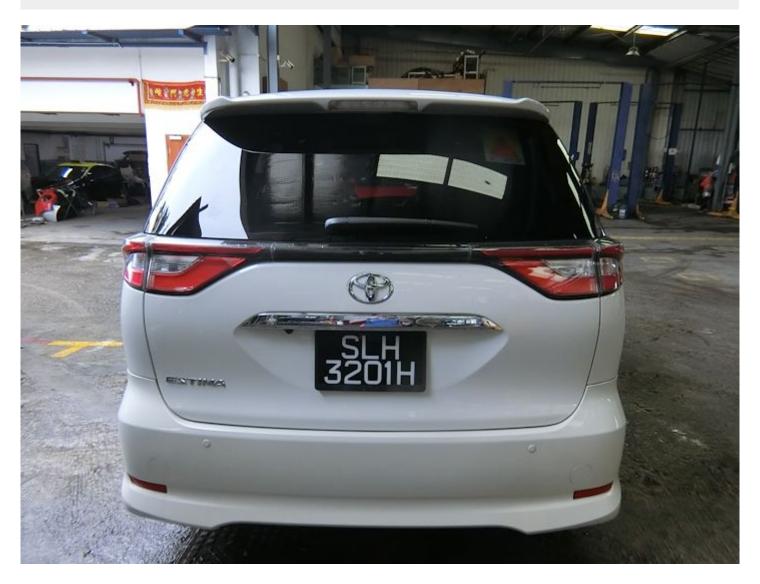
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents

& Time

30/08/ 701 C 1776/2 Sketch Plan

- Braddell Road A: SLH 3201H B! FER 6022D

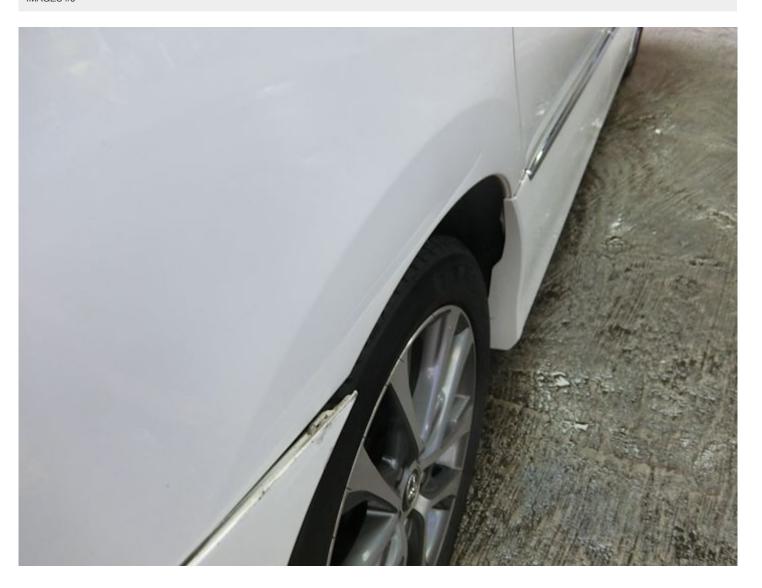
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claration				
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declare the foregoing particulars are true	n every resp	ect		ff-
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yholder's Signature / Date & Driver's	Signature of c	liger is more	e policyhalder] / Date	Althesses by Reporting Centre
30/08/201 C1230/10 & Time				Personnel Lum We Sho



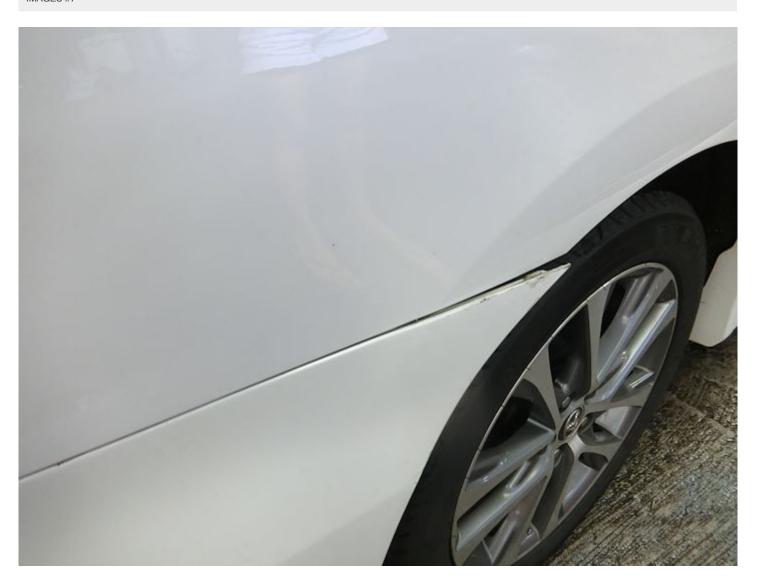






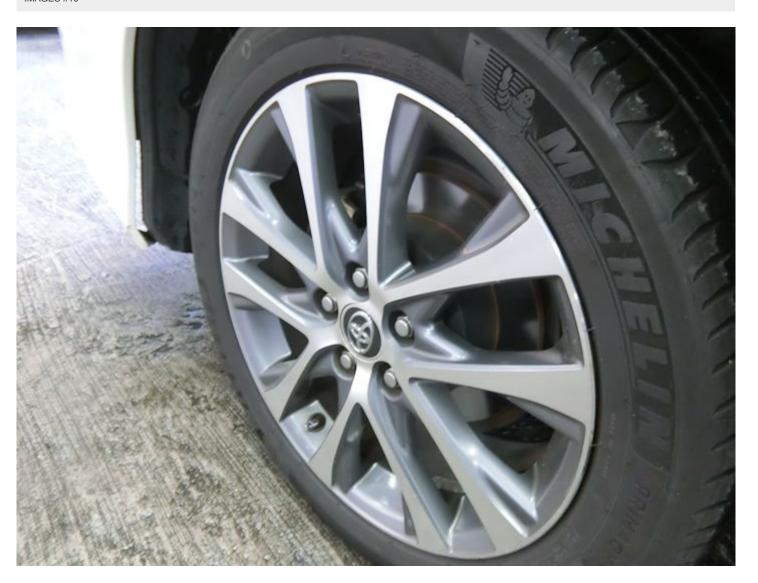
















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Report No. T/20210828/2060

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

DEDOOT	OF A	TOACCIO	ACCIDENT
KEPUKI	OF A	TRAFFIG	ACCIDENT

	Date/Time Report Made: 28/08/2021 15:15		Vide Report No.:	Station Diary No.: 38	
Informan	t's Partic	ulars			
	Informant: II WAI CYI		Address: 26 JALAN RENDANG SINGA	PORE 428357	
ID Type / ID No.: NRIC NO / S7346627Z		27Z	Contact No.: Home/Office: Mobile: 98154677		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Female	Age: 47	Date of Birth: 20/12/1973	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/08/2021 09:5	Type of Location Straight Road	
Locatiòn: BRADDELL I	ROAD	Devid Outlean		Dood Coood Limit	
Weather: Road Clear Dry		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head T	o Rear		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR6022D	Motorcycle	THOR CO				0
SLH3201H	Car	ТОУОТА	ESTIMA AERAS PREMIUM 2.4 A	White	Seriously Damaged	

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



T/20210828/2060

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 2 of 3 Report No. T/20210828/2060

Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Vo	ehicle 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 Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing; NA			ing: NA
Driver						
Name	LOKE PUI WAI CYNTHIA			ID No		S7346627Z
Related Vehicle	SLH3201H (Car)			Conta	ict No.	98154677
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NiL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o	f 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.





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Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Report No. T/20210828/2060

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 Informant.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2021 15:15
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	SIGNATURE