

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 31/08/2021 10:13 (SGT)
Date of Accident 30/08/2021 09:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information SENGKANG EAST AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC8904G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA TIOW GIM
NRIC No SXXXX300H
Email Address alex.chua316@gmail.com
Mobile Phone No (Phone) +65-97390831
Alternative Phone No +65-97390831

VEHICLE PARTICULARS

Manufacturer Hyundai
Model ELANTRA AD 1.6 GLS AT
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VP05029216
Cover Note Number 28/05/21 - 27/05/22

DRIVER

Name of Driver CHUA TIOW GIM
NRIC No SXXXX300H

| | |
|--|-------------------------------|
| Date Of Birth | 01/12/1959 |
| Occupation | Indoor |
| Date Of Driving Pass | 12/10/1981 |
| Driving experience | 39 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97390831 |
| Alt. Phone Number | +65-97390831 |
| Email Address | alex.chua316@gmail.com |
| Address | BLK 639 YISHUN ST. 61 #09-172 |
| Address complement | - |
| Postcode | 760639 |
| 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 | Collision - Cross Junction |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | Yes |
| Was any other vehicle 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 | Yishun North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008529999 |
| Alt. Police Station Phone No | (Fax) +65-68522299 |
| Police Station Address | 31 Yishun Central Singapore 768827 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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 | SMN7866U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|--------------|
| Name of Driver | KOH WEI XIAN |
| NRIC No | -1 |
| 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 | KOH WEI XIAN |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMN7866U |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

1. VEHICLE NO.: SLC 8904 G

2. INSURER CO: Lonpac

3. ACCIDENT
DATE & TIME: 30/8/21 @ 09:45am

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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.

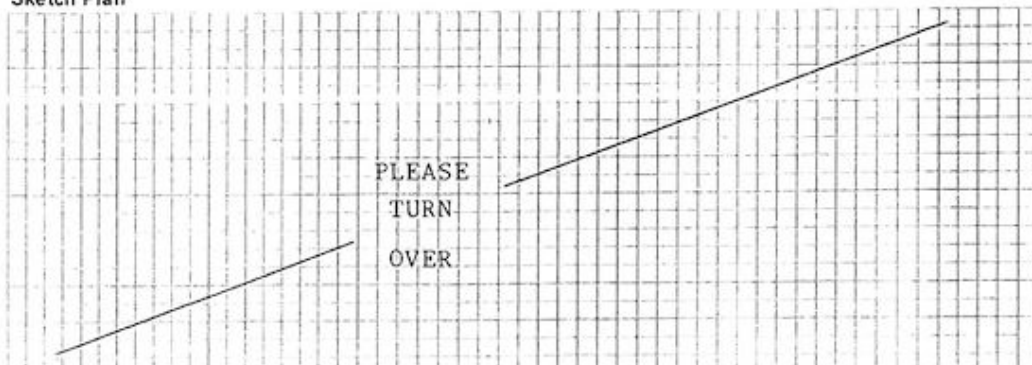
Policyholder's Signature / Date & Time

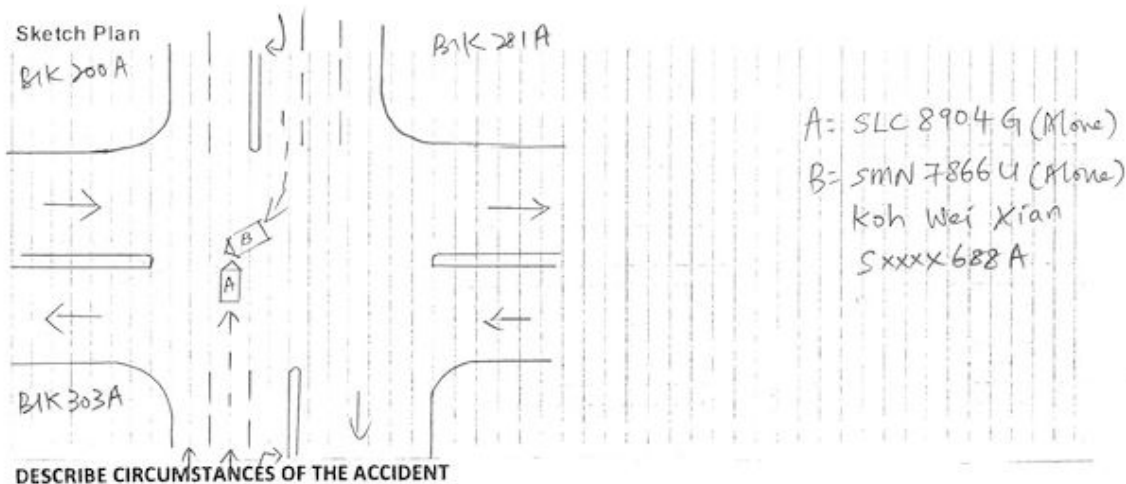
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

(45)

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Sengkang East Ave

Refer to Police Report No: T/20210830/2060

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No.:

☒ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()



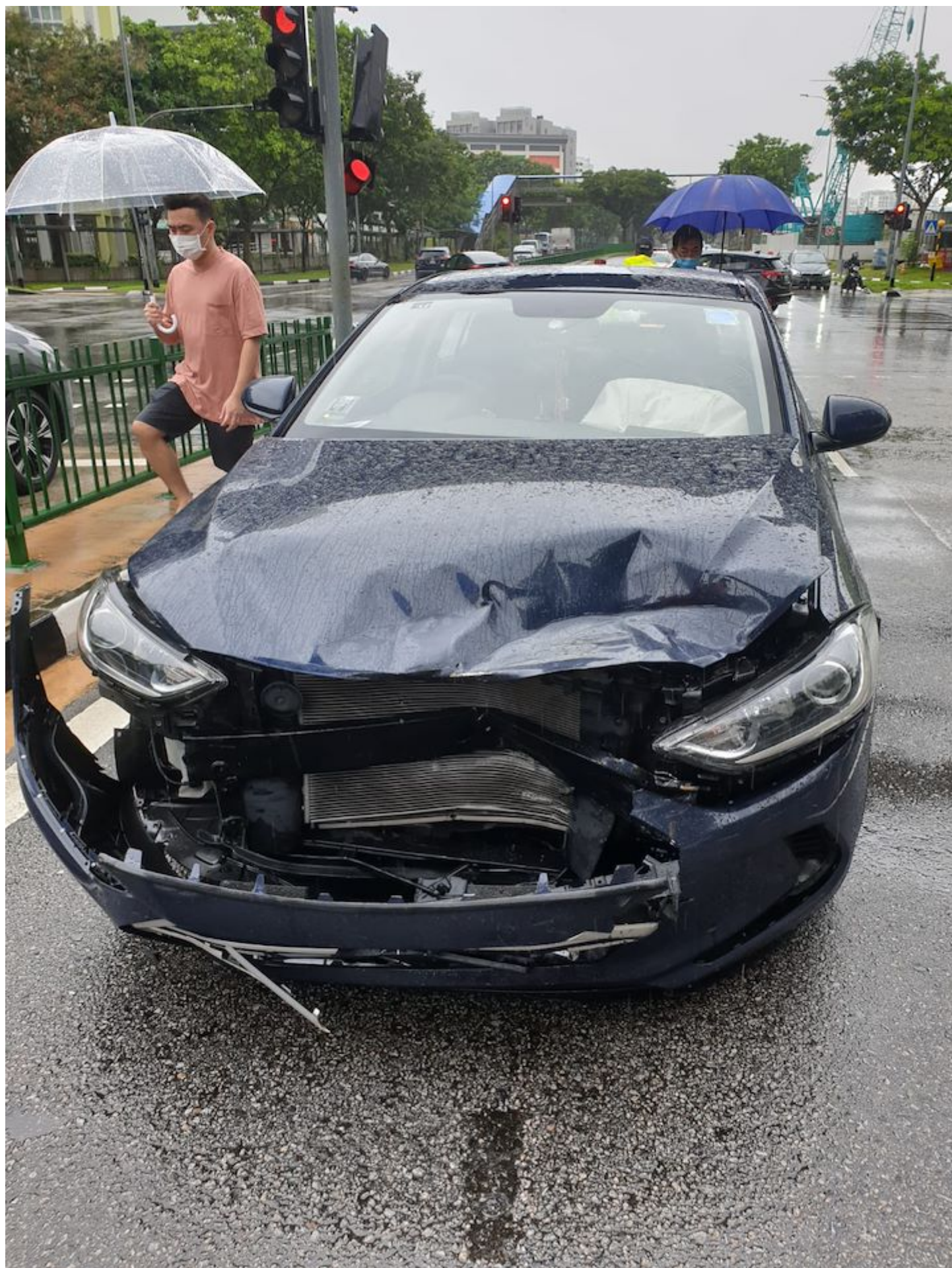
















SINGAPORE POLICE FORCE



T/20210830/2060

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20210830/2060

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 30/08/2021 15:42 | Vide Report No.: F/20210830/0104 | Station Diary No.: 35 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|------------|---|------------------------------|
| Name of Informant: CHUA TIOW GIM | | Address: APT BLK 639 YISHUN STREET 61 #09-172 SINGAPORE 760639 | |
| ID Type / ID No.: NRIC NO / S2611300H | | Contact No.: Home/Office: Mobile: 97390831 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 61 | Date of Birth: 01/12/1959 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Retiree | | Driving Licence Information: Class: 3,4 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/08/2021 09:55 | Type of Location: X-Junction |
| Location: SENGKANG EAST AVENUE | | | | |
| Weather: Heavy rain | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-----------------------------|-------|----------------------|-----------------|
| SLC8904G | Car | HYUNDAI | ELANTRA AD 1.6 GLS AT | Blue | Seriously Damaged | 0 |
| SMN7866U | Car | | | | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE
POLICE FORCE**

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210830/2060

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Report No. T/20210830/2060

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|-----------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLC8904G | LONPAC INSURANCE BHD. | Z21VP05029216 | 28/05/2021 | 27/05/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|--|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | CHUA TIOW GIM | | ID No. | S2611300H |
| Related Vehicle | SLC8904G (Car) | | Contact No. | 97390831 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |
| Driver | | | | |
| Name | KOH WEI XIAN | | ID No. | NIL |
| Related Vehicle | SMN7866U (Car) | | Contact No. | NIL |
| 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 30/08/2021 at around 0955hrs I was driving my car along Sengkang East Avenue towards Sengkang East Drive. It was raining heavily. As I was approaching the junction of Sengkang East Avenue and Sengkang East Road I was in the middle lane (three lane road most right lane could only turn right while the middle and left most lane could go straight). As the lights were green in my favour I then proceeded to cross the junction however as I crossed the junction line a car SMN7866U which was travelling along Sengkang East Avenue towards Sengkang West Avenue and was waiting to turn right onto Sengkang East Drive suddenly drove forward. I tried to apply my emergency brakes but I was unable to do so as the distance was too short. My car's front ended up hitting the other car at the area near it's front left wheel.

As I wasn't feeling any pain I went to check on the female driver of the other car initially she told me that she wasn't feeling any pain as well. We then exchanged particulars. As the traffic light at the junction was damaged, the female driver also called the police for assistance. The traffic police arrived and interviewed the both of us, while they were interviewing us the female driver informed them that she was feeling a bit of tenderness. An ambulance was activated to make a check on her, the ambulance subsequently conveyed the female driver to hospital though I'm not sure which hospital.



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T/20210830/2060

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Report No. T/20210830/2060

CONTINUATION OF REPORT

Damages to my car would be;

- 1) front bumper fall off
- 2) front fender dented in
- 3) bonnet dented in
- 4) airbags deployed
- 5) windshield cracked.

Damages to the female driver's car would be

- 1) front bumper fall off
- 2) front left tyre bent

I wish to state that the other driver only showed me her singpass NRIC so I only know her name, DOB(25/02/1995) and her NRIC is S****688A.

While traffic police was at scene they handed me a Police Case Card ref F/20210830/0104 with in charge case IO Qhairil Tel : 65476187. They also advised me to lodge a traffic accident report reference this incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20210830/2060

4 of 4

Report No. T/20210830/2060

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:

L /

Sgt 2 ANGELO MARCEL THOMAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2021 15:42

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168



Signature:

SN 065

Singapore Police Force