

# 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 .....	02/09/2021 18:38 (SGT)
Date of Accident .....	01/09/2021 12:05 (SGT)
Exact Location of Accident .....	Punggol Rd, Singapore
Additional Location Information .....	SLIP RD TO PUNGGOL FIELD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLL3354D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HO LOO KHENG
NRIC No .....	SXXXX571C
Email Address .....	scotchhere123@gmail.com
Mobile Phone No .....	(Phone) +65-91861889
Alternative Phone No .....	+65-91861889

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	ALTIS
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCTHQ21-000015
Cover Note Number .....	-

### DRIVER

Name of Driver .....	HO LOO KHENG
NRIC No .....	SXXXX571C

Date Of Birth .....	30/08/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	13/05/1983
Driving experience .....	38 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91861889
Alt. Phone Number .....	+65-91861889
Email Address .....	scotchhere123@gmail.com
Address .....	BLK 174D HOUGANG AVE 1
Address complement .....	#05-1611
Postcode .....	539174
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210901/2069

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLN5644T
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 .....	HO LOO KHENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLL3354D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

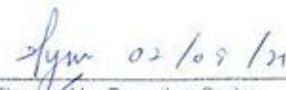
SKETCH PLAN

IMPORTANT NOTICE

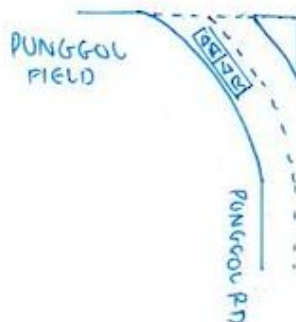
1. Please report correctly the details of the accident to speed up the claims process.
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  7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

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

  
 Witnessed by Reporting Centre Personnel

Sketch Plan



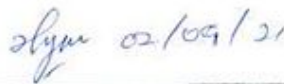
A: SLN3354D  
 B: SLN5644T

## Describe Circumstances of the Accident

REFER TO POLICE REPORT. T/20210901/2069

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
TimeDriver's Signature (if driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20210901/2069

2 of 3

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20210901/2069

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3354D	EQ INSURANCE COMPANY LTD.	DMCTHQ21-000015	06/04/2021	05/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO LOO KHENG		ID No.	S1501571C
Related Vehicle	SLL3354D (Car)		Contact No.	91861889
Hospital/Clinic	INTEMEDICAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2021		Date Discharge	01/09/2021
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLN5644T (Car)		Contact No.	90267698
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 01/09/2021 at about 1205hrs, my car SLL3354D was along the left filter lane on Punggol Road towards Punggol Field. My car was stationary and I felt an impact from the rear. I alighted to check on my car and a car SLN5644T had hit onto the my car rear bumper. I made a check and my car rear bumper has slight dent and the internal part is damaged. I spoke to the female chinese driver in the 40s. I shown my car rear bumper damages to her. She said to send my car for repair.

There is a CCTV onboard my car. I have saved the CCTV footage. The doctor informed that I sprained my back shoulder.

































**SINGAPORE  
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T/20210901/2069

1 of 3

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Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20210901/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2021 16:40	Vide Report No.:	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: HO LOO KHENG			Address: APT BLK 174D HOUGANG AVENUE 1 #05-1611 SINGAPORE 539174		
ID Type / ID No.: NRIC NO / S1501571C			Contact No.: Home/Office:		Mobile: 91861889
Nationality: SINGAPORE CITIZEN			Email: HOLOOKHENG@gmail.com		
Sex: Male	Age: 60	Date of Birth: 30/08/1961	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2021 12:05	Type of Location: Bend
Location:  PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SLL3354D	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	2
SLN5644T	Car	MERCEDES BENZ		Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
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T/20210901/2069

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Report No. T/20210901/2069

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3354D	EQ INSURANCE COMPANY LTD.	DMCTHQ21-000015	06/04/2021	05/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO LOO KHENG		ID No.	S1501571C
Related Vehicle	SLL3354D (Car)		Contact No.	91861889
Hospital/Clinic	INTEMEDICAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2021		Date Discharge	01/09/2021
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLN5644T (Car)		Contact No.	90267698
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.**

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T/20210901/2069

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Tel No: 1800-2899999

3 of 3

Report No. T/20210901/2069

**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  
F /  
Staff Sgt TEO HENG HENG,  
ROBIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/09/2021 18:40

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force

