

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 27/10/2021 16:15 (SGT)
Date of Accident 26/10/2021 14:00 (SGT)
Exact Location of Accident Upper Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC518D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIGHT LOGIC PTE LTD
Company Reg No 2XXXXX282D
Email Address LYNNLOH.PROPERTY@GMAIL.COM
Mobile Phone No (Phone) +65-91683682
Alternative Phone No (Home) +65-91683682

VEHICLE PARTICULARS

Manufacturer Honda
Model Odyssey
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109577965-02
Cover Note Number -

DRIVER

Name of Driver LOH LILIN
NRIC No SXXXX706F

| | |
|--|-----------------------------------|
| Date Of Birth | 28/03/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 07/05/2018 |
| Driving experience | 3 YEARS AND 5 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91683682 |
| Alt. Phone Number | - |
| Email Address | LYNNLOH.PROPERTY@GMAIL.COM |
| Address | APT BLK 522 JELAPANG ROAD #08-293 |
| Address complement | - |
| Postcode | 670522 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | 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? | No |
| 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 | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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 | FILE TOO LARGE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | SMB139U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|-----|
| Vehicle Category | Bus |
| 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 | LOH LILIN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMC518D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

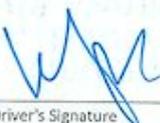
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 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.:

TRAFFIC
SKETCH PLAN
14/11/17
P
JAKBI

A = SMC 518D
B = SMB 1390U
(SMRT BUS)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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.:













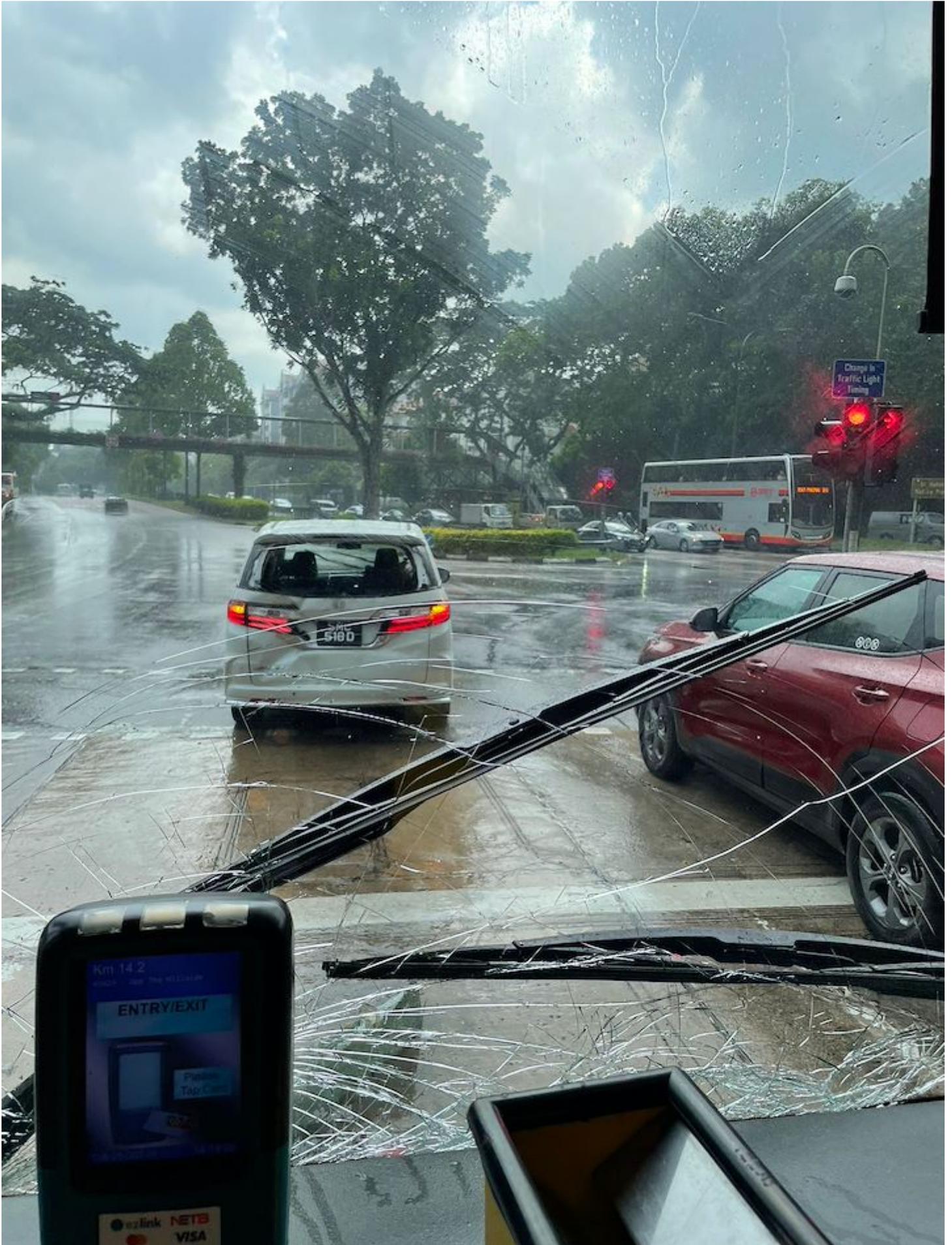














**SINGAPORE
POLICE FORCE**



T/20211026/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211026/7026

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
26/10/2021 19:37

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20211026/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211026/7026

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------------|-----------|---|
| Name | JAMHURI BIN SULAIMAN | | ID No. S7008915G |
| Related Vehicle | SMB139U (Bus/Coach/Minibus) | | Contact No. 98450305 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |
| Driver | | | |
| Name | LOH LILIN | | ID No. S8209706F |
| Related Vehicle | SMC518D (Car) | | Contact No. 91683682 |
| Hospital/Clinic | LAI MEDICAL CLINIC PTE LTD | | Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL |
| Date | 26/10/2021 | | Date 26/10/2021 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

On 26/10/2021 at about 2pm, I was driving my vehicle (SMC518D) and had stopped at the traffic junction along Upper Bukit Timah Road near the former Bukit Timah firestation as the light was amber. I was in the second lane, waiting to make a right turn into Old Jurong Road. There were no other passengers in my vehicle. My vehicle was the first car in the second lane and was stationary. I was waiting for the traffic light to turn green when the bus (SMB139U) came from behind and collided into the rear of my vehicle. As a result of the collision, my car moved more than a car's length, and there was also significant damage to my vehicle, in particular to the rear portion and rear window. The bus driver and I exchanged particulars on the spot. Though there were no visible injuries on me, I could feel pain in my back and neck. I visited a GP (Lai Medical Clinic at postal code 650213) immediately following the accident. The GP subsequently prescribed me 3 days of medical leave, and told me to monitor my condition over the next few days. My vehicle has an in-car camera which captured how the accident happened. I also took some pictures of the accident scene. The file size will exceed 2MB.



**SINGAPORE
POLICE FORCE**



T/20211026/7026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211026/7026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 26/10/2021 19:37 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|----------------------------|-----------------|
| Name of Informant: LOH LILIN | | | Address: 522 JELAPANG ROAD #08-293 SINGAPORE 670522 | | |
| ID Type / ID No.: NRIC NO / S8209706F | | | Contact No.: Home/Office: Mobile: 91683682 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: LYNNLOH.PROPERTY@GMAIL.COM | | |
| Sex: Female | Age: 39 | Date of Birth: 28/03/1982 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Sales and related associate professional nec | | | Driving Licence Information: Class: 3A | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|---|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 26/10/2021 14:00 | Type of Location: T-Junction |
| Location: UPPER BUKIT TIMAH ROAD | | | | |
| Weather: Raining | | 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 Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|-----------------------|------------------|-------|-------|----------|-------|
| SMB139U | Bus/Coach/Mi nibus | MERCEDES BENZ | | | | 0 |
| SMC518D | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |