SN0921B10009 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 01/11/2021 18:27 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (01/11/2021 18:27 (SGT))

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.
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	01/11/2021 18:27 (SGT)
Date of Accident	01/11/2021 08:50 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	TOWARDS PORTSDOWN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7076X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOO JING LIANG
NRIC No	SXXXX863Z
Email Address	chinnjing@gmail.com
Mobile Phone No	(Phone) +65-96428286
Alternative Phone No	+65-96428286

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	1969

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01014145
Cover Note Number	-

DRIVER

Name of Driver	LOO JING LIANG
NRIC No	SXXXX863Z

Date Of Birth	27/10/1975
Occupation	Indoor
Date Of Driving Pass	29/07/1994
Driving experience	27 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96428286
Alt. Phone Number	+65-96428286
Email Address	chinnjing@gmail.com
Address	2 JALAN TEMPUA
Address complement	-
Postcode	298985
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)	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	Tanglin Division Headquaters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20211101/7014

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	FBR131L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	MUHAMMAD FAZLI BIN RUMLI
NRIC No	SXXXX855A
Contact Number	(Phone) +65-87767638
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	MUHAMMAD FAZLI BIN RUMLI
Gender	Male
Phone No	(Phone) +65-87767638
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR131L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PILLION
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBR131L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.

1/11/2021 5.36pm

Policyholder's Signature / Date & Time

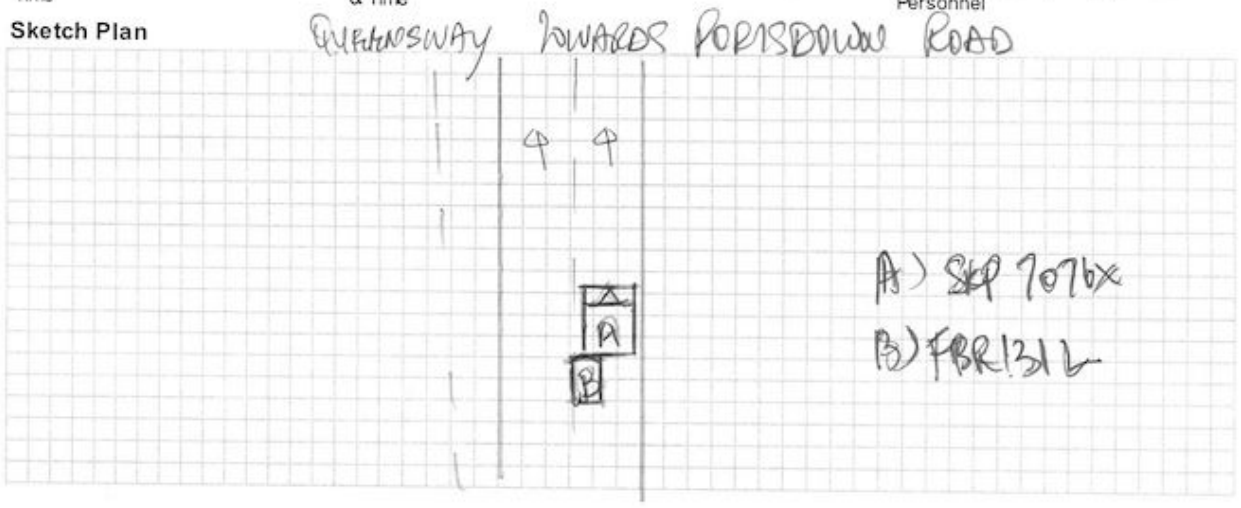
1/11/2021

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

01/11/2021

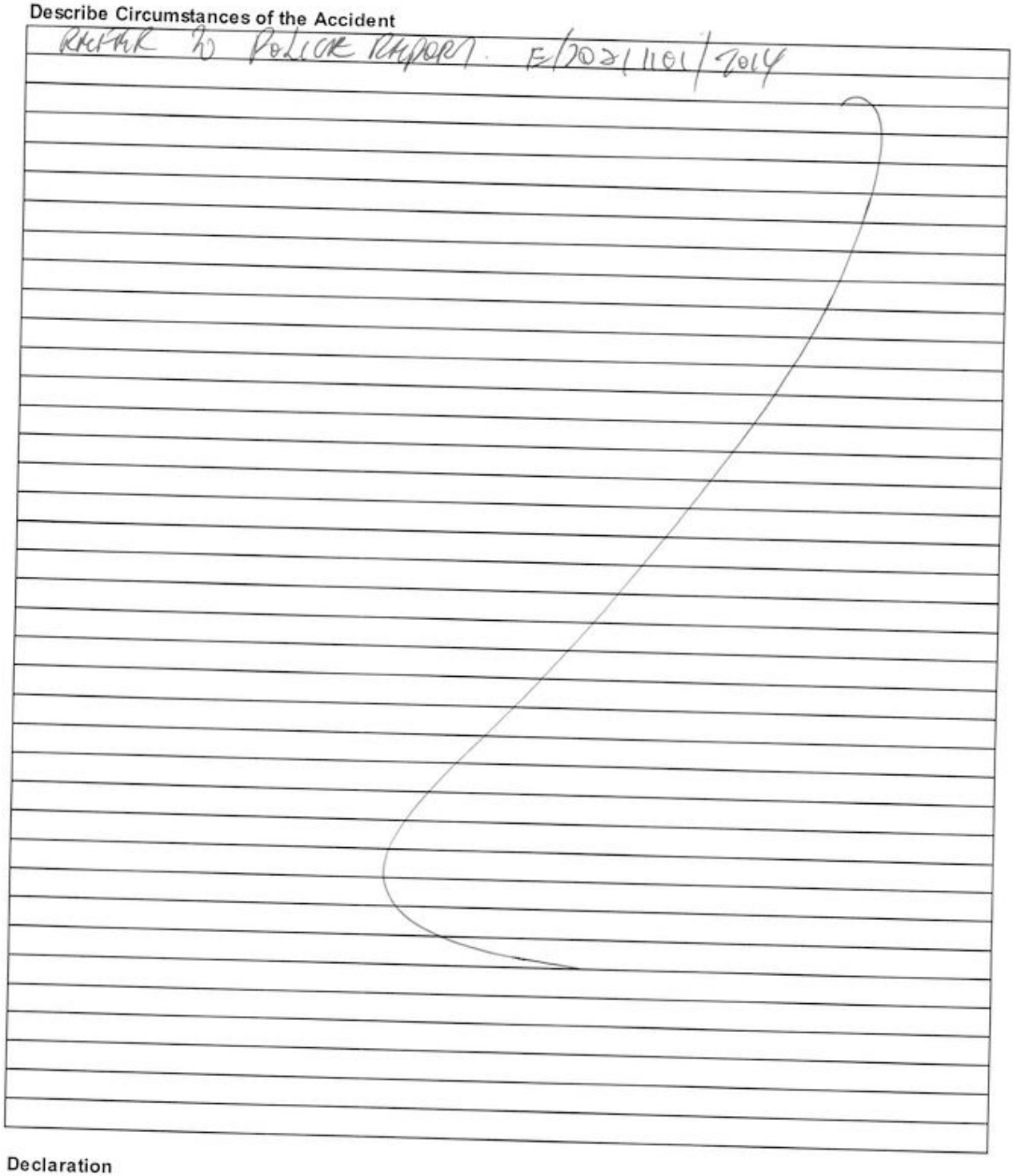
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT. E/2021/101/7014



Declaration

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

1/11/2021

Policyholder's Signature / Date & Time

1/11/2021

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

01/11/2021

Witnessed by Reporting Centre Personnel


XC 60

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

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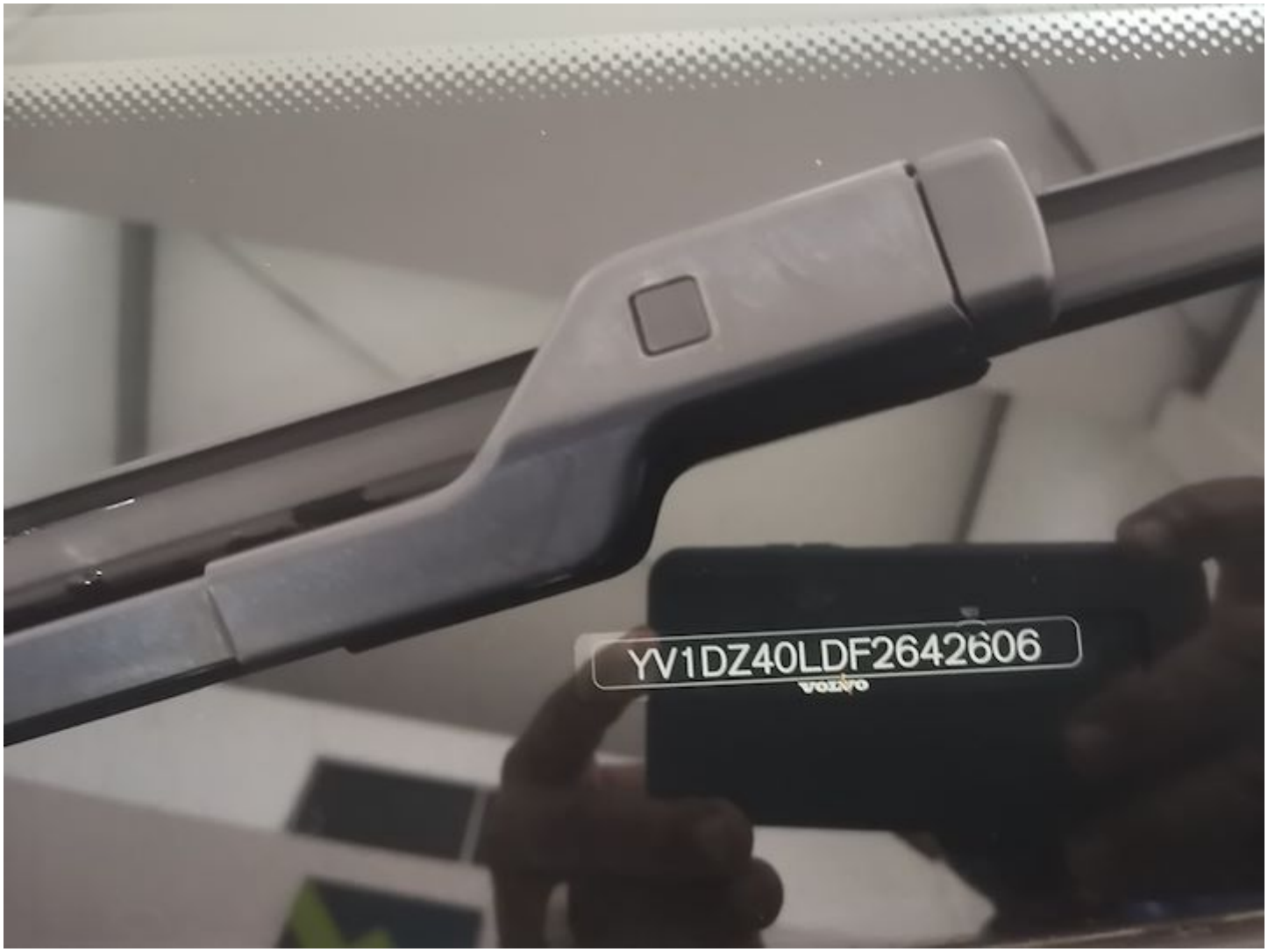

SINGAPORE POLICE FORCE

E/20211101/7014

POLICE REPORT (NP299)

Report No. E/20211101/7014

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE 228892
Tel No:1800-3910000

Date/Time Report Made	Vide Report No.	Station Diary No.
01/11/2021 13:31		

Name Of Informant LOO JING LIANG	Address 2 JALAN TEMPUA SINGAPORE 298985			
ID Type / ID No. NRIC NO / S7532863Z	Contact No. Home/Office: Mobile: 96428268			
Nationality SINGAPORE CITIZEN	Email Address CHINNJING@GMAIL.COM			
Occupation Doctor	Sex Female	Age 46	Date of Birth 27/10/1975	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 01/11/2021 08:50 - 01/11/2021 09:00	Location Of Incident Road traffic accident along Queensway in the direction of Portsdown Road. Above address is an estimate.			

Brief details.

I was travelling along Queensway in the direction of AYE. The cars in front of me suddenly jammed their brakes and I did the same to avoid hitting the car infront of me. A motorcycle (FBR 131L) travelling behind me close to the left of my vehicle hit the back of my car and the 2 riders fell off the bike.

There is a dent on my left car boot showing where the motorcycle had hit my car. The female pillon rider was conscious and alert and was taken to the hospital by ambulance. The male rider (Muhammad Fazli bin Rumli) was able to get up on his own to attend to her and we exchanged particulars. I saw he had

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2021 13:31
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

E/20211101/7014

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. E/20211101/7014

some abrasions on his arm but was able to walk and talk on the phone.

The traffic police came to interview both of us and the report number he gave me was E/20211101/0050.

I have several photos of the scene but they are too large to be uploaded to this website.

Subjects Involved			
Suspect			
Person Name	Muhammad Fazli Bin Rumli		
ID Type	NRIC NO	ID No	S8520855A
Gender	Male	Age	36
Race	Malay	Language	English
Victim			
Person Name	LOO JING LIANG		
ID Type	NRIC NO	ID No	S7532863Z
Gender	Female	Age	46
Race	Chinese	Language	English
Occupation	Doctor	Address	2 JALAN TEMPUA SINGAPORE 298985
Mobile No	96428268	Is Informant A Victim?	Yes
Person Name	LOO JING LIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2021 13:31
Officer In-Charge Of Case:	Classification Of Case: