

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.....	13/11/2021 18:57 (SGT)
Date of Accident.....	12/11/2021 17:45 (SGT)
Exact Location of Accident.....	Singapore
Additional Location Information.....	ALONG PIE TOWARDS CHANGI BEFORE BUKIT BATOK EXIT ON LANE 1.
Country/State of Loss.....	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number.....	ES82D
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INSURED/POLICYHOLDER

Is company?.....	No
Name Of Registered Owner.....	LOH CHEE KHUN
NRIC No.....	S1438402B
Email Address.....	Roy_loh@outlook.com
Mobile Phone No.....	(Phone) +65-97319812
Alternative Phone No.....	+65-97319812

VEHICLE PARTICULARS

Manufacturer.....	Toyota
Model.....	RAIZE
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.....	1000

INSURANCE COMPANY

Name of Insurance Company.....	NTUC Income Insurance Co-operative Ltd
Type of Coverage.....	Comprehensive
Fleet Policy.....	No
Policy Number.....	5120453308
Cover Note Number.....	-

DRIVER

Name of Driver.....	LOH WEN JUN JOSHUA
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NRIC No.....	S9645424D
Date Of Birth.....	06/12/1996
Occupation.....	Indoor
Date Of Driving Pass.....	21/01/2017
Driving experience.....	4 YEARS AND 10 MONTHS
Gender.....	Male
Mobile Number.....	(Phone) +65-83998010
Alt. Phone Number.....	-
Email Address.....	Roy_loh@outlook.com
Address.....	560 UPPER EAST COAST ROAD #05-03
Address complement.....	-
Postcode.....	466580
Is the driver the policyholder?.....	No
If No, Relationship of the Driver with the Insured.....	Child
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.....	Chain Collision
Weather Conditions.....	Clear
Road Surface.....	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?.....	No
Number of vehicles involved in the accident.....	4
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).....	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 SKETCH PLAN AND POLICE REPORT.

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.....	WILL PROVIDE TO INSURANCE WHEN REQUIRED.
Was there any audio recorded?.....	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number.....	SJF8248A
Vehicle Manufacturer.....	-
Vehicle Model.....	-
Vehicle Variant.....	-

Vehicle Colour.....	-
Vehicle Category.....	Private car
Name of Driver.....	YAO JING YONG
NRIC No.....	S8435843F
Contact Number.....	-
Address.....	-
Address complement.....	-
Postcode.....	-
Insurance Company Name.....	-
Nature Of Damage.....	-
Details of property damaged in accident.....	-
No. Of Passenger (Including Driver).....	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number.....	SDT9144G
Vehicle Manufacturer.....	-
Vehicle Model.....	-
Vehicle Variant.....	-
Vehicle Colour.....	-
Vehicle Category.....	Private car
Name of Driver.....	TAN BENG NOW
NRIC No.....	S1168291Z
Contact Number.....	-
Address.....	-
Address complement.....	-
Postcode.....	-
Insurance Company Name.....	-
Nature Of Damage.....	-
Details of property damaged in accident.....	-
No. Of Passenger (Including Driver).....	1

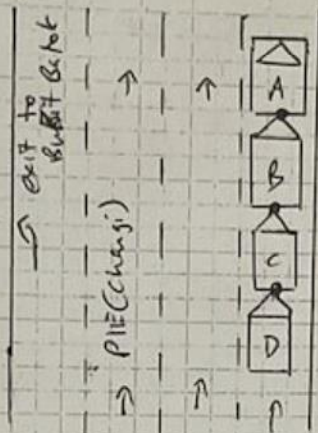
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number.....	SMX2427J
Vehicle Manufacturer.....	-
Vehicle Model.....	-
Vehicle Variant.....	-
Vehicle Colour.....	-
Vehicle Category.....	Private hire
Name of Driver.....	KOH TIENG SZE
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).....	2

PASSENGER 1

Name.....	UNKNOWN
Gender.....	Male

SKETCH PLAN



• point
of
Contact

A: SJF8248A
B: SDT9144 G
C: ES82D
D: SMR24275

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: 13/11/2011
15:04

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: 99338

SKETCH PLANIMPORTANT NOTICE

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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: 13/11/2021
E 1500h.

Reporting Centre Personnel's Signature
Name: Nizam
NRIC/FIN No.: 993525










**SINGAPORE
POLICE FORCE**


T/20211112/7040

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

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Report No. T/20211112/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2021 20:00		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LOH WEN JUN JOSHUA		Address: 560 UPPER EAST COAST ROAD #05-03 SINGAPORE 466580	
ID Type / ID No.: NRIC NO / S9645424D		Contact No.: Home/Office: Mobile: 83998010	
Nationality: SINGAPORE CITIZEN		Email: joshualoh1996@yahoo.com.sg	
Sex: Male	Age: 24	Date of Birth: 06/12/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Laboratory attendant		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2021 18:00	Type of Location: Straight Road
Location: PIE Towards Changi 29 Km Near lampost 1470				
Lamp Post Number: 1470				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control:	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	Conditio	No of
ES82D	Car		Raize	White	Totally Damaged	0
SDT9144G	Car	MZ		Red	Seriously Damaged	0
SMX2427J	Car		Hybrid			0


**SINGAPORE
POLICE FORCE**


T/20211112/7040

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

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Report No. T/20211112/7040

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
	Car					0
	Car					0
	Car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH WEN JUN JOSHUA		ID No. S9645424D
Related Vehicle	ES82D (Car)		Contact No. 83998010
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

Brief Details.

I was driving my car (Plate number: ES82D) on lane 1 when the first car (Plate number: SDT9144G, Brand: Mazda, Colour: Red, Model: CX-30) suddenly jammed brake. I managed to stop on time however the car (Plate number: SMX2427J, Brand: Toyota, Colour: White, Model: Prius) behind me collided on the back of my car. This resulted in my car hitting the car in front of me. There were no passenger in my car. No serious injury on me except neck felt some pain from the impact. I have in-car camera on the front and back. Traffic Police attended but no ambulance came down.

My car suffered a serious impact on the front and also on the rear from the collision. Likely total damage. There were total of 5 cars involved but the first car in the collision drove off. This was according to one of the drivers involved in front of the collision.

The purpose of me making this report is for insurance purposes.

**SINGAPORE
POLICE FORCE**

T/20211112/7040

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

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Report No. T/20211112/7040

CONTINUATION OF REPORTSketch 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 /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

This report is lodged at Marine Parade NPC Kiosk 1
NP168

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

Date/Time:
12/11/2021 20:00

Classification Of Case: