

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 21/12/2021 16:25 (SGT)
Date of Accident 20/12/2021 16:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF VICTORIA STREET / JALAN SULTAN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU4763C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARVELOUS PTE. LTD
Company Reg No 201720377N
Email Address carveloussg@gmail.com
Mobile Phone No (Phone) +65-97895025
Alternative Phone No +65-97895025

VEHICLE PARTICULARS

Manufacturer Kia
Model FORTE K3 1.6A
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5111348312-02
Cover Note Number -

DRIVER

Name of Driver LOH LI LING ESTHER
NRIC No S7141672J

Date Of Birth	16/11/1971
Occupation	Outdoor
Date Of Driving Pass	29/03/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96832211
Alt. Phone Number	-
Email Address	lohliling2211@gmail.com
Address	BLK 310 HOUGANG AVE 5 #13-263
Address complement	-
Postcode	530310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	POH CHAI YING (S8561163A)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

NOTE: REPAIR AT OWNER W/SHOP - THIAM HENG HUAT

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	SDA2048Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEUNG WAI LEUNG
-	S2589572Z
Contact Number	(Phone) +65-81134842
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 LI LING ESTHER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU4763C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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. The 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.
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
21.12.21

Sketch Plan

lin

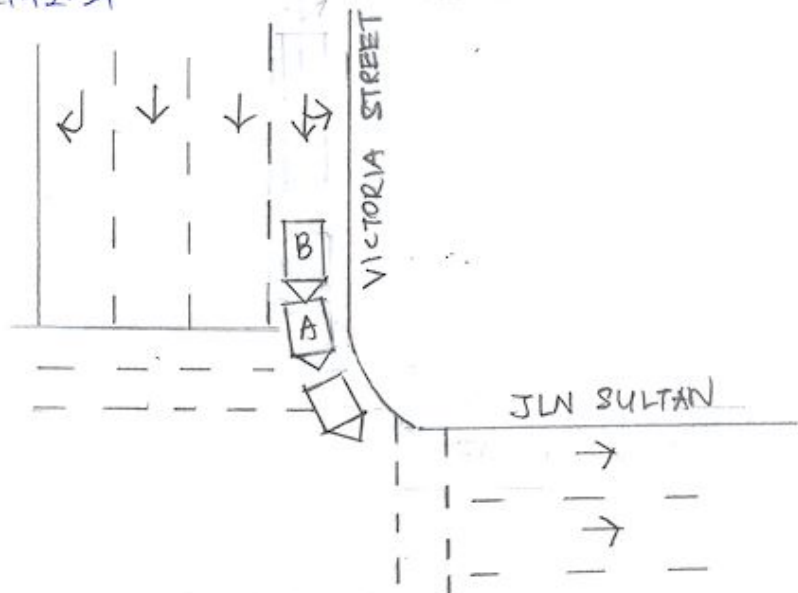
Driver's Signature (If driver is not the policyholder) / Date & Time
21.12.21



Witnessed by Reporting Centre Personnel

A: 8LU 4763C

B: 8DA 2048Y



Describe Circumstances of the Accident

Please refer to police report attached.

I wish to state that the female passenger complained of pain due to the impact and told me she will see a doctor. The police did not indicate this in the police report.

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time 21-12-21



Driver's Signature (If driver is not the policyholder) / Date & Time 21-12-21



Witnessed by Reporting Centre Personnel



CARVELOUS PTE LTD

8, Premier@Kaki Bukit, Kaki Bukit Avenue 4, #04-38 Singapore 415875

RENTAL AGREEMENT

Hirer's Name: LOH LI LING ESTHER

Hirer's Address: APT BLK 310 HOUGANG AVENUE 5 (S530310)

NRIC/ Passport No.: S7141672J

Driving Licence No.: S7141672J

Contact No.: 96832211

RENTAL DETAILS

Car Registration Plate: SLU4763C

Make/ Model: KIA / FORTE K3 1.6A

IU Label No.1128051404

Colour: Blue

Rental Amount (SGD): \$310.00 / Week

Proposed Start Date: 21st Oct 2021

Start Date / Time: 21st Oct 2021

Proposed Return Date: 21st Oct 2022

Return Date / Time:



CARVELOUS PTE. LTD.

Name: Louis Chia

Contact No: 96878228

Hirer's Signature

Name: LOH LI LING ESTHER

NRIC: S7141672J

Contact No: 96832211









**SINGAPORE
POLICE FORCE**



T/20211221/2030

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20211221/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2021 13:19	Vide Report No.:	Station Diary No.: 12
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LOH LI LING ESTHER			Address: APT BLK 310 HOUGANG AVENUE 5 #13-263 SINGAPORE 530310		
ID Type / ID No.: NRIC NO / S7141672J			Contact No.: Home/Office: Mobile: 96832211		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 50	Date of Birth: 16/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3A		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: 20/12/2021 16:25	Type of Location: X-Junction
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: STATIONARY - HEAD TO REAR COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDA2048Y	MPV	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	Blue	Slightly Damaged	0
SLU4763C	Car	KIA	FORTE K3 1.6A	Blue	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211221/2030

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 4

Report No. T/20211221/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEUNG WAI LEUNG	ID No.	S2589572Z
Related Vehicle	SDA2048Y (MPV)	Contact No.	81134842
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
Driver			
Name	LOH LI LING ESTHER	ID No.	S7141672J
Related Vehicle	SLU4763C (Car)	Contact No.	96832211
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	21/12/2021	Date Discharge	21/12/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 20/12/2021 at about 1625hrs, I was driving my rented car SLU4763C (V1) along Victoria Street heading towards Jalan Sultan. I have a female passenger with me at the time. I was at the extreme left lane and waiting to turn left at the cross-junction traffic light was working. As I was queuing to make a left turn to Jalan Sultan, Suddenly, a vehicle SDA2048Y (V2) from the rear collided onto the rear of my vehicle. I was in a shock state, as such I alighted from my vehicle and make a check on the damages. I noticed a minor scratch, dents and cracks on the rear bumper and diffuser. I manage to exchange particulars with V2.

After the accident, I felt pain on my neck and shoulder area. As such I went to see a doctor at Mount Alvernia Hospital and was given 3days MC from 21/12/2021 till 23/12/2021. I did check with my female passenger if she was injured and needed any ambulance. However, my passenger does not wish to engage any. I did advise her to see a doctor. I wish to state that my vehicle does not have any in built camera. I am lodging this report for claims and investigation purpose.



**SINGAPORE
POLICE FORCE**



T/20211221/2030

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 4

Report No. T/20211221/2030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211221/2030

4 of 4

Report No. T/20211221/2030

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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
E /
Sgt 2 JEFFREY LOIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/12/2021 13:19

Classification Of Case:

SN 070

SIGNATURE

