

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	14/03/2022 18:18 (SGT)
Date of Accident	13/03/2022 09:00 (SGT)
Exact Location of Accident	Near Maju Camp, Singapore
Additional Location Information	CLEMENTI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2372A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH WAH SUM
NRIC No	SXXXX492A
Email Address	POON@DACC.COM.SG
Mobile Phone No	(Phone) +65-90272518
Alternative Phone No	+65-84348650

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Passat
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	1798

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121851595
Cover Note Number	-

DRIVER

Name of Driver	LOH WAH SUM
NRIC No	SXXXX492A

Date Of Birth	16/03/1970
Occupation	Indoor
Date Of Driving Pass	29/06/2010
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90272518
Alt. Phone Number	+65-84348650
Email Address	POON@DACC.COM.SG
Address	45 TOH TUCK ROAD
Address complement	#03-13
Postcode	596720
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LAM YEE LING
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT
REPORT NO. T/20220314/2025

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	GBG1101A
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Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YU LING
NRIC No	GXXXX967Q
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	LAM YEE LING
Gender	Female
Phone No	(Phone) +65-84348650
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE ACHE AND SORE , DOCTOR GIVEN 3 DAYS MC
Injured person in which vehicle?	SLD2372A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOH WAH SUM
Gender	Male
Phone No	(Phone) +65-90272518
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MUSCLE ACHE AND SORE , DOCTOR GIVEN 3 DAYS MC
Injured person in which vehicle?	SLD2372A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

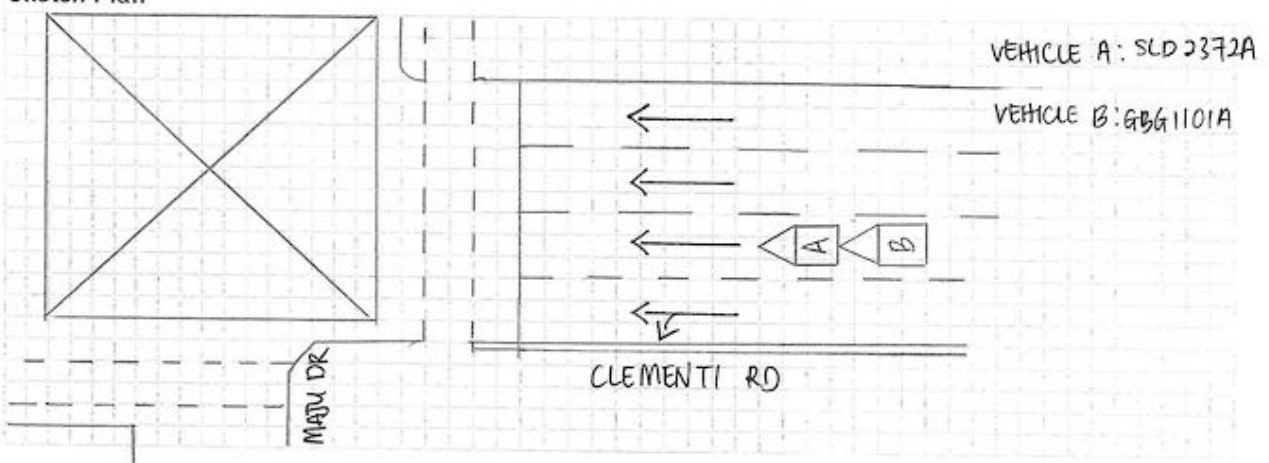
[Signature]
14 Mar 2022

Policyholder's Signature / Date & Time

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT

REPORT NO. T/20220314/2025

Declaration

We declare the foregoing particulars are true in every respect.

14 Mar 2022

Policyholder's Signature / Date &
Time

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

for

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20220314/2025

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20220314/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2022 11:11		Vide Report No.:		Station Diary No.: 49
Informant's Particulars				
Name of Informant: LOH WAH SUM		Address: 45 TOH TUCK ROAD #03-13 SINGAPORE 596720		
ID Type / ID No.: NRIC NO / S7069492A		Contact No.: Home/Office: Mobile: 90272518		
Nationality: SINGAPORE CITIZEN		Email: sam.loh@arlanxeo.com		
Sex: Male	Age: 51	Date of Birth: 16/03/1970	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES MANAGER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2022 09:00	Type of Location: Straight Road
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	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
GBG1101A	Lorry				No Damage	1
SLD2372A	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220314/2025

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3




Report No. T/20220314/2025

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: D / Other YEOH YI PENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2022 11:11
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
NP168	SN 37
	



**SINGAPORE
POLICE FORCE**



T/20220314/2025

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20220314/2025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD2372A	NTUC Income Insurance Co-Operative Limited	5121851595	09/06/2021	08/06/2022

Brief Details.

On 13/03/2022 at about 0900hrs, I was driving my vehicle bearing registration plate number SLD2372A along Clementi Road. I came to a stop at the traffic light as it was red in colour and there was vehicle in front of me that was already in stationery. Suddenly, a lorry bearing registration plate number GBG1101A hit the rear of my car and it felt like a big impact from the back. I then alighted from my vehicle and took some photos of the collision. I approached the driver afterwards and told him to drive to the bend of Maju Camp right after the traffic light so we could exchange our particulars.

Both my vehicle and the other met up at the bend and exchanged our particulars. The driver of the said vehicle claimed that he engaged the wrong gear and the vehicle did not stopped in time.

The driver particulars as follows;

Name: Yu Ling
FIN No.: G2742967Q
Hp: 88523190

After we exchanged our particulars, I informed him that I will be contacting him after I went to my workshop to get an assessment of the damage of my vehicle. My wife was onboard my vehicle as well and after a short while, both my wife and I suffered pains on our neck and back aches. We then went to the doctors and was given three days MC.

There was an in car camera in my vehicle facing the front, the recording could show that there was an abrupt impact on my vehicle however I do not have an in car camera recording the back.

I will be proceeding down to make an insurance claim after I lodged the report.

My wife particulars as follows;

Name: Lam Yee Ling
NRIC: S7069493Z
Hp: 84348650



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5121851595

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SLD2372A |
| Chassis Number | : WVVZZZ3CZGE202240 |
| 2. Name of Policyholder | : LOH WAH SUM |
| 3. Effective Date of Insurance | : 09 Jun 2021 |
| 4. Expiry Date of Insurance | : 08 Jun 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LOH WAH SUM
NAMED DRIVER (1)	: LAM YEE LING
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
 Date of Issue : 29 Apr 2021 10:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



SILVER CROSS MEDICAL
 COMPANY REGISTRATION NO:199900040G
 GST REGISTRATION NO:199900040G
 3 CHEONG CHIN NAM ROAD,
 SINGAPORE 599728
 TEL68751191/ FAX68751911

MEDICAL CERTIFICATE

NAME: LAM YEE LING
 VISIT DATE: 13-03-2022

IDENTIFICATION: S7069493Z

This is to certify that **LAM YEE LING (S7069493Z)** is UNFIT FOR DUTY for **3** day(s) from **14-03-2022** to **16-03-2022** inclusive.

Dr Yeang Ming Sheng
 MBBS (Singapore)
 MCR: M60454B

Silver Cross Medical
 3 Cheong Chin Nam Road
 Singapore 599728
 Tel: 6875 1191 Fax: 6875 1911

DR. YEANG MING SHENG
 (M60454B)
 DOCTOR

Not Valid for Absence from Court Attendance
 This certificate is electronically generated, no signature is required.

Ref No.: 2022722083599
 Printed By: scbtca3(13-03-2022)



SILVER CROSS MEDICAL
 COMPANY REGISTRATION NO:199900040G
 GST REGISTRATION NO:199900040G
 3 CHEONG CHIN NAM ROAD,
 SINGAPORE 599728
 TEL68751191/ FAX68751911

MEDICAL CERTIFICATE

NAME: LOH WAH SUM
 VISIT DATE: 13-03-2022

IDENTIFICATION: S7069492A

This is to certify that **LOH WAH SUM (S7069492A)** is UNFIT FOR DUTY for **3** day(s) from **14-03-2022** to **16-03-2022** inclusive.

Dr Yeang Ming Sheng
 MBBS (Singapore)
 MCR: M60454B

Silver Cross Medical
 3 Cheong Chin Nam Road
 Singapore 599728
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