

## 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 Report	02/01/2020 13:04
Date Of Accident	31/12/2019 17:30
Exact Location Of Accident	PIE (TUAS) BEFORE THOMSON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8031J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2 1.5 (A) SEDAN STANDARD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D19MTRENT000119
Cover Note Number	

### Driver

Name of Driver	LOKE HON KHUAN
NRIC No	S1743004A
Date Of Birth	26/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90096601
Fax Number	
Contact Number	
Email Address	TERRENCELOKE@YAHOO.COM.SG

Address	BLK 681B JURONG WEST CENTRAL 1 #10-72
Postcode	642681
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : HELEN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO: - FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20200101/2040.

#### 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 Witness 1

Name	HELEN (PASSENGER )
Phone Number	+6281372341111
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ1200C
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	CHUA HUI KOON
NRIC/Passport Number	S7728186Z
Contact Number	98783795
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

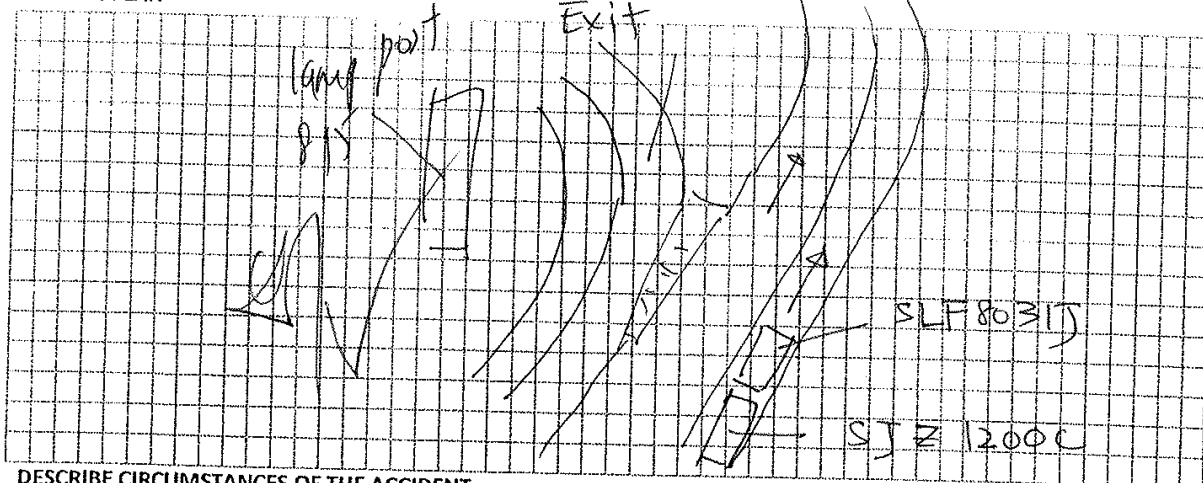


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/12/2019 at about 1730 hrs, I was driving at lane 1 along PIE towards Tuas on a 2 lane road near to Thomson Exit. It was also near lamp post 815. As I was slowing down before entering the bend, another car behind me which I believed was speeding suddenly collided onto the back of my car leaving a huge dent on the rear of my vehicle. Traffic police was not at scene. I then got myself checked at the nearby hospital and got 5 days of MC as my neck and back had slight pain.

Police Report as per attached

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

**DECLARATION**

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



Policyholder's signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



**SINGAPORE  
POLICE FORCE**



T/20200101/2040

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20200101/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/01/2020 13:05		Vide Report No.:		Station Diary No.: 73	
<b>Informant's Particulars</b>					
Name of Informant: LOKE HON KHUAN			Address: APT BLK 681B JURONG WEST CENTRAL 1 #10-72 SINGAPORE 642681		
ID Type / ID No.: NRIC NO / S1743004A			Contact No.: Home/Office: Mobile: 90096601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 26/01/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (TUAS) before Thomson Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJZ1200C	Car				Slightly Damaged	1
SLF8031J	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200101/2040

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20200101/2040

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Helen	ID No.	B7405709
Related Vehicle	SLF8031J (Car)	Contact No.	+6281372341111
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
<b>Driver</b>			
Name	LOKE HON KHUAN	ID No.	S1743004A
Related Vehicle	SLF8031J (Car)	Contact No.	90096601
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Chua Hui Koon	ID No.	S7728186Z
Related Vehicle	NIL	Contact No.	98783795
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

**Brief Details.**

On 31/12/2019 at about 1730hrs, I was driving at lane 1 along PIE(TUAS) on a 2 lane road near to Thomson Exit. It was also near to Lampost 815. As I was slowing down before entering the bend, another car behind me which I believe was speeding suddenly collided onto the back of my car leaving huge dent on the rear of my vehicle. Traffic police was not at scene. I do not have an in car camera. I then get myself checked at the nearby hospital and got myself 5 days of MC as my neck and back had a slight pain.



**SINGAPORE  
POLICE FORCE**



T/20200101/2040

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20200101/2040

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 J/ Sgt 2 NIFAIL HADI BIN NORMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2020 13:05
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	



# Driving License/Nric Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1743004A**

Name: **LOKE HON KHUAN**

Birth Date: **26 Jan 1966**

Issue Date: **28 Jan 2015**

FOR ACCIDENT CLAIM  
USE ONLY

SG 50

002389680A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1743004A**



Name: **LOKE HON KHUAN**

陆 汉 坤

Race: **CHINESE**

Date of birth: **26-01-1966**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S1743004A

Land Transport Authority

PDVL/TDVL  
33 888 8888  
301751

VOCATIONAL LICENCE

Licence No. **S1743004A**

Name: **LOKE HON KHUAN**

FOR ACCIDENT CLAIM  
USE ONLY

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE

29 May 1993



NRIC No. **S1743004A**

FOR ACCIDENT  
USE ONLY



Date of issue  
**28-01-2015**

Address

APT BLK 681B JURONG WEST CENTRAL 1  
#10-72  
SINGAPORE 642681



Licence No: **S1743004A**

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	28/11/2018

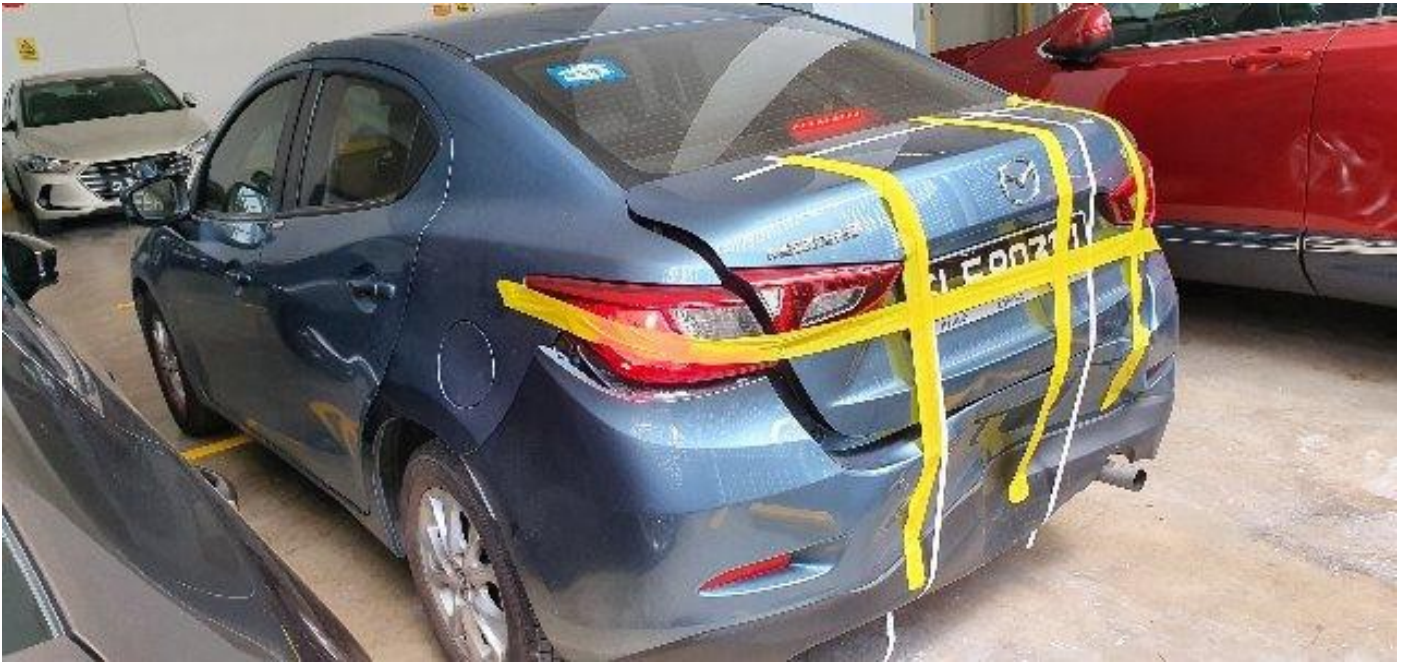
FOR ACCIDENT CLAIM  
USE ONLY



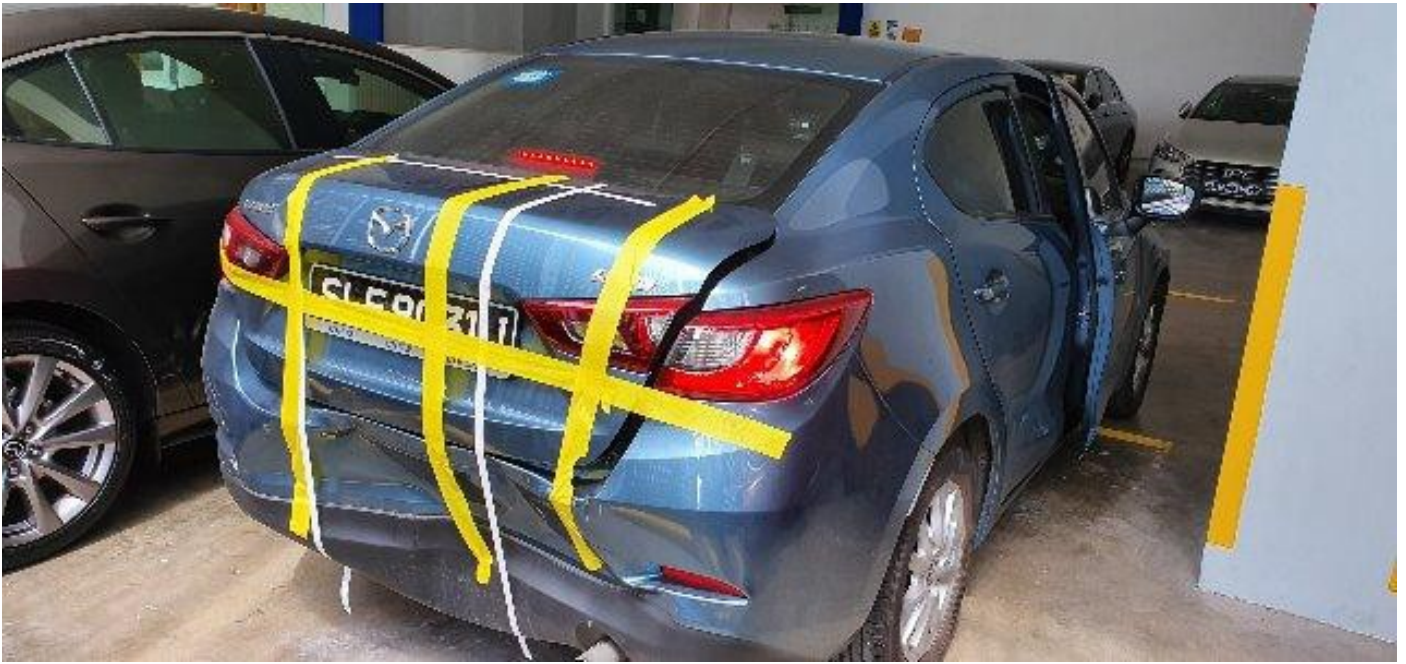
Accident Photo



Accident Photo



Accident Photo





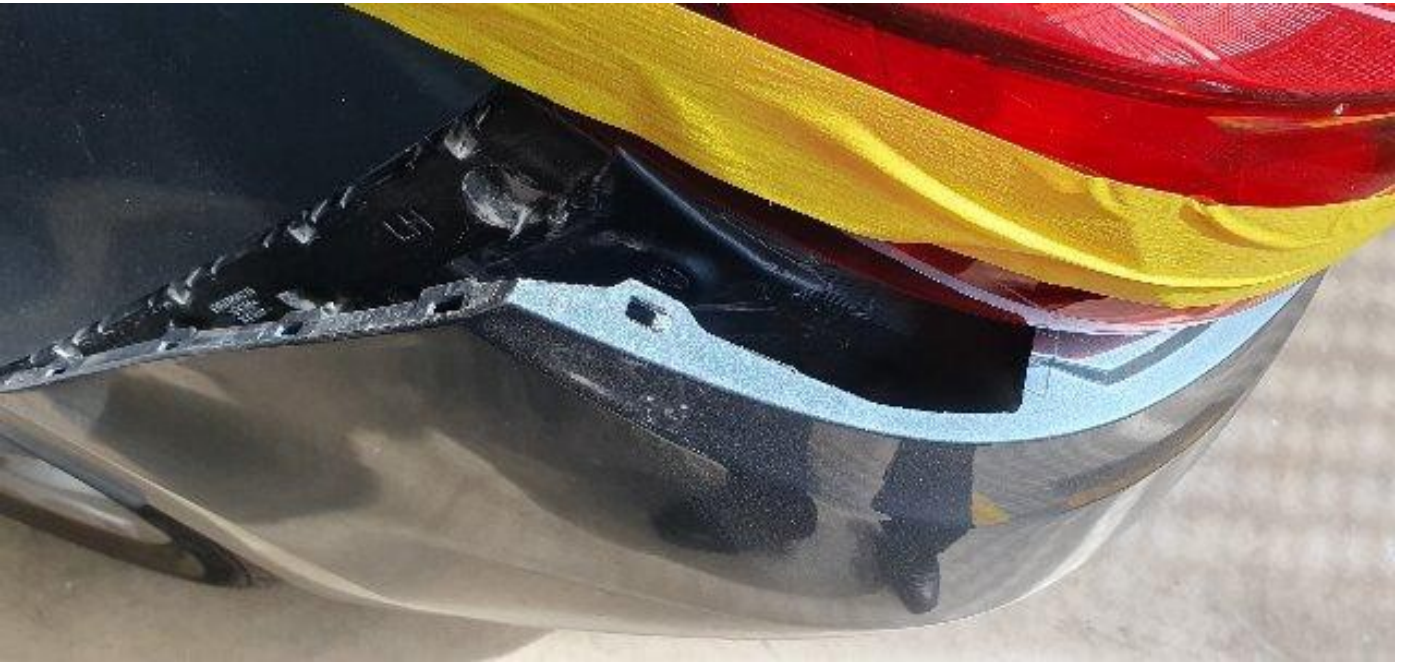
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