

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 27/01/2022 19:51 (SGT)
Date of Accident 27/01/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information 720 Ang Mo Kio Central 2 Carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF70H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAYMOND LOH TOH YONG
NRIC No S1469384Z
Email Address Ray6363@singnet.com.sg
Mobile Phone No (Phone) +65-81816363
Alternative Phone No +65-81816363

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant Altis
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 hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5101186293-03
Cover Note Number -

DRIVER

Name of Driver LOH YU PING, ROBIN
NRIC No S9129564D

Date Of Birth	18/08/1991
Occupation	Indoor
Date Of Driving Pass	31/12/2010
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88262017
Alt. Phone Number	-
Email Address	Binloh91@gmail.com
Address	70 Binchang Rise
Address complement	-
Postcode	579932
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Chia Peng Lan
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to 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	Memory card was handed over Traffic Police. Advised to send to motorvideo@income.com.sg
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1009S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	LOUIS
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLANIMPORTANT NOTICE

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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: 27/01/2022 1930hrs

Reporting Centre Personnel's Signature
Name: Ash Kamal
NRIC/FIN No.: S9218370Z


**SINGAPORE
POLICE FORCE**


T/20220127/2057

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20220127/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2022 15:10		Vide Report No.: F/20220127/0067		Station Diary No.: 38
Informant's Particulars				
Name of Informant: LOH YU PING, ROBIN		Address: 70 BINCHANG RISE SINGAPORE 579932		
ID Type / ID No.: NRIC NO / S9129564D		Contact No.: Home/Office: Mobile: 88262017		
Nationality: SINGAPORE CITIZEN		Email: binloh91@gmail.com		
Sex: Male	Age: 30	Date of Birth: 18/08/1991	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PATIENT CARE OFFICER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 27/01/2022 12:30	Type of Location: Car Park
Location: ANG MO KIO AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
QX1009S	Car				Slightly Damaged	1
SGF70H	Car				Slightly Damaged	1

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



**SINGAPORE
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T/20220127/2057

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Report No. T/20220127/2057

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver			
Name	LOUIS	ID No.	NIL
Related Vehicle	QX1009S (Car)	Contact No.	NIL
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 YU PING, ROBIN	ID No.	S9129564D
Related Vehicle	SGF70H (Car)	Contact No.	88262017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/01/2022 at about 1230hrs, I was in my vehicle (SGF70H) together with my grandmother who was seated on the rear left passenger seat. My vehicle was parked at the HDB Open Space Carpark of Blk 720 Ang Mo Kio Ave 6. I could not recall which lot was my vehicle parked in. As I was slowly driving out of the lot, I noticed in front of me that a police car (QX1009S), was reversing. I horned at the vehicle several times to alert the driver. However, the vehicle continued reversing causing the rear right portion of the police vehicle to collide onto the front right portion of my vehicle. The impact had caused scratches, dents, paint transfer and cracks on the front right portion of my vehicle. After the impact, I immediately made a check on my grandmother who informed that she was uninjured.

I then reversed my vehicle back into the lot and alighted from my vehicle. I then spoke to the driver of the police vehicle. I wish to state that when I asked the driver if he heard my horns, he admitted that he had heard it. Subsequently, Traffic Police officer then came to the scene of accident. I then handed over my in-car camera SD Card to the Traffic Police Officer and was issued an Acknowledgement slip as well as a case card. I was also advised by the Traffic Police Officer to lodge a police report and report the matter to IDAC.

**SINGAPORE
POLICE FORCE**

T/20220127/2057

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20220127/2057

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 QAMARUL FITRI BIN
JEFFREY

Signature Of Informant:

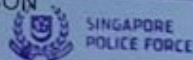
Signature Of Interpreter:
Not applicable

Date/Time:
27/01/2022 15:10

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Classification Of Case:

Authentication Stamp
NP168



SN 061

SIGNATURE