

## 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 ..... 17/06/2021 16:45 (SGT)  
Date of Accident ..... 16/06/2021 17:00 (SGT)  
Exact Location of Accident ..... 701 Hougang Ave 2, Singapore 530701  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ8273H

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LHU SI WOON YVES  
NRIC No ..... SXXXX148F  
Email Address ..... YVES.LHU@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-84883332  
Alternative Phone No ..... +65-84883332

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q3  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1395

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119702023  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LHU SI WOON YVES  
NRIC No ..... SXXXX148F

Date Of Birth .....	08/12/1983
Occupation .....	Indoor
Date Of Driving Pass .....	13/01/2006
Driving experience .....	15 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-84883332
Alt. Phone Number .....	+65-84883332
Email Address .....	YVES.LHU@HOTMAIL.COM
Address .....	BLK 477C UPPER SERANGOON VIEW
Address complement .....	#15-586
Postcode .....	533477
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 .....	Side Swipe
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? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TAN DING HAO JADEN
Gender .....	Male

#### PASSENGER 2

Name .....	TAN YANG JUN QUINHE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Post
Police Station Address .....	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 16/6/2021 AT 1700HRS, I WAS DRIVING MY VEHICLE WITH REGISTRATION PLATE NUMBER SMQ8273H ALONG HOUGANG AVENUE 2 TOWARDS ANG MO KIO. THERE WAS A TOTAL OF 3 LANES AND I WAS DRIVING ON LANE 2. SUBSEQUENTLY, I SIGNAL LEFT AS I WANTED TO TURN LEFT INTO BLK 703 HOUGANG AVE 2 CARPARK ENTRANCE. I MADE A CHECK ON MY SIDE MIRRORS AND BLIND SPOT. IT WAS CLEAR AS SUCH I PROCEEDED TO LANE 3.

WHILE FILTERING INTO LANE 3, I HEARD A HORN AND FELT AN IMPACT ON MY VEHICLE LEFT PORTION. I WITNESS A FEMALE MOTORCYCLE (FBP5085P) RIDER FELL INTO THE FLOOR AND SKIDDED. I CAME OUT OF MY VEHICLE AND MADE A CHECK ON THE RIDER. I ASSISTED HER TO CALL FOR AMBULANCE AS HER RIGHT LEG WAS BLEEDING.

AFTER WHICH, AMBULANCE AND TRAFFIC POLICE CAME TO SCENE. THE RIDER AND I DID NOT MANAGE TO EXCHANGE OUR PARTICULARS AND I TOOK PHOTOS OF THE ACCIDENT. MY VEHICLE SUSTAINED DENTS AND SCRATCHES ON MY LEFT FRONT BUMPER, LEFT FRONT WHEELS AREA AND MY LEFT SIDE MIRROR WAS CRACKED. I AM UNSURE WHAT DAMAGES THE MOTORCYCLE SUSTAINED, AND THE RIDER WAS CONVEYED TO THE HOSPITAL BY THE PARAMEDICS.

MY VEHICLE HAS IN-VEHICLE CCTV AND MY PASSENGERS AND I WERE NOT INJURED DUE TO THE ACCIDENT.

#### 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 .....	WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP5085P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
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 .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP5085P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

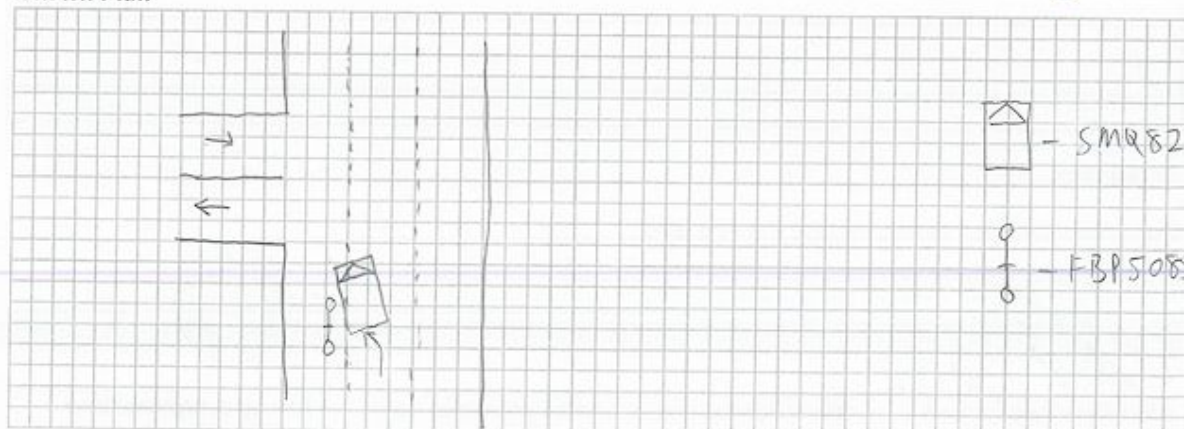
  
Policyholder's Signature / Date & Time  
17/6/21  
1526p

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



Witnessed by Reporting Centre  
Personnel Tony Fong

## Sketch Plan



**Describe Circumstances of the Accident**

*Please refer to the police report*

A large rectangular area with horizontal lines for writing. A diagonal line is drawn from the bottom-left corner to the top-right corner, indicating that the area is unused or crossed out.

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature / Date &  
 Time 17/6/21 1525

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



Witnessed by Reporting Centre  
 Personnel *Tony Fong*





















































































**SINGAPORE  
POLICE FORCE**



T/20210616/2091

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

1 of 3

Report No. T/20210616/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2021 18:14	Vide Report No.: F/20210616/0161	Station Diary No.: 21
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**Informant's Particulars**

Name of Informant: LHU SI WOON YVES			Address: APT BLK 477C UPPER SERANGOON VIEW #15-586 SINGAPORE 533477	
ID Type / ID No.: NRIC NO / S8340148F			Contact No.: Home/Office: Mobile: 84883332	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 37	Date of Birth: 08/12/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Sales Admin			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2021 00:00	Type of Location: Straight Road
Location:  HOUGANG AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5085P	Motorcycle					0
SMQ8273H	Car	AUDI	Q3 1.4 TFSI S TRONIC	White		2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ8273H	NTUC Income Insurance Co-Operative Limited	5119702023	03/12/2020	02/12/2021



**SINGAPORE  
POLICE FORCE**



T/20210616/2091

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

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Report No. T/20210616/2091

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LHU SI WOON YVES	ID No.	S8340148F
Related Vehicle	SMQ8273H (Car)	Contact No.	84883332
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 16/06/2021 at 1700hrs, I was driving my vehicle with registration plate number SMQ8273H along Hougang Avenue 2 towards Ang Mo Kio. There was a total of 3 lanes and I was driving on lane 2. Subsequently, I signal left as I wanted to turn left into Blk 703 Hougang Avenue 2 carpark entrance. I made a check on my side mirrors and blind spot. It was clear as such I proceeded to lane 3.

While filtering into lane 3, I heard a horn and felt an impact on my vehicle left portion. I witness a female motorcycle (FBP5085P) rider fell onto the floor and skidded. I came out of my vehicle and made a check on the rider. I assisted her to call for ambulance as her right leg was bleeding.

After which, ambulance and traffic police came to scene. The rider and I did not manage to exchange our particulars and I took photos of the accident. My vehicle sustained dents and scratches on my left front bumper, left front wheels area and my left side mirror was cracked. I am unsure what damages the motorcycle sustained, and the rider was conveyed to the hospital by the paramedics.

My vehicle has in-vehicle CCTV and my passengers and I were not injured due to the accident.



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



T/20210616/2091

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Report No. T/20210616/2091

## 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:

F /

Sgt 3 TAI YOONG CHAN, DOMINIQUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

SN 085



Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

16/06/2021 18:14

Classification Of Case: