

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 Actual 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 10/01/2023 14:14 (SGT)
Reported by Both
Date of Accident 07/01/2023 08:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG TOWN HALL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC4435U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOK PENG KOK
NRIC No S1268195Z
Email Address JENNIFERX4325@GMAIL.COM
Mobile Phone No (Phone) +65-98180477
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
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 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5118402113-02

DRIVER

Name of Driver LOK PENG KOK
NRIC No S1268195Z
Date Of Birth 29/09/1957
Occupation Indoor

Date Of Driving Pass	27/10/1978
Driving experience	44 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98180477
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	326 UBI AVENUE 1 #06-693
Address complement	-
Postcode	400326
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3777X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BALAIYA PRAKASH
Passport No/FIN	G8815391Q
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	LOK PENG KOK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC4435U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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")

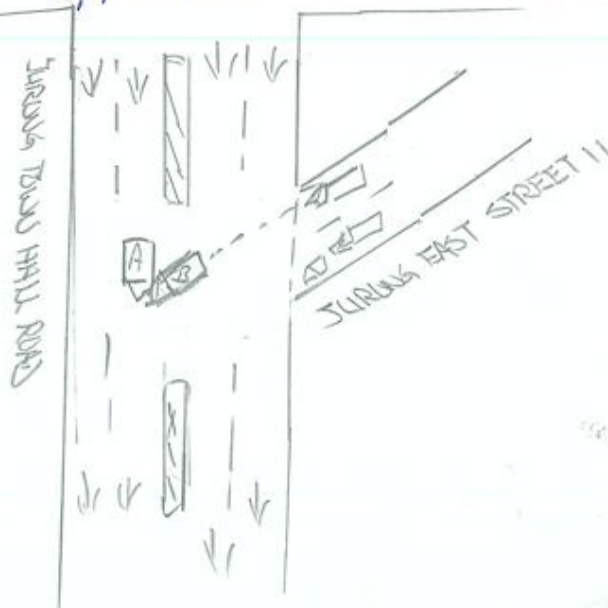
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 10/1/23 1330
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date
& Time 10/1/23 1330

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

Refer to Police Report No. : 7/2023/0110/7028.

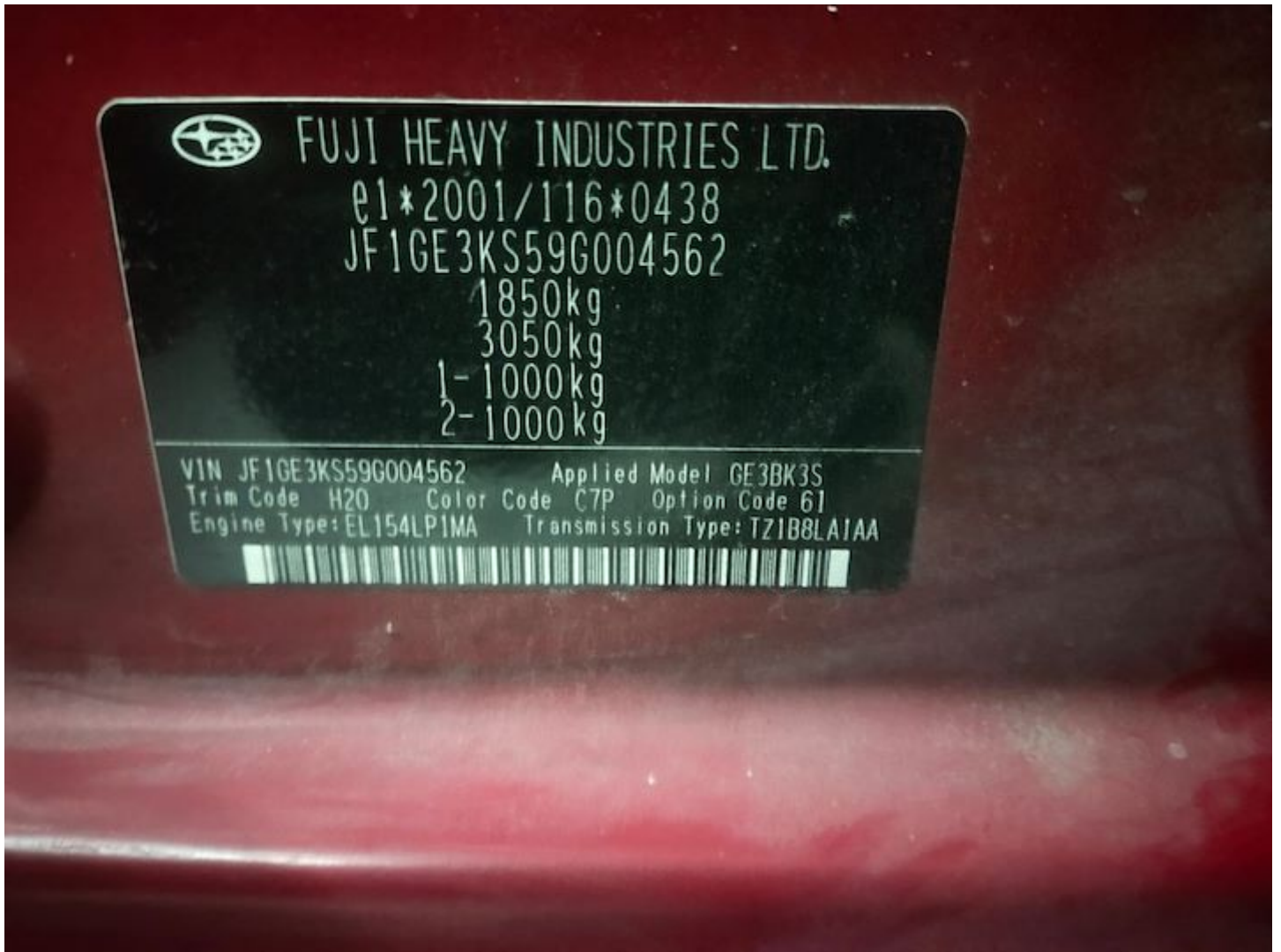
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 10/1/23 1330


Driver's Signature (If driver is not the policyholder) / Date
& Time 10/1/23 1330

Witnessed by Reporting Centre
Personnel





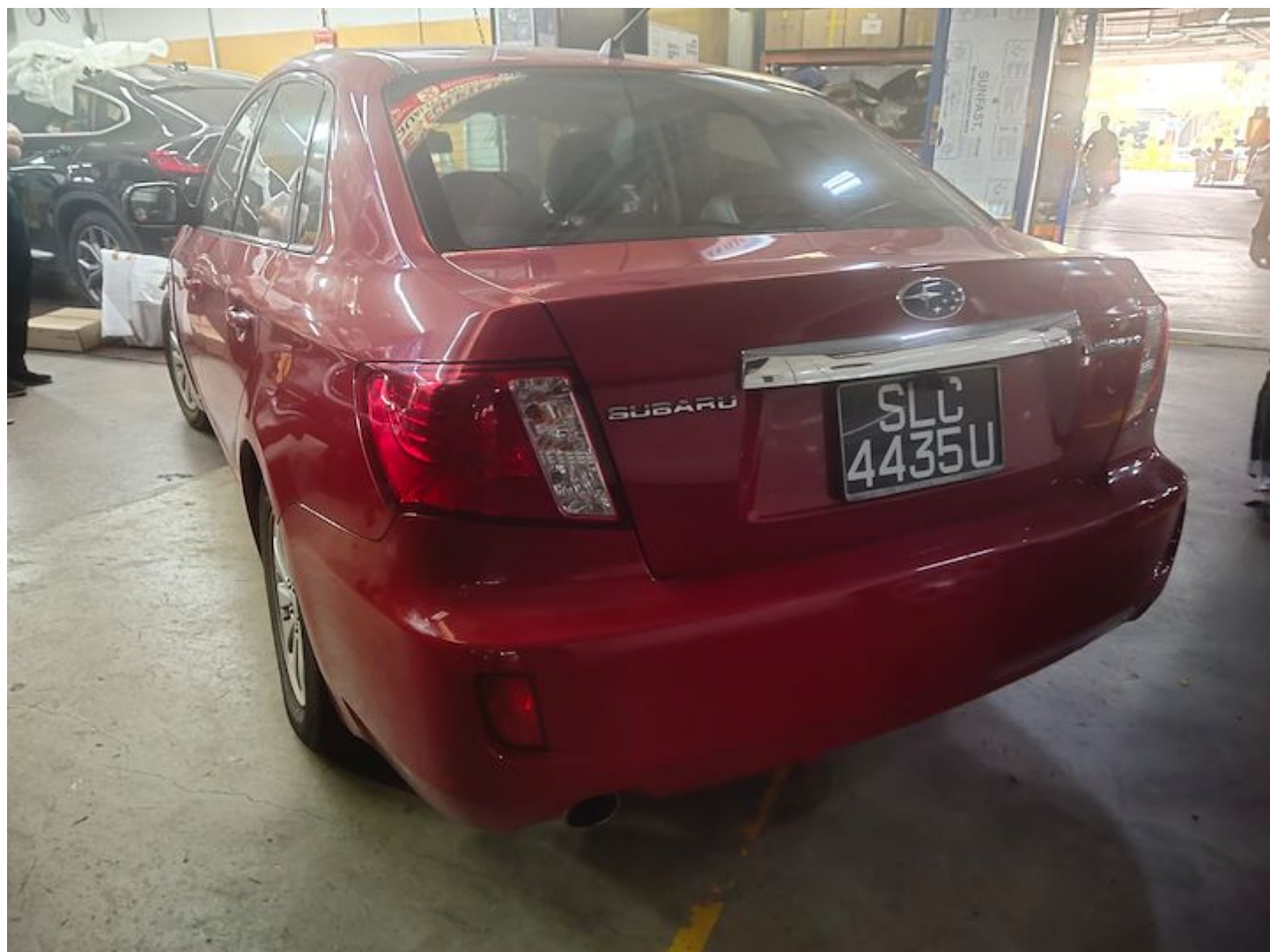




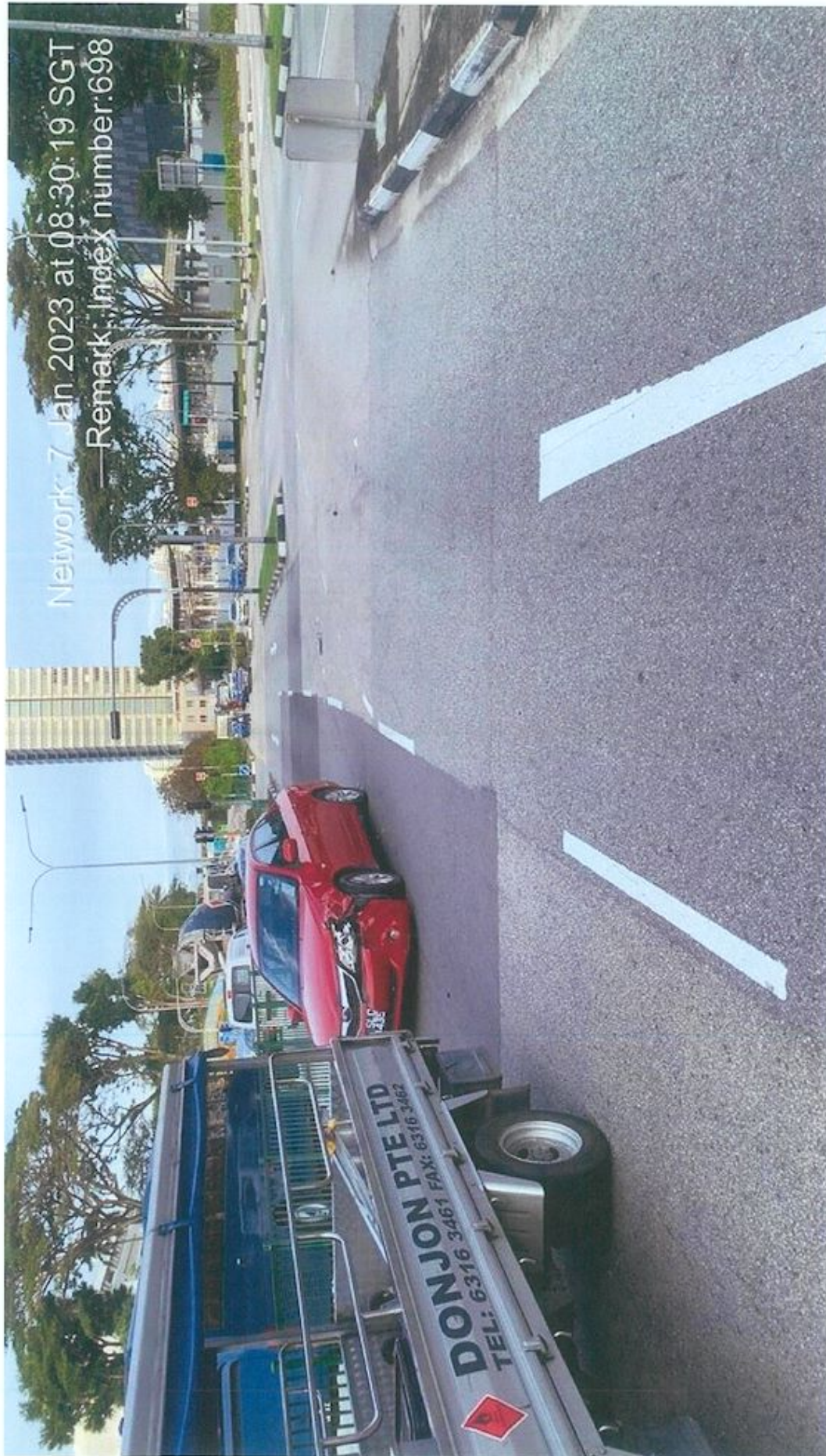


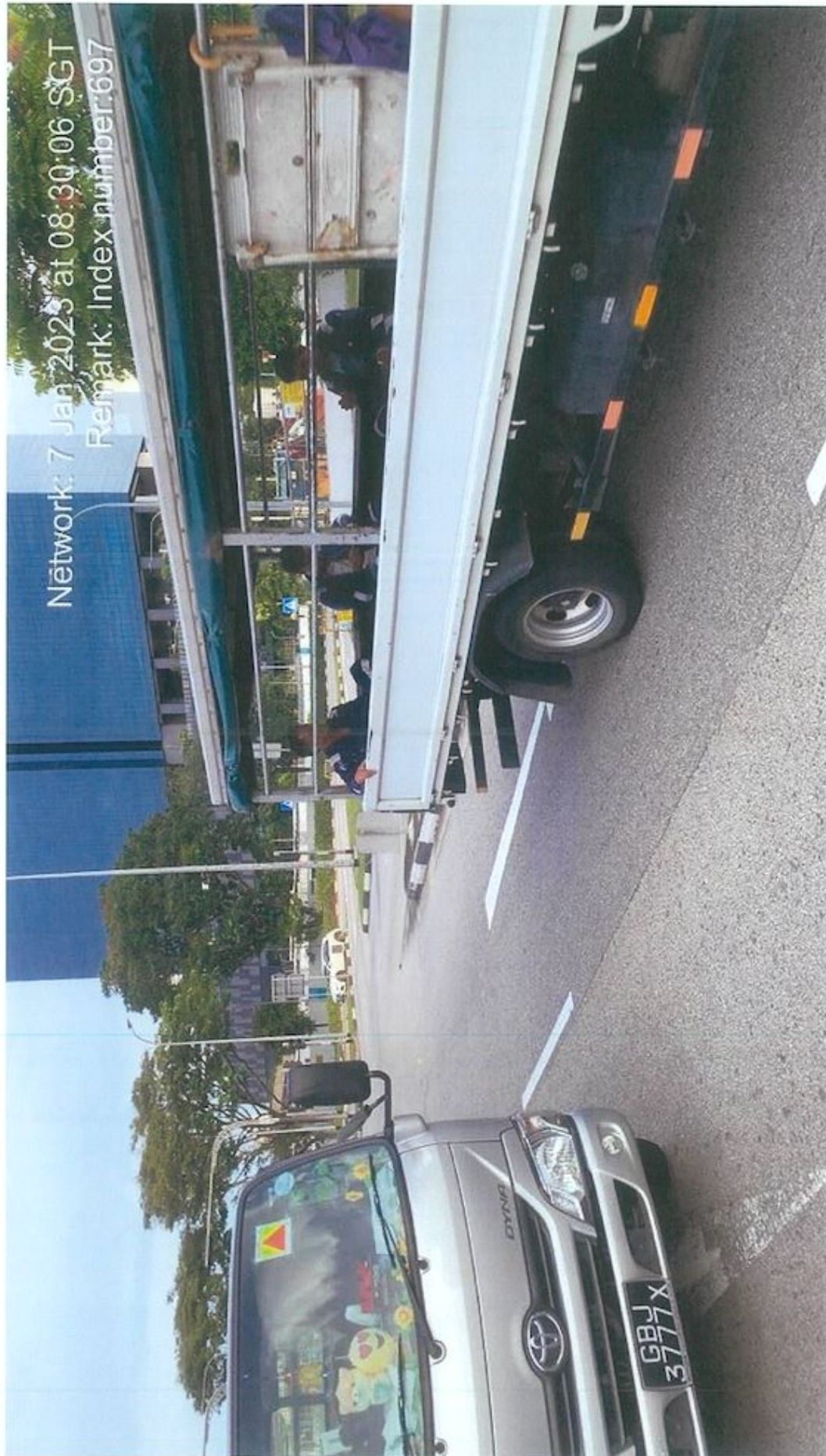






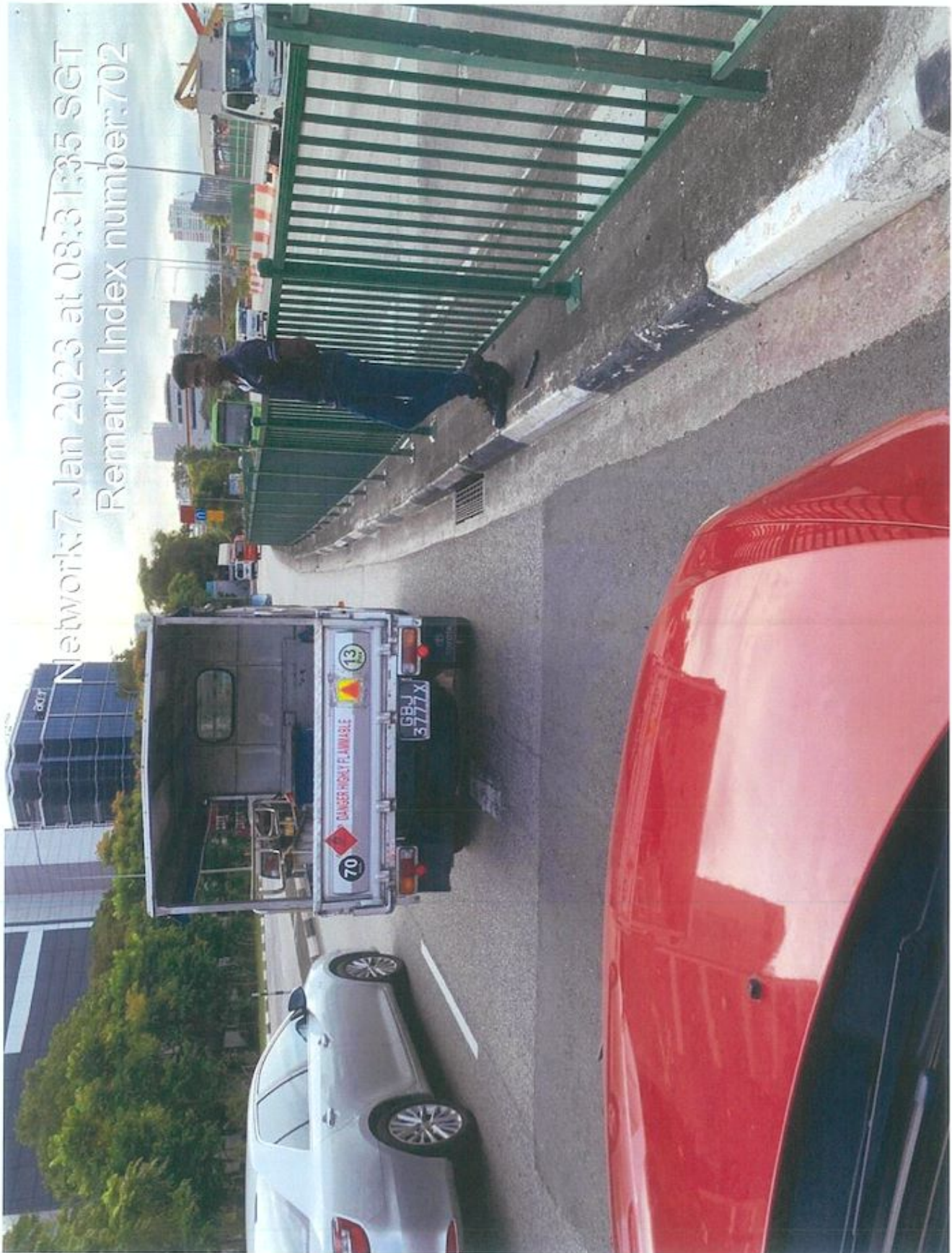








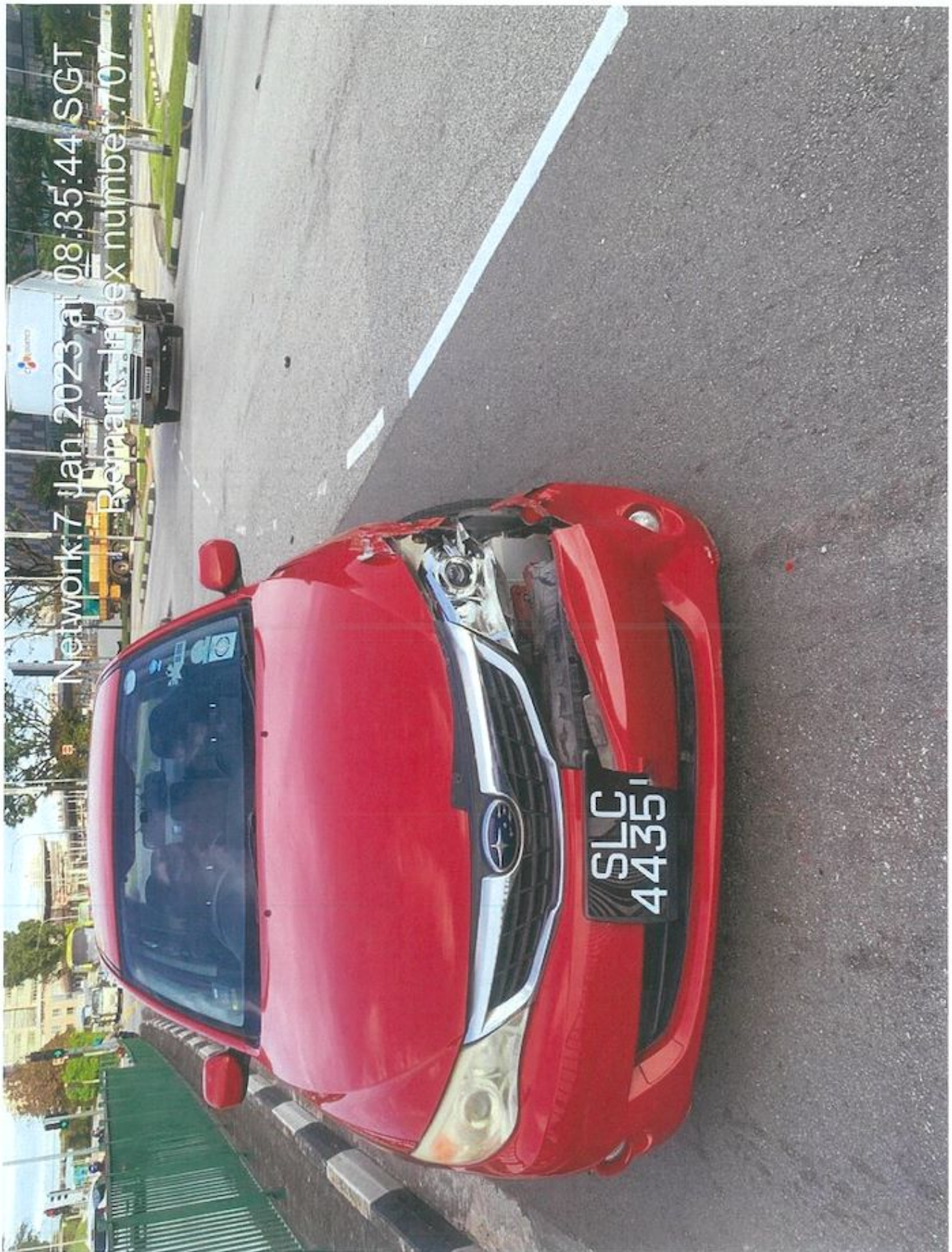
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Remark: Index number 694





Network: 7 Jan 2023 at 08:29:33 SGT
Remark: Index number:695











**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230110/7028

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Report No. T/20230110/7028

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230110/7028

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Report No. T/20230110/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/01/2023 13:15

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230110/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20230110/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2023 13:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOK PENG KOK			Address: 326 UBI AVENUE 1 #06-693 SINGAPORE 400326		
ID Type / ID No.: NRIC NO / S1268195Z			Contact No.: Home/Office: Mobile: 98180477		
Nationality: SINGAPORE CITIZEN			Email: JENNIFERX4325@GMAIL.COM		
Sex: Male	Age: 65	Date of Birth: 29/09/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/01/2023 08:30	Type of Location: Y-Junction
Location: JURONG TOWN HALL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ3777X	Lorry					0
SLC4435U	Car	SUBARU	IMPREZA 4DR 1.5R AWD 4AT ABS AIRBAG	Red		0



**SINGAPORE
POLICE FORCE**



T/20230110/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230110/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC4435U	NTUC Income Insurance Co-Operative Limited	5118402113-02	29/07/2022	28/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BALAIYA PRAKASH	ID No.	G8815391Q
Related Vehicle	GBJ3777X (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LOK PENG KOK	ID No.	S1268195Z
Related Vehicle	SLC4435U (Car)	Contact No.	98180477
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	09/01/2023	Date	09/01/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON 07/01/2023 AT ABOUT 0830HRS, I WAS TRAVELLING STRAIGHT ON JURONG TOWN HALL ROAD.

SUDDENLY, I FELT AN IMPACT OF MY LEFT SIDE PORTION. I STOPPED MY VEHICLE IMMEDIATELY AND ALIGHTED TO CHECK.

I DISCOVERED THAT VEHICLE B HAS DASHED OUT FROM THE SLIP ROAD ON MY LEFT AND BANG ONTO ME.

WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

AFTER WHICH, I FELT UNWELL AND CONSULTED THE DOCTOR AND WAS GIVEN 3 DAYS MC.