

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	19/06/2023 15:49 (SGT)
Reported by	Actual Driver
Date of Accident	18/06/2023 20:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON ROAD TOWARDS PIE OPPOSITE JUI RESIDENCES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5380U
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH SHU HUA
NRIC No	SXXXX421I
Email Address	lohshuhua@gmail.com
Mobile Phone No	(Phone) +65-83221192
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00149122200

DRIVER

Name of Driver	LIM LIH RUEY ERIC
NRIC No	SXXXX679I
Date Of Birth	06/11/1975

Occupation	Indoor
Date Of Driving Pass	04/04/1996
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96859840
Alt. Phone Number	-
Email Address	lohshuhua@gmail.com
Address	115 VERDE VIEW
Address complement	-
Postcode	688714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	4
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	-

PASSENGER 1

Name	LOH SHU HUA
Gender	Female

PASSENGER 2

Name	SON
Gender	Male

PASSENGER 3

Name	SON
Gender	Male

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBK7491M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver MARIYA PRAKASAM AROKYA STEPHEN
Passport No/FIN GXXXX989X
Contact Number (Phone) +65-84022045
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 LOH SHU HUA
Gender Female
Phone No (Phone) +65-83221192
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained WHIPLASH AND NECK PAIN
Injured person in which vehicle? SKR5380U
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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. The 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.
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.

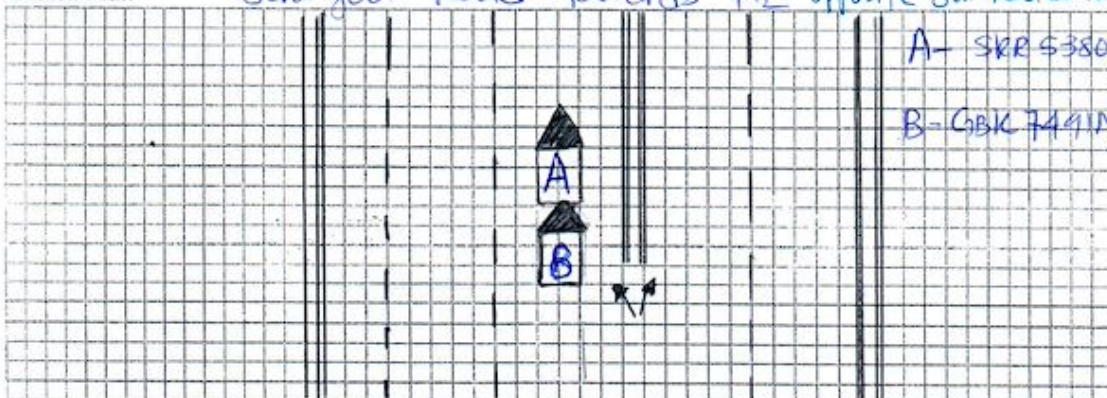
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Seringoon Road towards PIE opposite Jui Residences



Describe the Circumstance of the Accident

I was travelling with my family home on Serangoon road towards PIE back lane to Chuan Chuan. As the cars were braking, I also braked and slowed down. ~~that is~~ that is when a van G8K 7491M hit into my car SKR 5380U from behind violently.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

gmuell 19/06/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230622/7012

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

3 of 4

Report No. T/20230622/7012

CONTINUATION OF REPORT

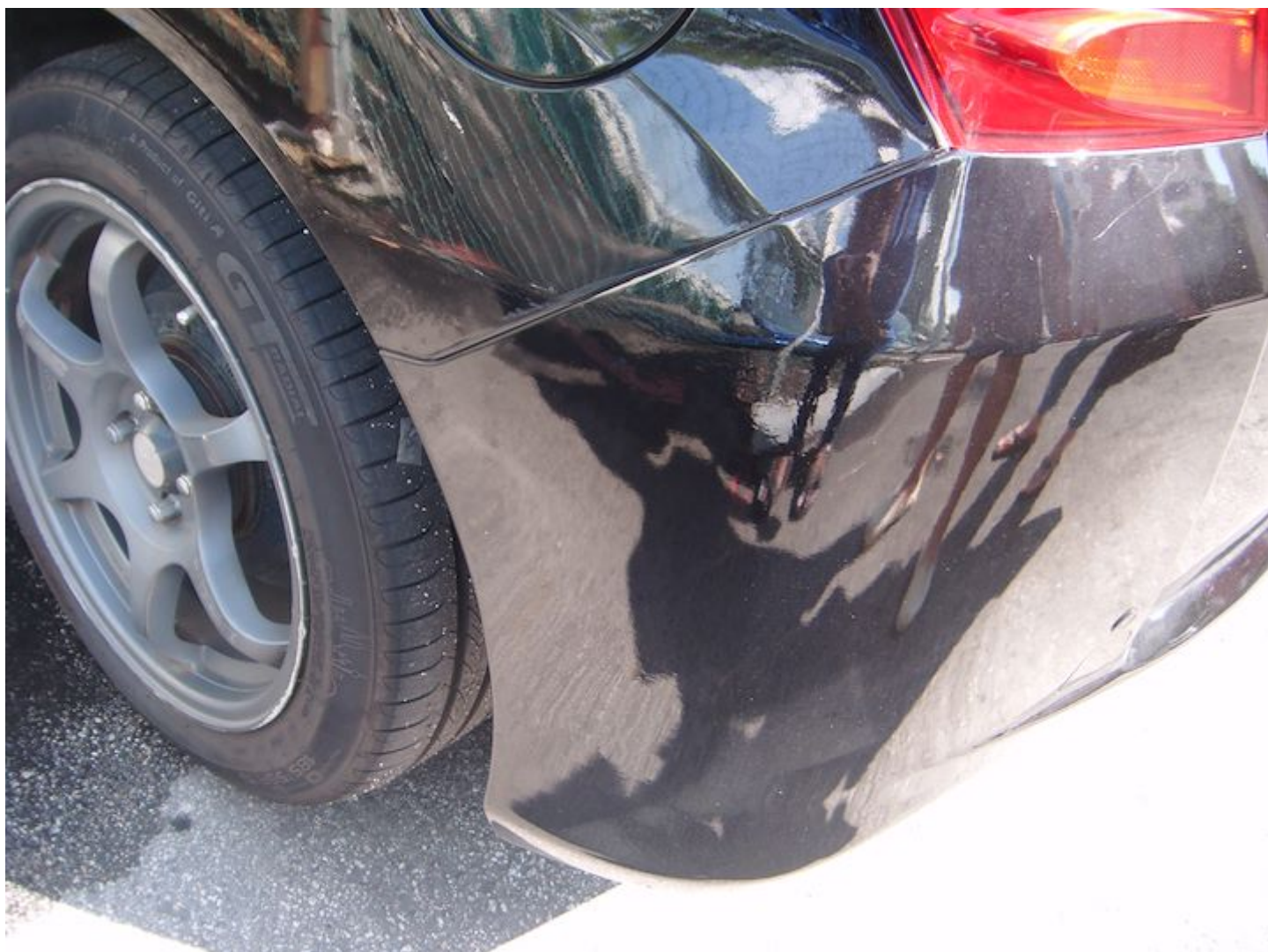
Brief Details.

was traveling on serangoon road towards PIE Tuas exit going home to CCK in my vehicle . When the other cars braked and slowed down, i also braked but was hit by a commercial vehicle GBK7491M from the rear.



































**SINGAPORE
POLICE FORCE**



T/20230622/7012

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

1 of 4
Report No. T/20230622/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2023 09:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM LIH RUEY ERIC			Address: 115 VERDE VIEW SINGAPORE 688714		
ID Type / ID No.: NRIC NO / S7533679I			Contact No.: Home/Office: Mobile: 96859840		
Nationality: SINGAPORE CITIZEN			Email: ericllr@gmail.com		
Sex: Male	Age: 47	Date of Birth: 06/11/1975	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Computer engineer			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: 18/06/2023 20:35	Type of Location: Straight Road
Location: SERANGOON ROAD, in front of Jui residences				
Weather: at night		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Conditio	No of
GBK7491M	Van	TOYOTA	Hiace	Grey	Slightly Damaged	2
SKR5380U	Van	HONDA	Freed	Black	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230622/7012

2 of 4

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

Report No. T/20230622/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR5380U	China Taiping Insurance (Singapore) Pte Ltd	DMPCSNW001491 22200		

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MARIYA PRAKASAM AROKYA STEPHEN		ID No.	G3375989X
Related Vehicle	GBK7491M (Van)		Contact No.	84022045
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	LIM LIH RUEY ERIC		ID No.	S7533679I
Related Vehicle	SKR5380U (Van)		Contact No.	96859840
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	LOH SHU HUA		ID No.	S8525421I
Related Vehicle	SKR5380U (Van)		Contact No.	83221192
Hospital/Clinic	HEAH COLORECTAL ENDOSCOPY & PILES CENTRE		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/06/2023		Date	19/06/2023
No. of Days granted Medical Leave	04		Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20230622/7012

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

3 of 4

Report No. T/20230622/7012

CONTINUATION OF REPORT

Brief Details.

was traveling on serangoon road towards PIE Tuas exit going home to CCK in my vehicle . When the other cars braked and slowed down, i also braked but was hit by a commercial vehicle GBK7491M from the rear.



**SINGAPORE
POLICE FORCE**

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



T/20230622/7012

4 of 4

Report No. T/20230622/7012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:
22/06/2023 09:11

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09236J0005 Vehicle Registration No: SKR 53804
 Name (as shown in NRIC): Lim Hh Rwey GRIC NRIC/FIN/Passport No: S75336791
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 115 Verde View / 688714 Singapore ()
 Contact (Tel): _____ Mobile No.: 9685 9840
 Email Address: lohshuhua@gmail.com
 Date of Accident: 18/06/2023 Time of Accident: 20:35
 Place of Accident: Serangoon Road towards PIE opposite Jui Residences.
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend add police report - T1 2023 06 22 / 7012

Add medical report - medical certificate

Amend sketch plan

Policyholder / Actual Driver's Signature
Date:

Amend 28/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:



Asiamedic Imaging Centre
 350 Orchard Road #08-00 Shaw House Singapore 238868
 Tel: (65) 6789 8888 Fax: (65) 6505 6092
 www.asiamedic.com.sg

Patient Name : Loh Shu Hua
 NRIC : S8525421I
 Referring Doctor : BENJAMIN SEAH -HCESGP
 Gender : F
 Exam Date : 20-JUN-2023
 Exam ID : 637269

MRI CERVICAL SPINE of 20-JUN-2023:

Technique:

Multiplanar multi sequence noncontrast enhanced MR study of the cervical spine was performed.

Findings:

Cervical lordosis: preserved
 Spinal alignment: preserved

The vertebral body heights are preserved. No bone marrow oedema is detected.
 No oedema is seen at the anterior or posterior longitudinal ligaments.
 Mild osteophytes and disc bulges are seen.

At C2-C3, mild disc bulge is seen indenting the anterior thecal sac. The exit foramina are capacious.

At C3-C4, disc osteophyte complex is seen indenting the anterior thecal sac. Hypertrophy of the left uncovertebral joint is noted causing mild left exit foraminal narrowing.

At C4-C5, disc bulge is seen indenting the anterior thecal sac. The exit foramina are capacious.

At C5-C6, there is a slight complex is seen causing mild narrowing of the central canal. Hypertrophy of the uncovertebral joints are noted causing mild bilateral exit foraminal narrowing.

At C6-C7, disc bulge is seen indenting the anterior thecal sac. The exit foramina are capacious.

Spinal cord: Normal in calibre and signal. There is no cord compression.
 There is no prevertebral soft tissue swelling and the craniocervical junction appears unremarkable.

COMMENT:

Mild osteophytes and disc bulges. No significant central canal or exit foramina stenosis is detected.

The vertebral body heights are preserved.
 No ligamentous injury is detected.

Page 1 of 2

ASIAMEDIC
 HEART & VASCULAR CENTRE PTE LTD
 Reg No. 200503447K

THE ORCHARD
IMAGING CENTRE
 PTE LTD
 Reg No. 199707845R

ASIAMEDIC
 PETICT CENTRE PTE LTD
 Reg No. 199907776H



Asiamedic Imaging Centre
350 Orchard Road #08-00 Shaw House Singapore 238868
Tel: (65) 6789 8888 Fax: (65) 6505 6092
www.asiamedic.com.sg

Patient Name : Loh Shu Hua
NRIC : S85254211
Referring Doctor : BENJAMIN SEAH -HCESGP
Gender : F
Exam Date : 20-JUN-2023
Exam ID : 637269

Reported By : Dr Eugene Low
MBBS, FRCR (UK), M Med, Consultant Radiologist
Reported Date & Time : 21-JUN-2023 11:27 AM

This report is electronically signed. No signature is required.

Page 2 of 2

ASIAMEDIC
HEART & VASCULAR CENTRE PTE LTD
Reg No. 200503447K

THE ORCHARD
IMAGING CENTRE
PTE LTD
Reg No. 199707845R

ASIAMEDIC
PET/CT CENTRE PTE LTD
Reg No. 199907778H



Asiamedic Imaging Centre
 350 Orchard Road #08-00 Shaw House Singapore 238868
 Tel: (65) 6789 8888 Fax: (65) 6505 6092
 www.asiamedic.com.sg

Patient Name : Loh Shu Hua
 NRIC : S85254211
 Referring Doctor : BENJAMIN SEAH -HCESGP
 Gender : F
 Exam Date : 20-JUN-2023
 Exam ID : 637267

Clinical indication: RTA – passenger in car. Whiplash injury. Neck pain with headaches. Back pain..

X-RAY CERVICAL SPINE - 2 VIEWS of 20-JUN-2023:

Mild grade 1 anterolisthesis of C4 over C5 on flexion view.
 Mild grade 1 retrolisthesis of C2 over C3, C3 over C4, C4 over C5 and C5 over C6 on extension views.
 The vertebral alignment, vertebral heights and disc spaces are preserved.
 There is no prevertebral soft tissue swelling.
 Mild osteophytes noted.

X-RAY THORACIC SPINE of 20-JUN-2023:

Mild thoracolumbar scoliosis with the concavity to the right.
 The thoracic vertebral alignment, vertebral body heights and disc spaces are preserved.
 Mild osteophytes are seen.

X-RAY LUMBO-SACRAL SPINE - 2 VIEWS of 20-JUN-2023:

There is normal lumbar lordosis.
 Vertebral body heights, intervertebral disc spaces and pedicles are preserved.
 Mild osteophytes are seen.

/jes

Reported By : Dr Eugene Low
 MBBS, FRCR (UK), M Med, Consultant Radiologist
 Reported Date & Time : 21-JUN-2023 11:20 AM .

This report is electronically signed. No signature is required.

Page 1 of 1

ASIAMEDIC
 HEART & VASCULAR CENTRE PTE LTD
 Reg No. 200503447K

THE ORCHARD
 IMAGING CENTRE
 PTE LTD
 Reg No. 199707645R


ASIAMEDIC
 PETICT CENTRE PTE LTD
 Reg No. 199907776H

HC ENDOSCOPY & PILES CENTRE (SIGLAP)
697 EAST COAST ROAD FRANKEL ESTATE SINGAPORE 459060
Tel : 67971020 Fax : 62456433
GST Reg No. 201015275R
Co. Reg No. 53451160X

MEDICAL CERTIFICATE**NAME:** LOH SHU HUA (LUO SHUHUA)**MC No:** OD-SIG0000001101**NRIC:** S85254211

This is to certify that the above patient name is Unfit for work for a period of 5 days
from 19-06-2023 to 23-06-2023.

Seah Renyi Benjamin 152361F
Issued by


Signature

19/06/2023

Date

Dr Benjamin Seah Renyi

Consultant Orthopaedic Surgeon

~~TOTAL ORTHOPAEDIC CARE & SURGERY~~

MBBS (UK), BSc ORTHO (UK), MRCS(Edin),

MMED(Ortho), FRCS(Edin)

MCA NO: M15236F

HEAH COLORECTAL ENDOSCOPY & PILES CENTRE

Subject : Neck pain post RTA
To Whom It May Concern/To Insurer

23 June 2023

Dear Sir / Madam,

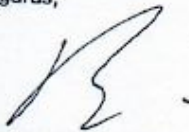
Re: LOH SHU HUA (LUO SHUHUA)
SXXXX4211
DOB: 11-09-1985

This patient was involved in a road traffic accident on the 18th June 2023. She was the front seat passenger of a car that was rear ended by a van as they slowed down while driving on a straight road around Serangoon. The impact was large enough that her vehicle's rear windscreen shattered but her airbag was not deployed.

I reviewed her on the 19th June with complaints of neck and upper back pain. The symptoms were localised but she did not report any weakness or numbness symptoms. On examination, she had some paravertebral tenderness around the Cervical spine and mid thoracic region and lumbar region. Neurology was normal on examination and her gait was normal. An MRI cervical spine was performed and it reported generalised degenerative changes with no significant prolapsed disc. Xrays of the cervical spine, Thoracic spine and Lumbar spine did not reveal any fractures or significant instability. My general impression would be a whiplash injury with musculoskeletal discomfort, consistent with a road traffic accident (Car vs Car).

Management would be conservative with analgesia, physiotherapy and general back care. Kindly assist where possible. Thank you

Regards,



Seah Renyi Benjamin
Consultant Orthopaedic Surgeon

Dr Benjamin Seah Renyi
Consultant Orthopaedic Surgeon
~~TOTAL ORTHOPAEDIC CARE & SURGERY~~
MRCS (UK), BSc ORTHO (UK), MRCS (Edin),
MMed(Ortho), FRCS (Edin)
MCR NO: M15238F

3 Mt Elizabeth #12-06 Mt Elizabeth Medical Centre Singapore 228510
Tel: 65-6737 5335 / 65-6737 2442 Fax: 65-6737 2150
(Company Registration Number: 53089777J)