

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 First Submission	15/08/2024 15:25 (SGT)
Reported by	Actual Driver
Date of Accident	08/08/2024 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG DR JUNCTION OF TECK WHYE AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6182G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MY FLORAL BASKET
Company Reg No	5XXXX640M
Email Address	ALICIA_LOY@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-88220024
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2008645485-01

DRIVER

Name of Driver	LOY CHYE JOON (LI CAIYUN)
NRIC No	SXXXX323J
Date Of Birth	20/11/1979
Occupation	Outdoor
Driving Pass Date	02/09/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88220024
Alt. Phone Number	-
Email Address	ALICIA_LOY@YAHOO.COM.SG
Address	195 KIM KEAT AVENUE #03-296
Address complement	-
Postcode	310195
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Cross Junction
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 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	SHB4174A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	LOY CHYE JOON
Gender	Male
Phone No	(Phone) +65-88220024
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBL6182G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

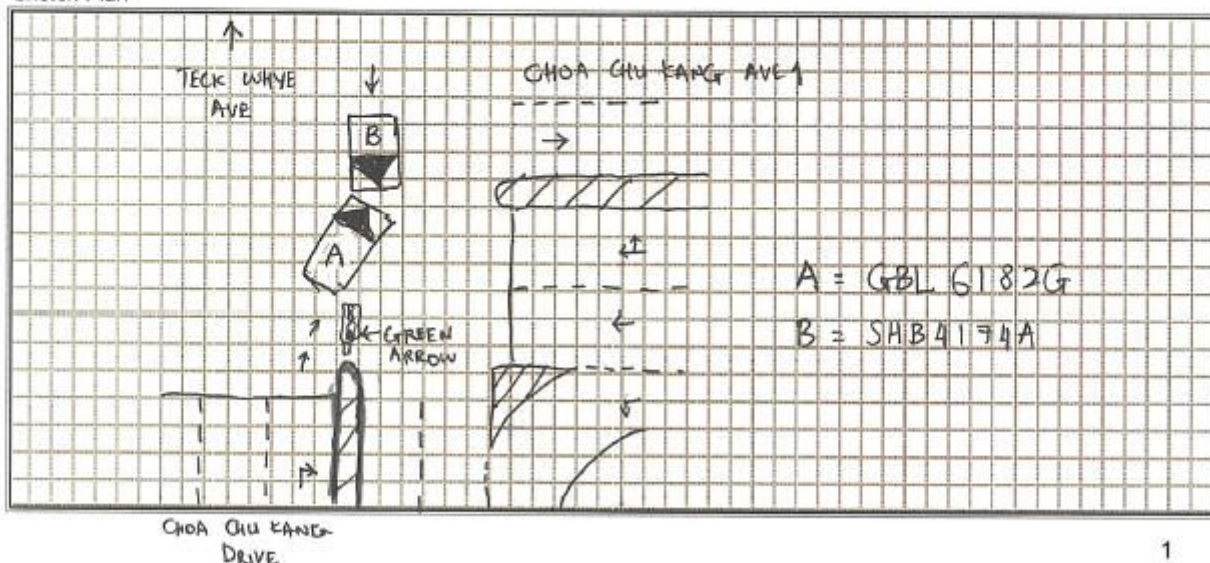


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no. 7/20240814/7073

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten signature]

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

YVONNE

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

































**SINGAPORE
POLICE FORCE**

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



T/20240814/7073

1 of 3

Report No. T/20240814/7073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2024 16:39	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Loy Chye Joon			Address: 195 KIM KEAT AVE #03-296 SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S7937323J			Contact No.: Home/Office: Mobile: 88220024		
Nationality: SINGAPORE CITIZEN			Email: ALICIA_LOY@YAHOO.COM.SG		
Sex: Male	Age: 44	Date of Birth: 20/11/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Customer service manager			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2024 11:40	Type of Location: X-Junction
Location: CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL6182G	Motor van	TOYOTA	HIACE	Silver	Seriously Damaged	0
SHB4174A	Motor car	HYUNDAI		Blue		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
GBL6182G	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2008645485-01	02/12/2023	01/12/2024



**SINGAPORE
POLICE FORCE**



T/20240814/7073

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

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Report No. T/20240814/7073

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Loy Chye Joon	ID No.	S7937323J
Related Vehicle	GBL6182G (Motor van)	Contact No.	88220024
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	08/08/2024	Date Discharge	08/08/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

Brief Details.

ON 08 AUG 2024 AT ABOUT 1140HRS, I WAS AT THE TRAFFIC JUNCTION ALONG CHOA CHU KANG DRIVE TOWARDS TECK WHYE AVE WHEN THE TRAFFIC LIGHT ARROW TURN GREEN, I PROCEED TO TURN RIGHT INTO CHOA CHU KANG AVE 1. IN THE MIDST OF TURNING RIGHT, I REALISE A BLUE TAXI SHB4174A FROM OPPOSITE TRAFFIC FLOW DRIVING TOWARDS THE TRAFFIC JUNCTION WITHOUT SLOWING DOWN. THE NEXT MOMENT, THE BLUE TAXI BEAT THE RED TRAFFIC LIGHT AND COLLIDED ONTO MY VAN FRONT LEFT PORTION. THE STRONG IMPACT CAUSE MY VAN AIRBAG EXPLODED. I FEEL VERY UNCOMFORTABLE AND SEATED IN MY VAN FOR A MOMENT.

WHEN I GOT DOWN FROM MY VAN, I CHECK WITH THE TAXI DRIVER (LADY DRIVER). SHE SAYS THAT SHE DIDN'T REALISE THE TRAFFIC LIGHT WAS RED ON HER DIRECTION AS SHE WAS TALKING TO HER PASSENGER (FEMALE PASSENGER).

SHORTLY AFTER, AMBULANCE WAS AT THE ACCIDENT SCENE AND TRAFFIC POLICE WAS THERE TOO. ALL 3 OF US WAS CONVEY BY 3 AMBULANCES.

I ONLY GET THE BLUE TAXI REGISTRATION NO. SHB4174A ON 13 AUG 2024 FROM INVESTIGATION OFFICER +6596192037.



**SINGAPORE
POLICE FORCE**

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



T/20240814/7073

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Report No. T/20240814/7073

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2024 16:39
Officer In Charge Of Case: TP / TPIB / MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367	Classification Of Case:
NP168	