## 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 witholding 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 16/08/2024 16:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 15/08/2024 18:10 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF LOYANG AVE TWDS PAKU RD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNG6516L

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **LOH WAI SHENG** NRIC No. SXXXX140G Email Address BEDOKHOMES@GMAIL.COM Mobile Phone No (Phone) +65-96680107 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Mercedes Model Gla180 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 1600 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

## INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5142816809

#### DRIVER

Name of Driver	LOH WAI SHENG			
NRIC No	SXXXX140G			
Date Of Birth	07/08/1975			
Occupation	Outdoor			
Driving Pass Date	25/10/1997			
Driving License Pass Class	3			
Driving License Validity	Valid			
Driving experience	26 YEARS AND 10 MONTHS			
Gender	Male			
Mobile Number				
Alt, Phone Number	(Phone) +65-96680107			
Email Address	- PEDOKHOMEC@CMAIL COM			
Address	BEDOKHOMES@GMAIL.COM			
Address complement	BLK 11 SIMEI ST 4 #11-08			
•	-			
Postcode	529866			
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)	5			
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 YIM WAI			
Gender	Female			
	Tomato			
PASSENGER 2				
Name	LOH XING ZE			
Gender	Male			
	Maio			
PASSENGER 3				
Name	LOH XIN TANG			
Gender	Female			
DASSENICED 4				
PASSENGER 4				
Name	CHOW LAN			
Gender	Female			
DETAILS OF POLICE ACTION				
Was the assidant reported to the police?	Var			
Was the accident reported to the police?	Yes			
Police Station Name	Changi Neighbourhood Police Centre			
Police Station Phone No	(Phone) +65-18005872999			

Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I'M AT THE TRAFFIC LIGHT JUCTION OF LOYANG AVE TO PAKU ROAD (CHANGI BEACH), I WAS AT THE MOST LEFT LANE OF THE ROAD WHILE THE LORRY AT THE CENTRE LANE. SO AFTER TRAFFIC LIGHT TURN GREEN, I GOING STRAIGHT AND COME TO A MERGERING LANE AND I NOTICED FROM MY RIGHT SIDE MIRROR THAT THE LORRY WAS VERY CLOSE TO US FROM BEHIND AND I'M SURPRISED WHY HE DIDN'T SLOW DOWN WHILE IT WAS OBVIOUSLY I WAS AT THE FRONT AND THE LORRY HIT MY REAR RIGHT SIDE AND WE STOPPED NEAR THE BUS STOP. LUCKILY NO PEOPLE WERE INJURED DUE TO LORRY HEIGHT AT HIS BLIND SPOT.

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 XE9131K Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver QIU KUN Passport No/FIN GXXXX599L Contact Number (Phone) +65-80392504 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person  Gender Phone No Address	CHOW LAN Female (Phone) +65-92961089
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNG6516L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

#### 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 Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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:

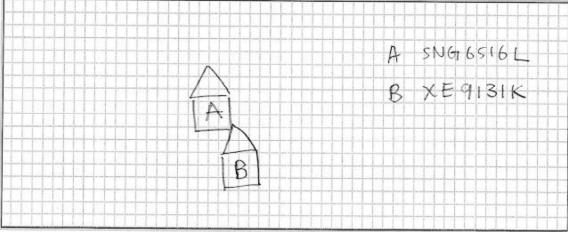
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

#### Sketch Plan



vJun2022

Describe Circumstance of the Accident
I'm at the traffic light junction of Loyang Ave to Paku Road (Changi Beach) I was at the most left lane of the road while the lorry at the centre lane.  So after truffic light turn green, I going straight and come to a mergering lane and I noticed from my right side micror that the lorry was very close to us from behind and I'm surprised why he didn't slow down while it was obviously I was at the front and the lorry hit my rear right side and we stopped near the bus stop, luckily no people were injured due to lorry height at his klind spot.

Declaration

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

v.Jun2022





Police Station Of Origin:

Changi N.P.C

9 Simel Street 2 SINGAPORE 529914

Tel No: 1800-5872999

l of 4 Report No. T/20240816/2060

# Date/Time Report Made:

Vide Report No.: Station Diary No.:

16/08/2024 16:08 20 Informant's Particulars Address: Name of Informant: 11 SIMEI STREET 4 #11-08 SINGAPORE 529866 LOH WAI SHENG ID Type / ID No.: Contact No.: Mobile: 96680107 NRIC NO / S7523140G Home/Office: Nationality: Email: SINGAPORE CITIZEN bedokhomes@gmail.com Sex: Age: Date of Birth: Type of Informant: Male 49 07/08/1975 Driver Race: Language: Chinese Occupation: Driving Licence Information: Real estate agent Date of Expiry: Class: 3,4,5

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/08/2024 18:10	Type of Location Straight Road
Location: LOYANG AVI	ENUE	Road Surface:		
Clear		Dry		T#- \/-\.
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehide No.	Туре	Make	Model	Color	Conditio	No of Passenger
SNG6516L	Motor car	MERCEDES BENZ	GLA180	Black	Slightly Damaged	4
XE9131K	Lorry	MITSUBISHI	Fuso	White	Slightly Damaged	0

Details of Vehicle Insurance						
Vehide No.	Insurance Company	Insurance No	Effective	Explry Date		
SNG6516L	NTUC Income Insurance Co-Operative Limited	5142816809				





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 2 of 4 Report No. T/20240816/2060

## CONTINUATION OF REPORT

Details of Perso		direction of the second	and the	chel/lin	
Any Pedestrian I	nvolved: No				
No. of Pedestria	ns Injured: NIL	Use of Pe	destria	n Cros	sing: NA
Driver	9-6	NUMBER OF TRANSPORT	GUES .	1000	PERSONAL PACE
Name	LOH WAI SHENG		ID No	о.	S7523140G
Related Vehicle	SNG6516L (Motor car)		Contact No.		96680107
Hospital/Clinic				of ng ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave NIL	Degree of		NIL	
Passenger	and the second second second second	SIPBACKS BAT WAS ST	1-7-1-2	A TOPIC	all the same
Name	Loh Yim Wai		ID No.		S8024421E
Related Vehicle	SNG6516L (Motor car)		Contact No.		90689049
Hospital/Clinic	NIL		Class Drivin Licen Expin	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
	ted Medical Leave NIL	Degree of			
Passenger		NEED STORY OF THE PARTY OF THE	S. STEEL	26539	Comment of the same of
Name	Loh Xing Ze		ID No		T1702367A
Related Vehicle	SNG6516L (Motor car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licent Expire	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	-	NIL	
No. of Days grant		Degree of		NIL	





Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999 3 of 4 Report No. T/20240816/2060

#### CONTINUATION OF REPORT

Passenger				397149	
Name	Chow Lan		ID No.		S0963863F
Related Vehicle	SNG6516L (Motor car)		Contact No.		92961089
Hospital/Clinic	Carelite Medical Clinic		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2024	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave 03	Degree of		Slight	
Passenger			15,5,44	Star Star	Manager of the same
Name	Loh Xin Tang		ID No.		T1332858C
Related Vehicle	SNG6516L (Motor car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc		arge	NIL	
No. of Days gran	ys granted Medical Leave NIL Degree of			NIL.	
Driver		and the contract	SET ALL		
Name	Qiu Kun		ID No.		G6218599L
Related Vehicle	XE9131K (Lorry)		Conta	ct No.	80392504
Hospital/Clinic	NIL		Class Driving Licent Expiry	g :e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grant	led Medical Leave NIL	Degree of		NIL	

#### Brief Details.

On the above-mentioned date time and location. I was driving along Loyang Ave on the left most lane towards Changi Beach after the cross Junction at Changi Village. While at the merging lane, I noticed that the lorry bearing VRN: XE9131K (Supervisor: Raymond Sia, 91549629) in the middle lane was very close to my vehicle. I subsequently felt an impact from the back and quickly came to a stop. I went out of my vehicle and made a check and observed that there were scratches and dent on the rear right side of my vehicle. I also observed that the right rear light was also cracked. I subsequently took photos of the accident and exchanged particulars with the driver of the mentioned vehicle. I would like to mention that my mother-in-law (Chow Lan, 92961089) was not feeling well when she reached home after the accident. I am lodging this report for insurance purposes.



Tel No: 1800-5872999

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914



4 of 4 Report No. T/20240816/2060

CONTINUATION OF REPORT

Signature of Officer Recording The G / SGT 2 MUHAMAD ZIKRI BIN BAHARUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2024 16:08
Officer In Charge Of Case: TP / GIA / INSP (2) LOW MENG FATT Contact No.: 97577566	Classification Of Case: