

# 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	09/09/2024 14:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELETAR ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5538D
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOY HWEE MENG
NRIC No	SXXXX308H
Email Address	LOYHWEEMENG1959@GMAIL.COM
Mobile Phone No	(Phone) +65-96826313
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1300
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MR001155-R04

### DRIVER

Name of Driver	LOY HWEE MENG
NRIC No	SXXXX308H
Date Of Birth	31/10/1959
Occupation	Outdoor
Driving Pass Date	09/12/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96826313
Alt. Phone Number	-
Email Address	LOYHWEEMENG1959@GMAIL.COM
Address	BLK 433B SENGKANG WEST WAY#19-537
Address complement	-
Postcode	792433
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	Collision - Major/Minor Rd
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)	2
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	UNKNOWN
Gender	Female

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 SKETCH PLAN

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 SNR894B  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private car  
Name of Driver RAYVEN HO  
Contact Number (Phone) +65-96996277  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) 3

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person LOY HWEE MENG  
Gender Male  
Phone No (Phone) +65-96826313  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained -  
Injured person in which vehicle? SMS5538D  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.

*[Handwritten Signature]*

*[Handwritten Signature]*

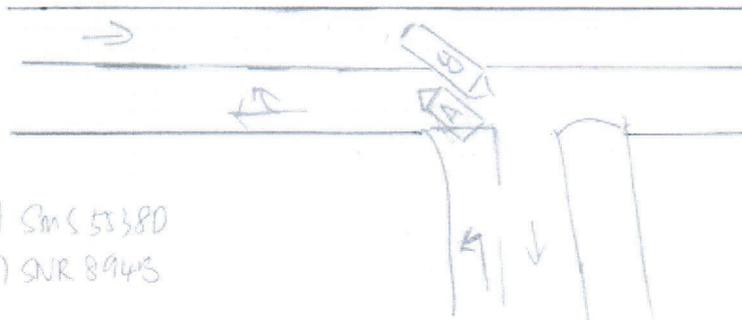
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

*Seletar Road (at Stratton Road)*



A) SMC 5538D  
B) SNR 8944S

Describe Circumstances of the Accident

Refer to TP Report N/O T/20240908/2028

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20240908/7028

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408665  
Tel No: 65470000

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Report No: T/20240908/7028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2024 15:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOY HWEE MENG			Address: 433B Sengkang East Way #19-537 SINGAPORE 792433		
ID Type / ID No.: NRIC NO / S1385308H			Contact No.:		Mobile: 96826313
Nationality: SINGAPORE CITIZEN			Email: loyhweemeng1959@gmail.com		
Sex: Male	Age: 64	Date of Birth: 31/10/1959	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private Hirer			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2024 18:00	Type of Location: T-Junction
Location:  SELETAR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMS5538D	Motor car	HONDA	JAZZ 1.3 CVT	Grey		1
SNR894B	Motor car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS5538D	TOKIO MARINE INSURANCE SINGAPORE LTD	MR001155	02/03/2024	01/03/2025



**SINGAPORE  
POLICE FORCE**



T/20240908/7028

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

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Report No: T/20240908/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOY HWEE MENG	ID No.	S1385308H
Related Vehicle	SMS5538D (Motor car)	Contact No.	96826313
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
Driver			
Name	RAYVEN HO	ID No.	NIL
Related Vehicle	SNR894B (Motor car)	Contact No.	96996277
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date and time, I was driving my passenger travelling along Stratton Road heading towards JEM. As my car was approaching the T-junction of Seletar Road (at Stratton Road), I had stopped at the stop line to check for oncoming vehicles before turning left. I wish to state that the lane I was in is a left-turn only lane. As I was about to turn left, all of a sudden, a car (SNR894B) that was turning right into Stratton Road had cut into my lane hence colliding very strongly into my car's front right portion.

After the accident, I felt unwell so I went to see a doctor the next morning at Care Medical Pte Ltd and I received 5 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20240908/7028

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

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Report No: T/20240908/7028

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No : 65476030
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 08/09/2024 15:16
Classification Of Case: