

# 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	21/09/2024 14:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/09/2024 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHOA CHU KANG ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7241T
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH ZHENHAO (LUO ZHENHAO)
NRIC No	SXXXX560E
Email Address	elite.automotive13@gmail.com
Mobile Phone No	(Phone) +65-91884019
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5138996385-01

GROUP

Driver	LOH ZHENHAO (LUO ZHENHAO)
No	SXXXX560E
Date of Birth	12/04/1984
Registration	Outdoor
Pass Date	18/03/2004
License Pass Class	3
License Validity	Valid
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91884019
Alt. Phone Number	-
Email Address	elite.automotive13@gmail.com
Address	133B TENGAH GARDEN AVENUE #07-478
Address complement	-
Postcode	S692133
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 - 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?	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	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
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?	Yes
Reasons for not uploading a video of the accident	SD CARD HAS TAKE BY TRAFFIC POLICE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE4188R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NEO SONG HUAT
NRIC No	SXXXX263D
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

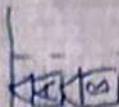
### INJURED 1

Name of injured person	LOH ZHENHAO (LUO ZHENHAO)
Gender	Male
Phone No	(Phone) +65-91884019
Address	133B TENGAH GARDEN AVENUE #07-478
Address Complement	-
Post Code	S632133
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLQ7241T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



# SKETCH PLAN

Choi chi kung Road



Vehicle A: SLQ 72417  
Vehicle B: GRE 4188 K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

while I was waiting at the traffic light suddenly vehicle B hit into my vehicle rear portion. I was injured and go to hospital by ambulance.

IMPORTANT NOTE: You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

## DECLARATION

I/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

Reporting Centre Personnel's Signature  
Name:  
NIC/Fin No: