

## 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	05/11/2024 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/11/2024 16:54 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3646L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KOK KEONG, ALVIN
NRIC No	S8706886B
Email Address	ALVIN908@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91523821
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 car
Transmission	Auto
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10566483R03

#### DRIVER

Name of Driver	LOH KOK KEONG, ALVIN
NRIC No	S8706886B
Date Of Birth	20/03/1987
Occupation	Indoor
Driving Pass Date	13/10/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91523821
Alt. Phone Number	-
Email Address	ALVIN908@HOTMAIL.COM
Address	449B BUKIT BATOK WEST AVE 09 #11-86
Address complement	-
Postcode	652449
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 on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	WIFE
Gender	Female

#### PASSENGER 2

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

## REFER TO POLICE REPORT

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	SJU6761T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD SHAFIQ BIN ABDUL GHANI
NRIC No	S8940661G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

**IMPORTANT NOTICE**

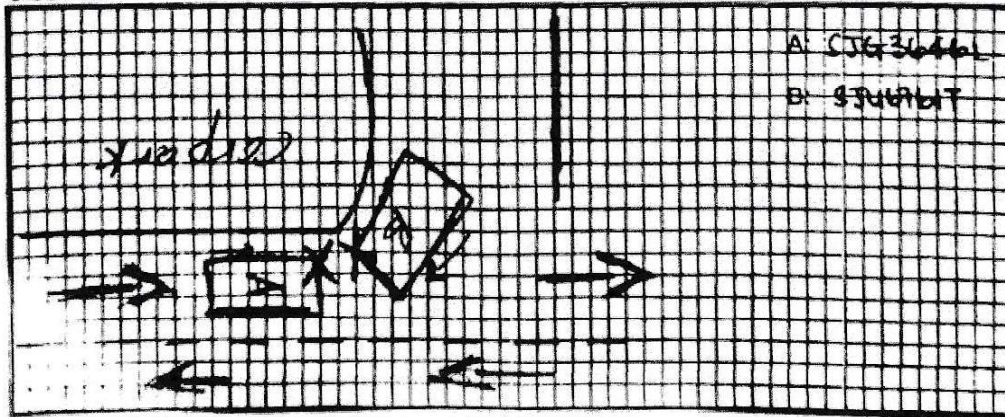
1. Please read carefully the details of the accident to assist in the claims process.
2. This report is prepared by the Traffic Officer and the Actual Driver.
3. This report will be submitted to the Traffic Police Department for investigation.
4. This report will be submitted to the Traffic Police Department for investigation.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be submitted to the Traffic Police Department for investigation.
7. By the completion of this report, the insurers, you, have agreed to the accuracy of this report and to the fact that the report is being made available to the relevant authorities.
8. **Consent under the Personal Data Protection Act (PDPA)**  
 I, the undersigned, do hereby 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 processed by my insurer, collectively the "Personal Information"; and disclose and transfer such Personal Information to all insured(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:  
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
 - investigating the accident and/or my claims;  
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;  
 - 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  
 - complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes";  
 (b) all Insurers 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



A: CJG 3646

B: SJUH 7

Max  
Wife  
Gov

1

**Describe Circumstance of the Accident**


DOA: 4/NOV/24

TIME: 1654hrs

LOCATION: EAST COAST PARK

REFER TO POLICE REPORT.

**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

  
 Witnessed by Reporting Centre Personnel  
 (Name as on RIC/D card)