ST1B24CC0002 / Tan Chong Motor Sales Pte Ltd[319254] ENTRY DATE & TIME: 12/12/2024 20:01 (SGT) SUBMITTED BY: Sayedinah Bin Ali VERSION: 1 (12/12/2024 20:01 (SGT))

# 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 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 12/12/2024 20:01 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 10/12/2024 22:45 (SGT) Exact Location of Accident Pioneer Rd, Singapore Additional Location Information JUNCTION OF PIONEER ROAD AND BENOI ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNR1602X

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOK POH CHAY NRIC No SXXXX251D Email Address patricklokpc@gmail.com Mobile Phone No (Phone) +65-97573860 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer Kia Model Cerato Variant ..... SALOON Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1600 Vehicle Fuel Petro First Regisration Date 15/12/2017 KNAFZ411MJ5756175 Effective Date/Time of Ownership 15/12/2017 00:01 (SGT)

## INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7240102763

## DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	LOK POH CHAY SXXXX251D 07/07/1974 Indoor 12/11/2002 3 Valid 22 YEARS AND 1 MONTH Male (Phone) +65-97573860 - patricklokpc@gmail.com NA Yes - No
CENTER IN INFORMATION OF THE ADDITION	
Type of Accident Weather Conditions Road Surface  OTHER INFORMATION	Collision - Head to Rear Clear Dry
CHERTIN CHINATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 Yes No Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT T/20241211/7082	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	XE3950C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Gender Phone No Address Address Complement	LOK POH CHAY Male (Phone) +65-97573860 -
Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - SNR1602X Yes No

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 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 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 disdosure 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.

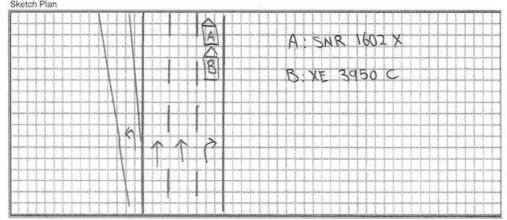
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Policyholder's Signature / Date & Time

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

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

(Name as in NRIC/ID card)



1

1802 180.000		e Accident				<u></u>	
	No.	Das	Dalico	Danet			
- 52	A2	197	DIIG	Report -			
		7/20	241211	17082			
						4	
					10		

)/Date /

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

2

Declaration

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





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

1 of 3 Report No. T/20241211/7082

Date/Time Report Made: 11/12/2024 16:12			Vide Report No.; Station Dia			
Informan	t's Particular	S				
Name of Informant: LOK POH CHAY			Address: 20B LORONG 3 GEYLANG #16-84 SINGAPORE 383020			
ID Type / ID No.: NRIC NO / S7421251D Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 97573860			
			Email: PATRICKLOKPC@GMAIL.COM			
Sex: Male	Age: 50	Date of Birth: 07/07/1974	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English			
Occupation: PHV Driver			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 10/12/2024 22:45	Type of Location X-Junction
Location: BENOI PLACE Weather:		Road Surface:		1
Clear		Dry Tagffa Castal	170	
		Traffic Control: Traffic Light - Working		ffic Volume: ht
				one conveyed by

A CONTRACTOR OF THE PARTY OF TH		PERMIT	Carried to Commission Commission			A CONTRACTOR OF THE REAL PROPERTY.
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SNR1602X	Motor car	KIA	CERATO			10

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20241211/7082

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241211/7082

## CONTINUATION OF REPORT

Vehicle Owner			al makes		
Name	LOK POH CHAY		ID No	),	S7421251D
Related Vehicle	SNR1602X (Motor car)			02X (Motor car) Contact No.	
Hospital/Clinic	CARE MEDICAL CLINIC			of g ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/12/2024	Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave (MC)   05	Degree of	Injury	Sligh	l .

## Brief Details.

On 10.12.2024 at about 22:45 hours at Cross Junction of Pioneer Road and Benoi Road, my vehicle SNR1602X was stationary on lane 1 waiting the traffic light to turn green before turning right into Benoi Road.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised vehicle XE3950C hit onto the rear portion of my vehicle SNR1602X.

After the accident, I felt unwell and I proceed to seek medical treatment at CareDoc Medical Clinic and I was given 5 MC Days.



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



3 of 3 Report No. T/20241211/7082

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: 11/12/2024 16:12
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:
NP168	