

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 Authorised 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 ability.
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 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 Report	11/12/2017 18:16
Date Of Accident	11/12/2017 09:20
Exact Location Of Accident	JUNCTION- TAMPINES AVE 2 / TAMPINES ST 31
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW803Z
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Insured/Policyholder

Name Of Registered Owner	LOH KOK CHI
NRIC No	S1501291I
Email Address	LOHKAYAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96654425
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA276256
Cover Note Number	

Driver

Name of Driver	LOH JIA EN KATHERINE
NRIC No	S9328538G
Date Of Birth	14/08/1993
Occupation	INDOOR
Date Of Driving Pass	21/07/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96654425
Fax Number	
Contact Number	
Email Address	LOHKAYAN@GMAIL.COM

Address	10 ANGKLONG LANE #01-02
Postcode	579982
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9795P
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	MR CHUA
NRIC/Passport Number	
Contact Number	94554510
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Acc
Vehicle : SKW
8037

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

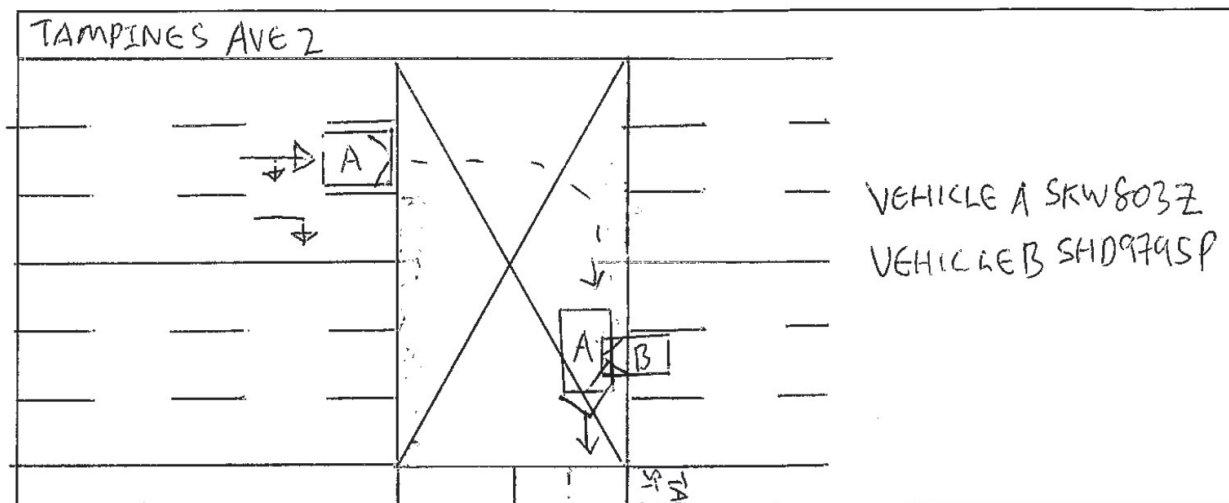
1535HRS
11-12-17



Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 11/12/2017 Time: 0920 Location: TAMPINES AVE 2 JUNCTION OF TAMPINES ST 31
 My Vehicle A: SKW803Z Vehicle B: SHD979SP Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attach.

() Claim OD / TP at Ah Lim Motor ☒ Claim OD / TP at other workshop () Reporting Only

Remarks : Please forward a copy of my efile accident report to

My workshop : AT PERFORMANCE
 Email Address : Alvin-tug80@yahoo.com.sg
 & Myself :
 Email Address : keloh@familymedicare.com

Note : Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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



**SINGAPORE
POLICE FORCE**



T/20171211/2079

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No: T/20171211/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 13:48	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars			
Name of Informant: LOH JIA EN KATHERINE		Address: 10 ANGKLONG LANE #01-02 SINGAPORE 579982	
ID Type / ID No.: NRIC NO / S9328538G		Contact No.: Home/Office: Mobile: 96654475	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 24	Date of Birth: 14/08/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RESEARCHER		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2017 09:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES STREET 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHD9795P	Taxi				Slightly Damaged	1
SKW803Z	Car				Slightly Damaged	0

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



**SINGAPORE
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25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20171211/2079

CONTINUATION OF REPORT

Name	Chua		ID No.	NIL
Related Vehicle	SHD9795P (Taxi)		Contact No.	94554510
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	NIL	Degree of Injury	NIL	
Driver				
Name	LOH JIA EN KATHERJNE		ID No.	S9328538G
Related Vehicle	SKW803Z (Car)		Contact No.	96654475
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 11/12/2017 at about 9.20am, I was driving my car (SKW803Z) along Tampines Ave 2. I was driving on the 2nd lane. I stopped at the junction of Tampines Ave 2 and Tampines St 31, intending to make the right turn towards Tampines St 31. There were two or three cars in front of me waiting to make the right turn as well.

Once the traffic is clear, I followed the cars in front of me and proceed to make my right turn. The traffic was in my favour. While making my turn, a taxi (SHD9795P) which was from the opposite direction came very fast and hit onto the left side of my car. Due to the shock from the impact, I did not alight my car to make a check as I was in a daze.

The taxi driver then came over to my side and make a check on me. He then took me out of the car and assist me to the side of the road. The taxi driver then passed me his number.

Awhile later, police and ambulance came to the scene. The paramedics attended to me. The police officer then advised me to lodge a traffic accident report. After which I drove my car to my workshop and was also advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20171211/2079

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20171211/2079

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 MUHAMMAD RIDZUAN BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/12/2017 13:48

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168

Signature:

Singapore Police Force