

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 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 Report	15/10/2018 14:36
Date Of Accident	14/10/2018 16:45
Exact Location Of Accident	PUNGGOL FIELD ROAD /PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8700G
Insured/Policyholder	
Name Of Registered Owner	LOH CHEN LEENG GABRIEL
NRIC No	S7623065Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97966408
Alternative Phone No	OFFICE-97966408

Vehicle Particulars

Manufacturer	OPEL
Model	GRANDLAND X 1.2 TURBO
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	CN890417
Cover Note Number	CN 890417

Driver

Name of Driver	LOH CHEN LEENG GABRIEL
NRIC No	S7623065Z
Date Of Birth	24/07/1976
Occupation	INDOOR
Date Of Driving Pass	16/10/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97966408
Fax Number	
Contact Number	OFFICE-97966408
EEmail Address	NOEMAIL

Address	24 UPPER SERANGOON VIEW
Postcode	534205
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : KONG SHU HUI GENDER: : FEMALE
Passenger 2	NAME: : LOH ZI EN GENDER: : FEMALE
Passenger 3	NAME: : LOH ZI QIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM7196H
Vehicle Make/Model/Colour	MIT CANTER
Details Of Properties	

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOH ZI QIN

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2

SKETCH PLAN

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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.

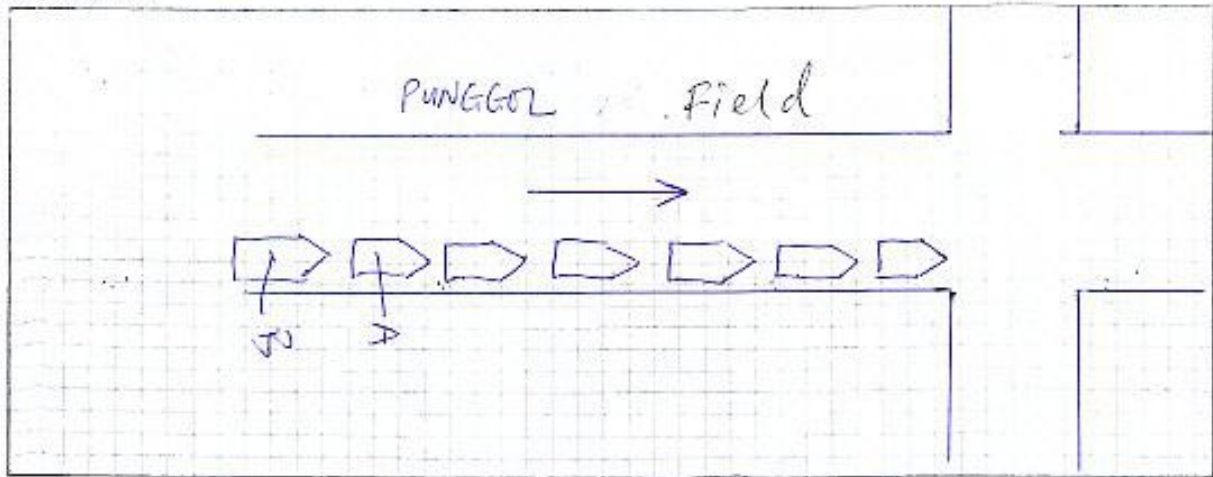
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PUNGGOL WAY AND WAS WAITING IN LINE TO MAKE A RIGHT TURN. THERE WERE A FEW CARS IN FRONT OF ME AND I CAME TO A STOP (POSITION A)

MY CAR WAS STATIONARY AND NOT MOVING AT ABOUT 4:45 PM. THERE WAS A LOUD SCREECH AND THEN THE LORRY (B) HIT INTO MY REAR WITH A LOUD BANG.

DECLARATION

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

Robert Ganters
Policyholder's Signature
Date & Time:

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

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

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

Our ref: 1705180203N057017163

17 May 2018

LOH CHEN LEENG GABRIEL
24 UPPER SERANGOON VIEW
#05-27
SINGAPORE 534203

(81420)



Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SLZ5824C WITH VEHICLE REGISTRATION NO. SLZ8700G

You may be pleased to know that your application of 17 May 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SLZ8700G (Previously SLZ5824C)
Vehicle Make	: OPEL
Vehicle Model	: GRANDLAND X 1.2T 6AT
Chassis No.	: W0VZRHNY4JS163871
Engine No./ Motor No.	: 10XTA41017924 / -

Driving License



Accident Photo



Accident Photo



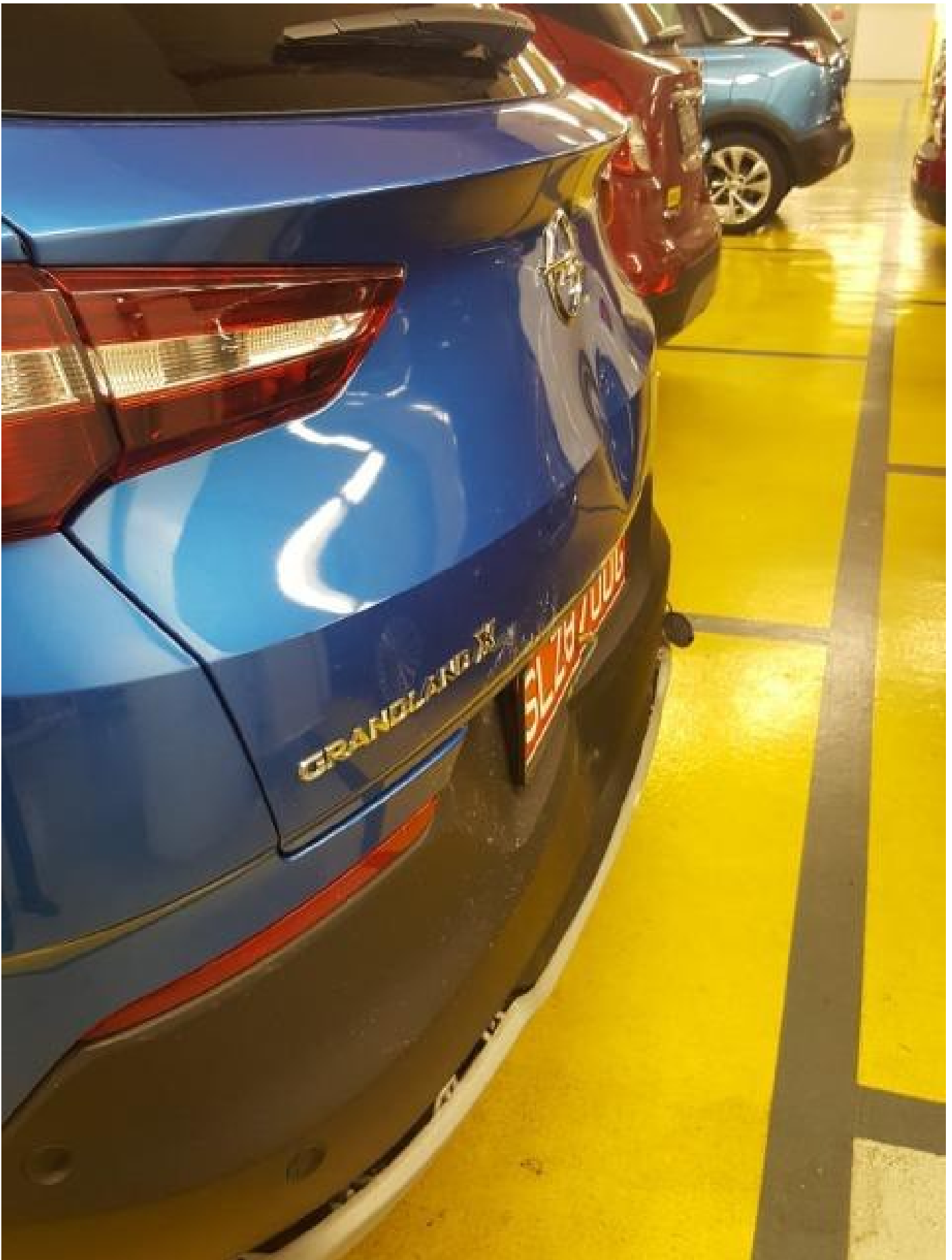
Accident Photo



Accident Photo



Accident Photo



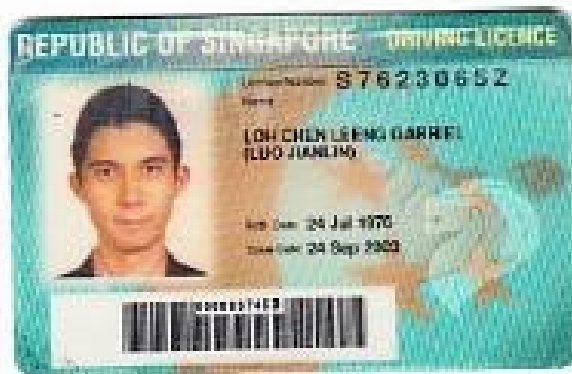
Accident Photo



Accident Photo



Driving License



Accident Photo



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6869926F



Name

CHONG KAM CHOON

莊 錦 泉

Race

CHINESE

Date of birth

28-06-1968

Sex

M

Country/Place of birth

MALAYSIA



Accident Photo





Sengkang
General Hospital
SingHealth

Page: 1

GST REG NO. : M00368910N

TAX INVOICE

14.10.2018 / GDPCJW

LOH ZI QIN GISELLE
24 UPPER SERANGOON VIEW
HIO VISTA
#05-27
Singapore 534208

EXTERNAL ID/NRIC : T06064210
CASE NUMBER : 8518703303H
CUSTOMER NUMBER : 3026718184
A&E VISIT : 14.10.2018 17:24
LOCATION : QEMD-QCA62
BILLING DATE : 14.10.2018

DESCRIPTION	TOTAL CHARGES BEFORE GOVT GRANT(S)	TOTAL AMT PAYABLE AFTER GOVT GRANT(S)
A&E ATTENDANCE FEE	237.00	121.00
DRUGS / PRESCRIPTIONS / INJECTIONS	2.62	0.00
TOTAL CHARGES	239.62	
GOVERNMENT GRANT	118.62	
AMOUNT PAYABLE BEFORE TAX		121.00
ADD : 7% GST		8.47
AMOUNT PAYABLE AFTER TAX		129.47
LESS : GST ABSORBED BY THE GOVERNMENT		8.47
NET AMOUNT PAYABLE		121.00
PAYMENTS		
LOH ZI QIN GISELLE		121.00
TOTAL DUE AFTER PAYMENTS		0.00
AMOUNT DUE : LOH ZI QIN GISELLE		0.00

PAYMENT: Please pay immediately on receipt of this bill. Payment can be made via internet at www.singhealth.com.sg/MyGSH, SAM app at <https://play.google.com/store/apps/details?id=com.singhealth.sam>, SAM website at www.singhealth.com.sg, SAM Mobile app, SAM Kiosk, and QuikPay, 24-hour helpline 188 PayCall and SingCare Post Office. Donated blood payments should be processed and made directly to "Sengkang General Hospital Pte Ltd". Please quote the Case / Invoice Number, Name, Number and Contact Number located on the receipt and this bill.
Sengkang General Hospital Pte Ltd, Block Medical Centre, 200B Sengkang Rd, Box 998, Singapore 542089
RETURNED bill will be processed when it reaches from this SH Site.

Sengkang General Hospital Pte Ltd
110 Sengkang East Way Singapore 544886
www.sgh.com.sg Reg No 201220957K

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20181015/2128

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

1 of 4
Report No. T/20181015/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2018 16:40		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Loh Chen Leong Gabriel			Address:		
ID Type / ID No.: NRIC NO / S7623065Z			Contact No.: Home/Office: 97966408		Mobile:
Nationality:			Email:		
Sex: Male	Age: 42	Date of Birth: 24/07/1976	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Business development director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2018 16:45	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL FIELD PUNGGOL WALK near Masjid Aflsiah				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SL28700G	Car	OPEL	GRANDLAN D X 1.2T 6AT	Blue	Slightly Damaged	3
YM7196H	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SL28700G	AXA INSURANCE SINGAPORE PTE LTD	P2133239	17/05/2018	09/05/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20181015/2128

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

2 of 4
Report No. T/20181015/2128

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Loh Zi Qin Giselle	ID No.	T0836421J
Related Vehicle	SL28700G (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/10/2018	Date Discharge	14/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	Chong Kam Choon	ID No.	S6869926F
Related Vehicle	YM7196H (Lorry)	Contact No.	NIL
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 Chen Leeng Gabriel	ID No.	S7623065Z
Related Vehicle	NIL	Contact No.	97966408
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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181015/2128

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408065
Tel No: 65470000

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Report No. T/20181015/2128

CONTINUATION OF REPORT

Driver			
Name	Loh Chen Leong Gabriel	ID No.	57623065Z
Related Vehicle	NIL	Contact No.	97966408
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14 Oct @ 1645 hrs, I was driving SLZ8700G along Punggol Field towards Punggol Walk. I was travelling on the extreme right lane of 2 lanes. There was a queue of vehicles in front of me and I stopped my vehicle. Within 10 seconds of me stopping, I heard a loud screeching sound and followed by a bang onto my vehicle. My vehicle surged forward but did not collide onto the vehicle in front. I alighted and approached the vehicle behind. It was established as YM 7196 H. It was a lorry. I exchanged particulars with the driver. The particulars for the driver is Chong Kam Choon S6869826F. Both of us agreed to lodge a report separately. The driver of the lorry apologized and admitted that it was his mistake. Thereafter, I drove to the Sengkang Hospital A&E as my daughter complained of dizziness and pain on the neck. My daughter was discharged from Sengkang Hospital on the same day and was given 6 days MC and was given medication. My daughter was under observation at Sengkang Hospital A&E for 2 hours before we were discharged. My vehicle suffered slight damages to the rear. The lorry suffered damages to the front.

At that time of accident the weather was fine, road surface was dry. The traffic flow was heavy. That's all.

Police Report



SINGAPORE
POLICE FORCE



T/20181015/2128

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

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Report No. T/20181015/2128

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:
TP /
Insp PANNIRSELVAN S/O RAMASAMY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP108

Signature Of Informant:

Date/Time:
15/10/2018 16:40

Classification Of Case:

Signature:

BILL



Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

EMD201823423

Name LOH ZI QIN GISELLE		NRIC No. T3836421J	
This is to certify that the above named is a fit for duty for a period of <u>5</u> days from <u>14-Oct-2018</u> to <u>19-Oct-2018</u> inclusive.			
Type of medical leave granted:			
<input type="checkbox"/> Hospitalisation Leave	<input checked="" type="checkbox"/> Outpatient Clinic Leave		
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____	
Discharged on: _____	<input type="checkbox"/> Short Service Leave	Operated on: _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Days for light duty from _____ to _____ (continued to: _____)			
The above named patient attended my clinic at _____ and ref. at _____			
Emergency Department Sengkang General Hospital 110 Sengkang East Way Singapore 544886 Not valid without official hospital stamp		Ward No. SKH Emergency Department Date 14-Oct-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. CHAN CHUN HOO, 61841A