

## 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	12/03/2019 16:40
Date Of Accident	09/03/2019 14:40
Exact Location Of Accident	AT BLK 408 JURONG WEST ST 42 CAR PARK AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB253J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH CHEE KHIANG STEVEN
NRIC No	S7419335H
Email Address	STEVEN.FORKLIFT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97349964
Alternative Phone No	OFFICE-97349964
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	WISH-1.8 X (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MV002787-R03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LOH CHEE KHIANG STEVEN
NRIC No	S7419335H
Date Of Birth	09/06/1974
Occupation	INDOOR
Date Of Driving Pass	31/03/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97349964
Fax Number	
Contact Number	
Email Address	STEVEN.FORKLIFT@GMAIL.COM

Address BLK 408 JURONG WEST ST 42 #06-675 S640408

Postcode

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 - OPENING DOOR OF VEHICLE

Weather Conditions CLEAR

Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

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) 0

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HONG KAH SOUTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5648999 - FAX NO: 66655797

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER 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 GBB4842B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

**SKETCH PLAN**

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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.

Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name: **ANG HWEK KHEW**  
NRIC/FIN No: **S2768164H**

No. Of Passenger (Including Driver)

**SKETCH PLAN**



VEHICLE A: SLB253J  
VEHICLE B: GBB4842B

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT

**REMARKS**

REPORTING ONLY	X
OWN DAMAGED CLAIM	
THIRD PARTY CLAIM	

**REMARKS**

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

**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 Officer/Personnel's Signature  
Name: AKK HUI KE KUN  
NRIC/FIN No.: S17681644

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180310/2067

1 of 3

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-90  
SINGAPORE 640510  
Tel No: 1800-5648999

Report No. T/20180310/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2019 14:00	Video Report No.:	Station Diary No. 9
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## Informant's Particulars

Name of Informant: LOH CHEE KHIANG STEVEN			Address: APT BLK 408 JURONG WEST STREET 42 #08-675 SINGAPORE 640408	
ID Type / ID No.: NRIC NO / S7418335H			Contact No.: Home/Office: Mobile: 87349964	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 09/06/1974	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information Class: 3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/03/2019 14:40	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 42 near to blk 408 Carpark, Lot 13			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB4842B	Van					0
SLB253J	Car	TOYOTA	WISH 1.8X A White		Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLB253J	TOKIO MARINE INSURANCE SINGAPORE LTD	MV002787	24/03/2016	23/03/2020

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190310/2087

Police Station Of Origin  
Hong Kah South NPP  
510 Jurong West Street 52 #01-60  
SINGAPORE 640610  
Tel No: 1800-5648309

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Report No: T/20190310/2087

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LOH CHEE KHANG STEVEN	ID No.	S7419335H
Related Vehicle	SLB253J (Car)	Contact No.	97348954
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

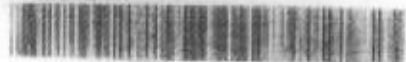
### Brief Details.

On 09/03/2019 at about 1700hrs, I discovered a slight scratch and dent on my driver side door and side view mirror. I reviewed my in-car camera and discovered that on the same day at about 1420hrs, a van (GBB4842B) parked beside my car in a No Parking zone and hit onto my car after parking. There's no note left behind by the driver. My in-car camera had captured the incident and I have saved the footage. This is the first time such incident happened and I am lodging this report for Police follow up.

Police Report



SINGAPORE  
POLICE FORCE



T/201903102087

Police Station Of Origin:  
Hong Kah South NPP  
510 Jurong West Street 52 #01-80  
SINGAPORE 640810  
Tel No: 1800-5548999

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Report No: T/201903102087

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:  
J /

Sgt 2 MURAHMAD ADNAN BIN MOHAMED  
IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SSI GOH GEOK LYE  
Contact No: 65476146

Authentication Stamp:  
XPress

Signature Of Informant:

Date/Time:  
10/03/2019 14:00

Classification Of Case: