

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	18/05/2020 16:11
Date Of Accident	17/05/2020 19:20
Exact Location Of Accident	HOU GANG STREET 61
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9608C
Insured/Policyholder	
Name Of Registered Owner	LOY HWEE WANG
NRIC No	SXXXX810G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96671090
Alternative Phone No	OTHERS-96671090

Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6(A) EX
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

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00728888
Cover Note Number	

Driver

Name of Driver	LOY JUN WEI, ALVIN
NRIC No	SXXXX194J
Date Of Birth	30/12/1997
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81833988
Fax Number	
Contact Number	
E Mail Address	ALVIN_108@HOTMAIL.SG

Address	APT BLK 407 SERANGOON AVENUE 1 #12-83
Postcode	550407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER/ SON
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : PAX 1 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 - SINGAPORE CITY
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 THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SMF4853T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 LOY JUN WEI,ALVIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMF9608C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan #2

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:
NRIC/FIN No.:

Identification Card (OWNER)



Driving License & NRIC (DRIVER)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9747194J



Name
LOY JUN WEI, ALVIN



黎俊伟

Race
CHINESE

Date of birth
30-12-1997

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S9747194J

LOY JUN WEI ALVIN

Birth Date: 30 Dec 1997

Issue Date: 22 Mar 2017



002668303B

4852705



NRIC No: S9747194J



Date of issue
10-04-2012

Address
APT BLK 407 SERANGOON AVENUE 1
#12-83
SINGAPORE 550407



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	22 Mar 2017

NP 426A

License No: S9747194J



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200518/7013

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

1 of 3

Report No. T/20200518/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2020 15:30		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LOY JUN WEI, ALVIN		Address: APT BLK 407 SERANGOON AVENUE 1 #12-83 SINGAPORE 550407	
ID Type / ID No.: NRIC NO / S9747194J		Contact No.: Home/Office:	Mobile: 81833988
Nationality: SINGAPORE CITIZEN		Email: alvin_108@hotmail.sg	
Sex: Male	Age: 22	Date of Birth: 30/12/1997	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2020 07:20	Type of Location: Straight Road
Location: HOUGANG STREET 61				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMF4853T	Car	HYUNDAI			Slightly Damaged	0
SMF9608C	Car	KIA	CERATO FORTE		Slightly Damaged	1

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200518/7013

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

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Report No. T/20200518/7013

CONTINUATION OF REPORT

Passenger			
Name	JOEY HO CHU YI	ID No.	S9808942Z
Related Vehicle	SMF9608C (Car)	Contact No.	94785508
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2020	Date Discharge	18/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LOY JUN WEI, ALVIN	ID No.	S9747194J
Related Vehicle	SMF9608C (Car)	Contact No.	81833988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2020	Date Discharge	18/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME AND DATE,
I WAS DRIVING ON MY VEHICLE BEARING CARPLATE NUMBER SMF9608C ON HOUGANG ST 61.
BEFORE ENTERING TO THE CARPARK OF BLK 682 HOUGANG, I SLOW DOWN AND CAME TO A
STOP EVENTUALLY, SHORTLY AFTER I FELT AN IMPACT FROM THE REAR. I ALIGHTED TO
REALISE THAT VEHICLE B BEARING CARPLATE NUMBER SMF4853T HAD REAR ENDED MY
VEHICLE. I FELT UNWELL AND CONSULTED A DOCTOR AFTERWARDS WHICH I WAS THEN
GIVEN A INITIAL 3 DAYS MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200518/7013

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

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Report No. T/20200518/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 18/05/2020 15:30
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

