

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	21/09/2020 14:19
Date Of Accident	19/09/2020 15:35
Exact Location Of Accident	AYE TOWARDS JURONG (BEFORE NORMANTON EXI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9362S
Insured/Policyholder	
Name Of Registered Owner	LOO YONG KEONG, TERENCE
NRIC No	SXXXX360C
Email Address	LYKTERENCE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97689355
Alternative Phone No	OFFICE-97689355

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT

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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10262618R00
Cover Note Number	19/10/2019-18/10/2020

Driver

Name of Driver	LOO YONG KEONG, TERENCE
NRIC No	SXXXX360C
Date Of Birth	08/02/1985
Occupation	INDOOR
Date Of Driving Pass	27/09/2004
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97689355
Fax Number	
Contact Number	OFFICE-97689355
Email Address	LYKTERENCE@GMAIL.COM

Address BLK 22 GHIM MOH LINK #15-210
Postcode 271022
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident CHAIN COLLISION
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 3
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) 3
Passenger 1
NAME: : THEA LOO
GENDER: : FEMALE
Passenger 2
NAME: : TAMMY LEONG
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name DOVER NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN

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 GBC3950Z
Vehicle Make/Model/Colour NISSAN NV 200
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver WANG DI

NRIC/Passport Number GXXXX942U
Contact Number 82335234
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2:

Vehicle Registration Number SKS2113P
Vehicle Make/Model/Colour MERCEDES BENZ E200
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TEO CHIN TAM
NRIC/Passport Number SXXXX177F
Contact Number 96685313
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name TAMMY LEONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLG9362S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2:

Name THEA LOO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLG9362S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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: Patricia Annam
NRIC/FIN No.:

Accident Sketch Plan Pg. 2

SKETCH PLAN

AYE

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

A- SLG 9862S C - SRS 11B P
B - GBC 3A80 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Important: You have 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 MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim OD / TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: P. Kesavan. Ann
Nric/Fin No.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999



T/20200920/2092

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Report No. T/20200920/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2020 21:02	Vide Report No.	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LOO YONG KEONG, TERENCE	Address: APT BLK 22 GHIM MOH LINK #15-210 SINGAPORE 271022
ID Type / ID No.: NRIC NO / S8503360C	Contact No.: Home/Office: Mobile: 97689355
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 35 Date of Birth: 08/02/1985	Type of Informant: Driver
Race: Chinese	Language: English Institution / School Name:
Occupation: Admin	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2020 15:35	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
GBC3950Z	Van				Slightly Damaged	0
SKS2113P	Car				Seriously Damaged	0
SLG9362S	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5 SP. 6EAT	Silver	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20200920/2092

Police Station Of Origin:
Dover NPP

3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20200920/2092

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG9362S	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10262618R00	19/10/2019	18/10/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	Wang Di	ID No.	G3363942U	
Related Vehicle	GBC3950Z (Van)	Contact No.	82335234	
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	Teo Chin Tam	ID No.	S1050177F	
Related Vehicle	SKS2113P (Car)	Contact No.	96685313	
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	LOO YONG KEONG, REFERENCE	ID No.	S8503360C	
Related Vehicle	SLG9362S (Car)	Contact No.	97689355	
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	



SINGAPORE
POLICE FORCE



T/20200920/2092

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20200920/2092

CONTINUATION OF REPORT

Brief Details.

On the 19/09/2020 @ 1535hrs while I was driving along the said location, travelling along the first lane, as there are plant pruning along lane 1, and I was travelling along lane 2, and suddenly the rear van and car collided onto my vehicle. After exchanging the particulars, I rushed off to send my wife and baby to NUH for treatment. Also, I wish to inform that the third car, there are passengers inside the car, but I am not sure how many are there and I saw at least one passenger was injured.



SINGAPORE
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T/20200920/2092

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Report No. T/20200920/2092

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:
D /
Staff Sgt YIP KUM HOONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No: 65476204



Signature Of Informant:

Date/Time:
20/09/2020 21:02

Classification Of Case: