

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 Submission 26/01/2021 11:21 (SGT)
Date of Accident 25/01/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information FUSIONOPOLIS LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN4874P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KAN YUET MEI AMY
NRIC No S1293902G
Email Address AMYKANYM@YAHOO.COM.SG
Mobile Phone No (Phone) +65-94885798
Alternative Phone No +65-94885798

VEHICLE PARTICULARS

Manufacturer Mercedes
Model B180
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100376358-06
Cover Note Number -

DRIVER

Name of Driver LOH JING LOONG, MOSES
NRIC No S9334186D
Date Of Birth 09/09/1993
Occupation Indoor

Date Of Driving Pass	21/02/2014
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92711068
Alt. Phone Number	-
Email Address	AMYKANYM@YAHOO.COM.SG
Address	7 ONE NORTH GATEWAY #05-01
Address complement	-
Postcode	138642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210125/2123. TOA PAYOH NPC.

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	GBG2479D
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SIM ANG PHOW

Contact Number	(Phone) +65-90211811
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH JING LOONG, MOSES
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN4874P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

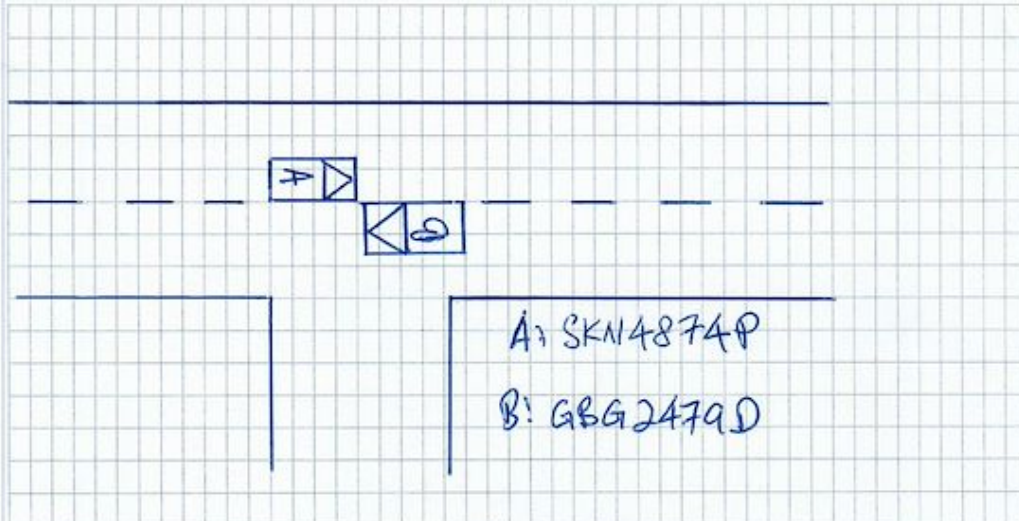
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarrage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20210125/2123

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

Cycle & Carriage Industries Pte Ltd

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's
Name:

Version 1.3 | Updated 02 DEC 2020



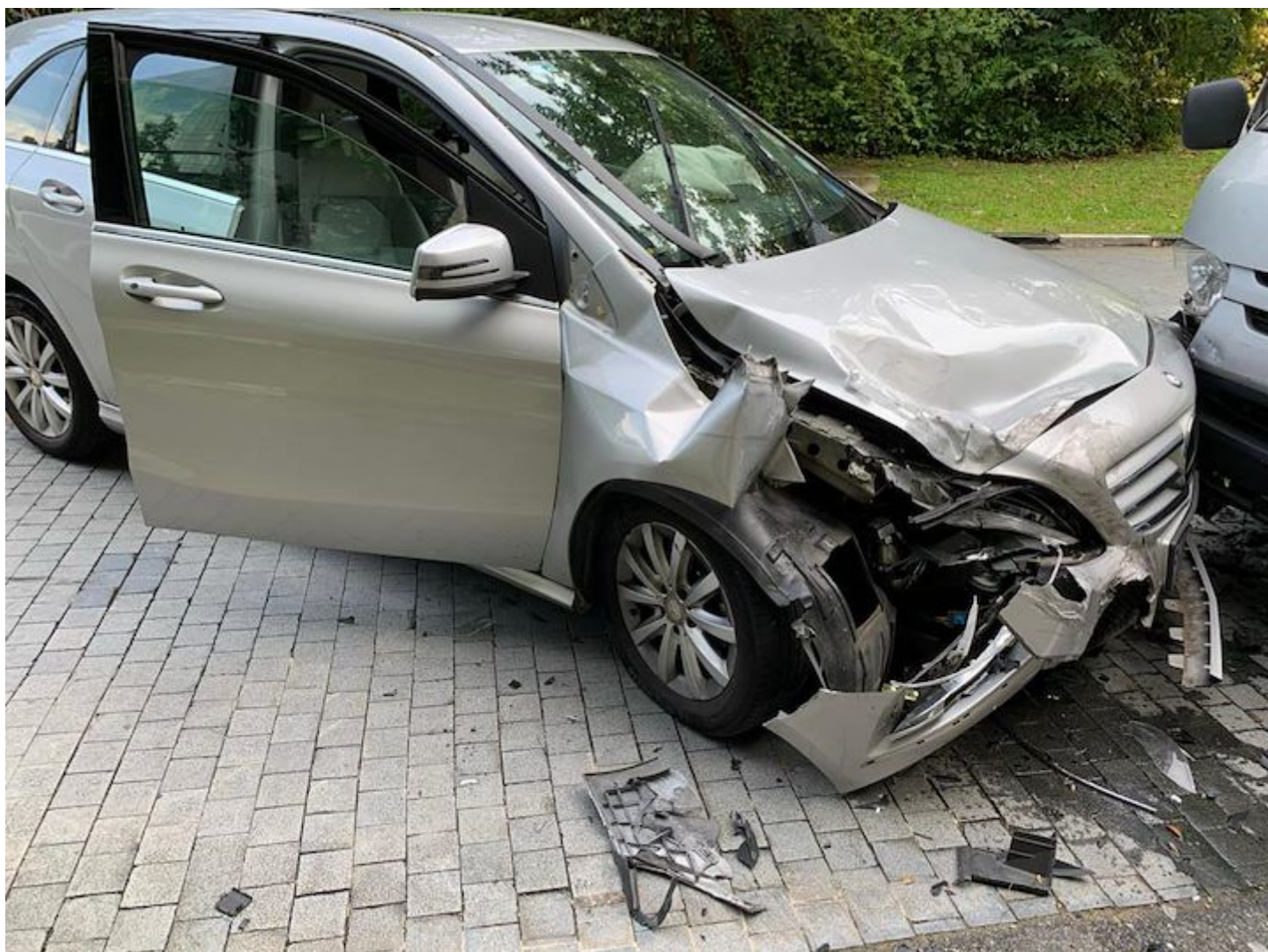






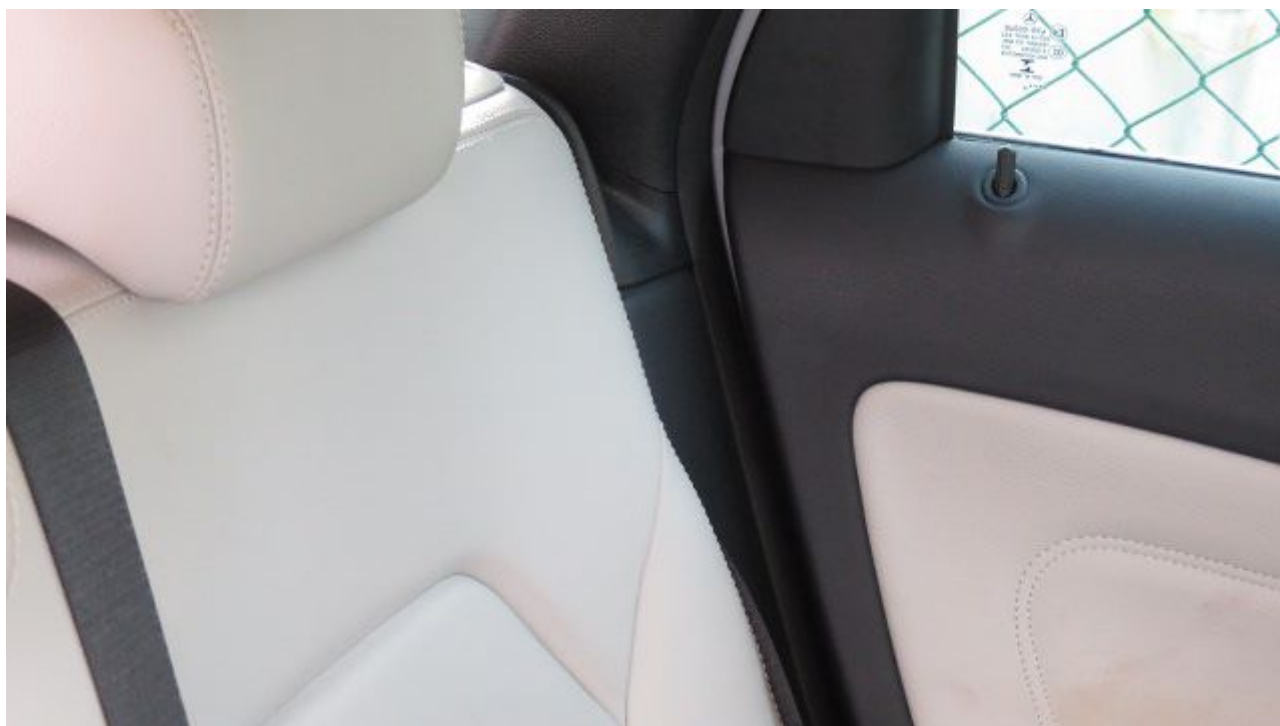


















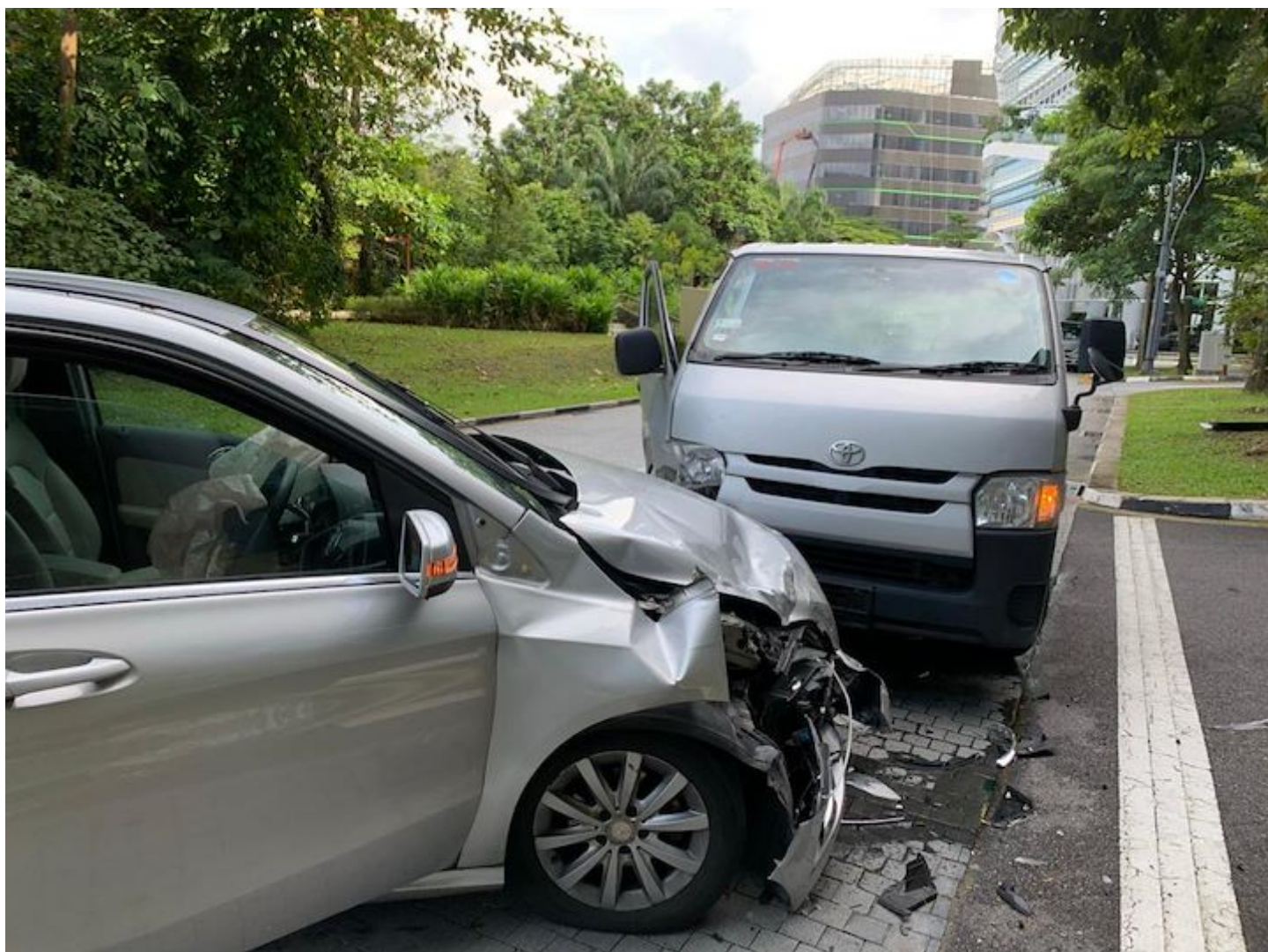


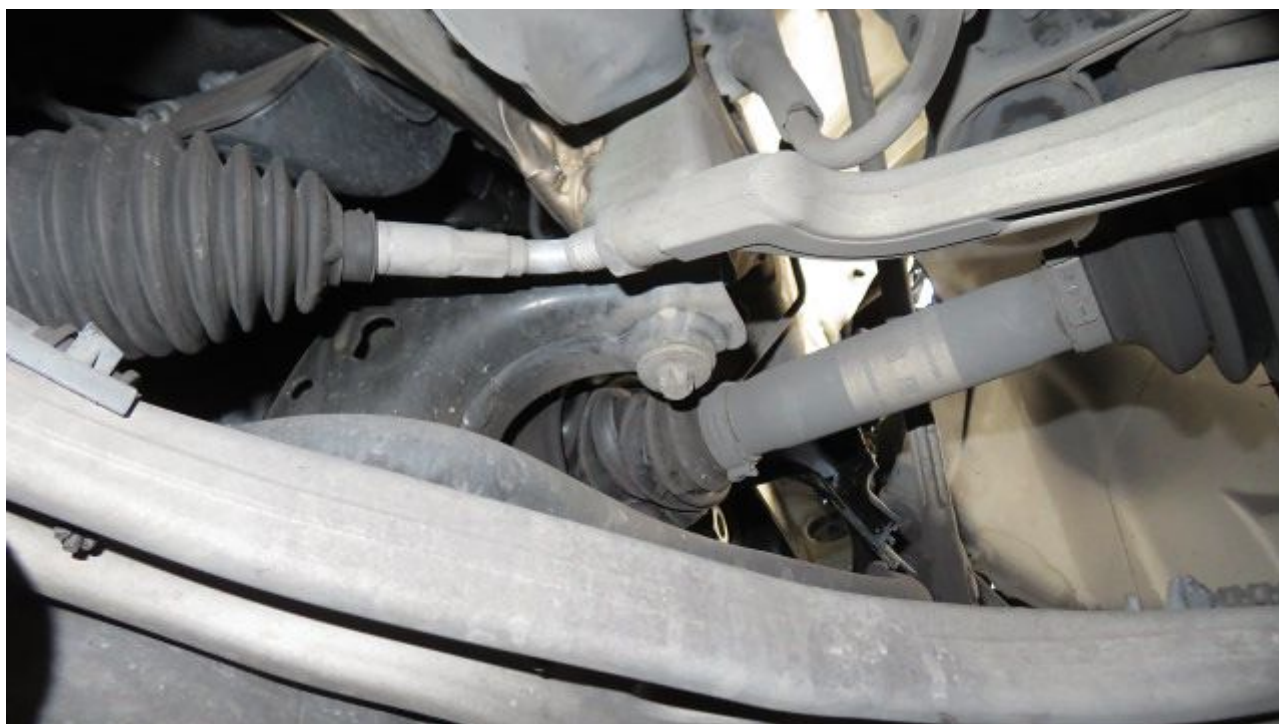




















**SINGAPORE
POLICE FORCE**



T/20210125/2123

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20210125/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2021 20:56	Vide Report No.:	Station Diary No.: 112
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Informant's Particulars			
Name of Informant: LOH JING LOONG, MOSES		Address: 7 ONE-NORTH GATEWAY #05-01 SINGAPORE 138642	
ID Type / ID No.: NRIC NO / S9334186D		Contact No.: Home/Office: Mobile: 92711068	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 09/09/1993	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DOCTOR		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: 25/01/2021 16:45	Type of Location: Straight Road
Location: FUSIONOPOLIS LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG2479D	Van	TOYOTA	HIACE 3.0 DX AUTO		Slightly Damaged	0
SKN4874P	Car	MERCEDES BENZ	B180 (R16 BI)		Seriously Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20210125/2123

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20210125/2123

CONTINUATION OF REPORT

Driver			
Name	SIM ANG PHOW	ID No.	S1372703A
Related Vehicle	GBG2479D (Van)	Contact No.	90211811
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 JING LOONG, MOSES	ID No.	S9334186D
Related Vehicle	SKN4874P (Car)	Contact No.	92711068
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 25/01/2021 at about 1645hrs, I was driving my car (SKN4874P) along Fusionopolis Link and it was a two way road. While driving along the road I suddenly spotted a van (GBG2479D) approaching me on his side of the lane. As I felt that the right side of my vehicle was too near to the van and I fear that we may collide, I braked immediately but I realized we were still going to collide so I swerved to the right to prevent him from hitting me head on. This resulted in my front bumper and front right headlight to be smashed in. The rightside of my windscreen also suffered a minor crack. The van itself had minor damages on its front right bumper. We then came out of the vehicle and exchanged particulars and made sure everyone was okay. I myself then proceeded to UNIHEALTH clinic and they assessed me to have seatbelt abrasion along with neck pain and injuries to my wrist and finger. I was then issued with a 3-day MC.

I wish to state that I have no In-Car camera catching footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20210125/2123

Police Station Of Origin:
Toa Payoh N.P.C
33 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20210125/2123

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 DANIAL BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2021 20:56

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:



SN 168

UNIHEALTH 24-HR CLINIC (TOA PAYOH)
178 TOA PAYOH CENTRAL #01-218 , SINGAPORE 310178
Tel1: 62031639 Fax: 62549938

Medical Certificate

Date : 25 Jan 2021


MC No. : 0000092451

This is to certify that :

Name : LOH JING LOONG, MOSES

NRIC : S9334186D

is Unfit for Duty for 3 days
from 25 Jan 2021 to 27 Jan 2021 inclusive.


DR DANIEL SOONG
MBBS SINGAPORE

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*