

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 27/09/2021 15:36 (SGT)
Date of Accident 26/09/2021 00:45 (SGT)
Exact Location of Accident Changi Coast Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMA5637X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH KIENG YONG
NRIC No S7174305E
Email Address kentloh6499k@gmail.com
Mobile Phone No (Phone) +65-98637182
Alternative Phone No +65-98637182

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0002723-02
Cover Note Number -

DRIVER

Name of Driver LOH KIENG YONG
NRIC No S7174305E

Date Of Birth	27/08/1971
Occupation	Indoor
Date Of Driving Pass	03/01/2000
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98637182
Alt. Phone Number	+65-98637182
Email Address	kentloh6499k@gmail.com
Address	BLK 504 CHOA CHU KANG STREET 51 #05-169
Address complement	-
Postcode	680504
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HUANG JIARONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210926/2008.

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	SJK8827C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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:

27/8ep/2021
1124hr

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

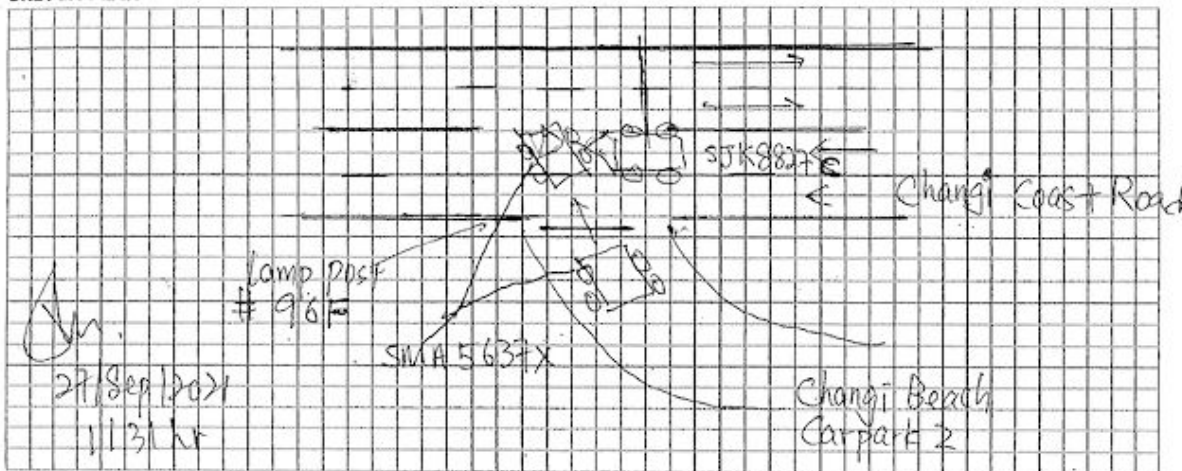
27/8ep/2021
1124hr

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report number T/20210926/2008

An.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

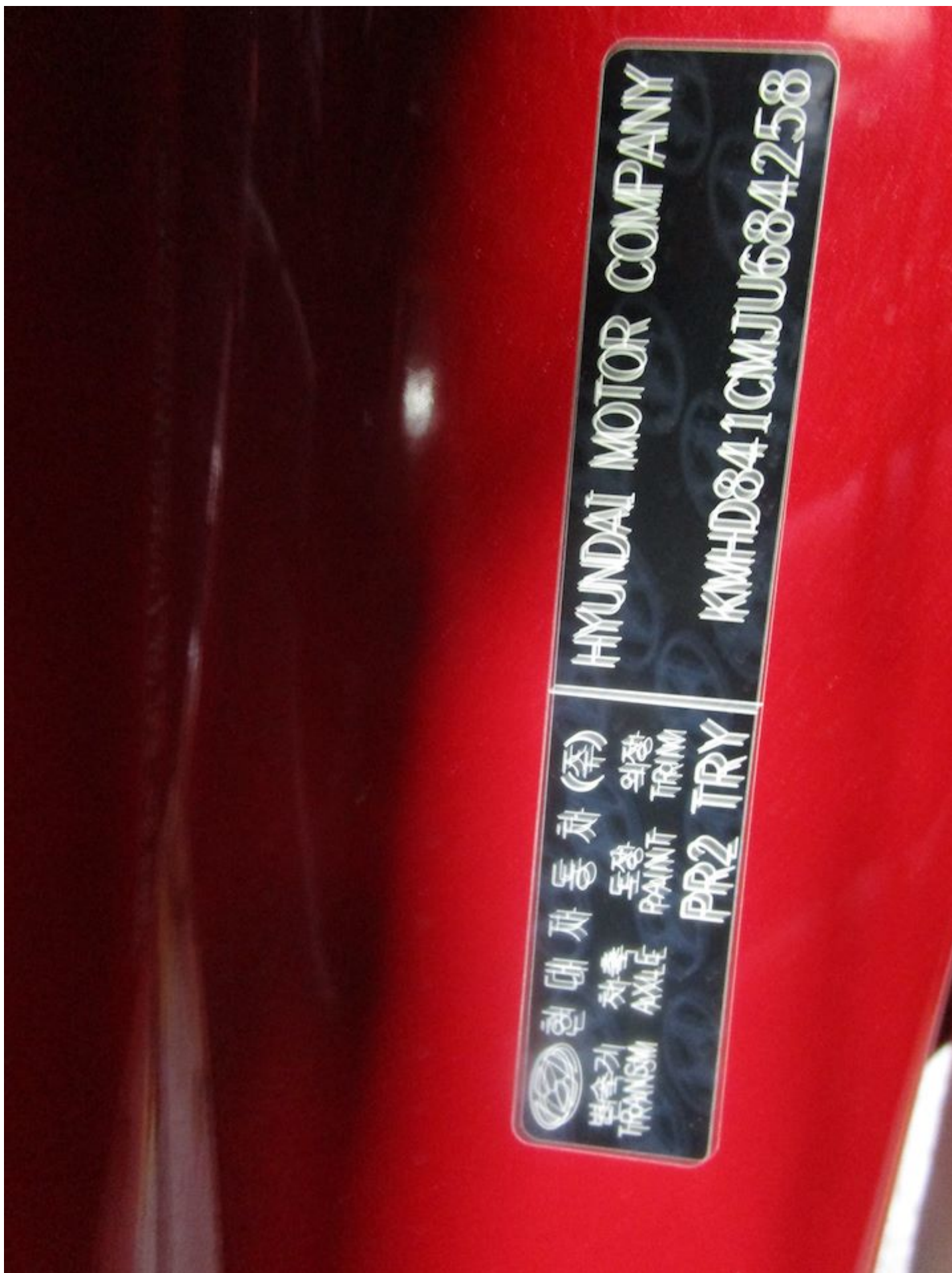
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

blawel2088@yahoo.com.sg

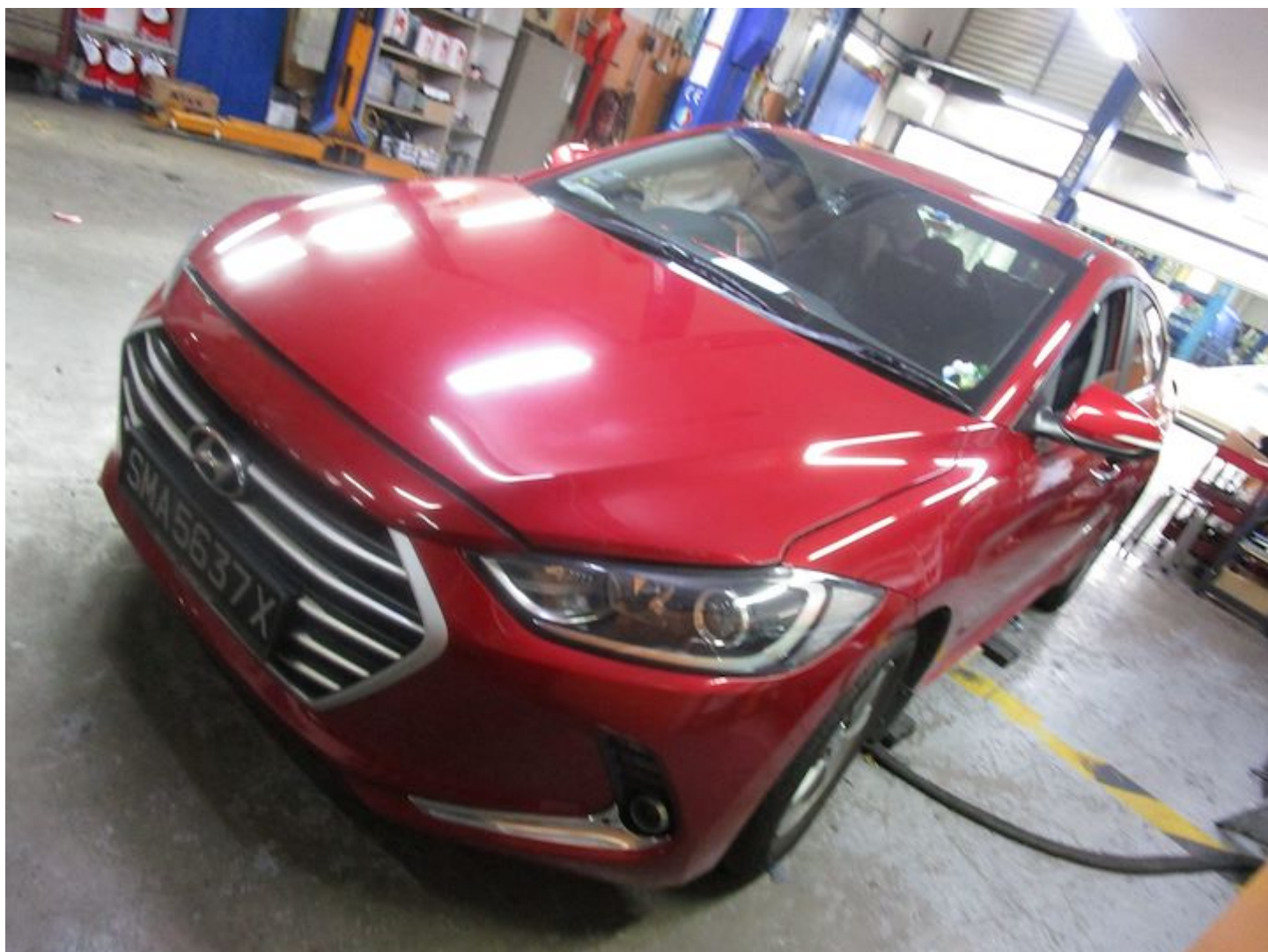
I HEREBY AUTHORISE SMC MOTOR PTE L
TO SEND MY ACCIDENT REPORT TO
BLUWEL AUTOMOTIVE SERVICE P/L BY
FAX 68412088
SIGNATURE:

















**SINGAPORE
POLICE FORCE**



T/20210926/2008

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210926/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2021 09:39	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: LOH KIENG YONG	Address: APT BLK 504 CHOA CHU KANG STREET 51 #05-169 SINGAPORE 680504		
ID Type / ID No.: NRIC NO / S7174305E	Contact No.: Home/Office: Mobile: 98637182		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 50	Date of Birth: 27/08/1971	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: ENGINEER	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/09/2021 00:45	Type of Location: Car Park
Location: CHANGI COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK8827C	Car				Seriously Damaged	0
SMA5637X	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210926/2008

Police Station Of Origin:
Choa Chu Kang N.P.C
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SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20210926/2008

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5637X	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002723_02	13/06/2021	12/06/2022

Brief Details.

On the above mentioned date and time, I was exiting from Changi Beach carpark two and intend to turn right toward Changi village. I did stop and check my surrounding before making a right turn from the carpark. However i saw a vehicle driving toward me from both direction however there is sufficient time for me to make the right turn. while turning, suddenly the black honda stream collided onto my front right side bumper and my car airbag was activated.

Subsequently, TP and Ambulance was at scene and the black honda stream driver was conveyed to the hospital. TP seize my in car camera SD CARD and advised to lodge a police report.

My car front right bumper was damaged due to the accident.

I wish to inform that i did not heard any horn prior to the accident and this report is for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20210926/2008

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20210926/2008

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 ALAN YAP PENG KWEE



SINGAPORE
POLICE FORCE
CERTIFICATION VERIFIED

Signature Of Interpreter:

Not applicable

SIGNATURE

Signature Of Informant:

Date/Time:

26/09/2021 09:39

Officer In Charge Of Case:

TP / GIT /

Staff Sgt ROIZMAN BIN MOHAMED POSARI

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20210926/2010

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20210926/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2021 09:54		Vide Report No.: T/20210926/2008		Station Diary No.: 32	
Informant's Particulars					
Name of Informant: LOH KIENG YONG			Address: 504 CHOA CHU KANG STREET 51 #05-169 SINGAPORE 680504		
ID Type / ID No.: NRIC NO / S7174305E			Contact No.: Home/Office: Mobile: 98637182		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 27/08/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER.			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/09/2021 00:45	Type of Location:
Location: CHANGI COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Brief Details.

I like to make a amendment to the following details,

My car front right bumper, right driver door and right passenger door was damaged due to the accident.

I wish to state that the accident site is near LP 96F.

The rest of the information remained unchanged



**SINGAPORE
POLICE FORCE**



T/20210926/2010

Police Station Of Origin:
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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20210926/2010

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210926/2010

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SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20210926/2010

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.

<p>Signature of Officer Recording The Report J / Sgt 2 ALAN YAP PENG KWEE</p> <p>Signature Of Interpreter: Not applicable</p> <p>SIGNATURE</p>	<p>Signature Of Informant:</p> <p>Date/Time: 26/09/2021 09:54</p>
<p>Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131</p> <p>Authentication Stamp NP168</p>	<p>Classification Of Case:</p>



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987047/92R | GST Reg. No. MZ0473886-X
 6-1 | Cecil Street | #04 | 0402 | 10th Building | Singapore 049311
 Office: (65) 63376180 Email: insure@ii.com.sg
 Fax: (65) 62241171 Website: www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MPC0002723_02	COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle : SMA5637X Chassis No : KMHD841CMJU684258	
2. Name of Policyholder : LOH KIENG YONG	
3. Effective date of Insurance : 13 Jun 2021	
4. Expiry date of Insurance : 12 Jun 2022	
5. Persons or Classes of Persons entitled to drive*	
(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner. (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle	
6. Limitations as to use*	
Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	
Insured and Named Drivers Excess Sect I: SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00 Hire Purchase Company : Maybank	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.	
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
Agent/Broker : A000029/DQ INSURE Date of Issue : 21/05/2021 16:17:09 MX1-Private Car (Insured Driving)	For India International Insurance Pte Ltd Authorised Signatory