

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	27/06/2022 19:13 (SGT)
Reported by	Both
Date of Accident	26/06/2022 18:15 (SGT)
Exact Location of Accident	Sing Ave, Singapore
Additional Location Information	SING AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX4711L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH YIN FON
NRIC No	S7247319A
Email Address	JASONLOH22@GMAIL.COM
Mobile Phone No	(Phone) +65-98387272
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10516446R01

DRIVER

Name of Driver	LOH YIN FON
NRIC No	S7247319A
Date Of Birth	19/12/1972
Occupation	Indoor

Date Of Driving Pass	03/06/1993
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-98387272
Alt. Phone Number	-
Email Address	JASONLOH22@GMAIL.COM
Address	101 MERGUI ROAD #23-02
Address complement	-
Postcode	219067
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	alicia neo wee ling
Gender	Female

PASSENGER 2

Name	JULIUS LOH YIKAI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Reasons for not uploading a video of the accident SD CARD IS WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

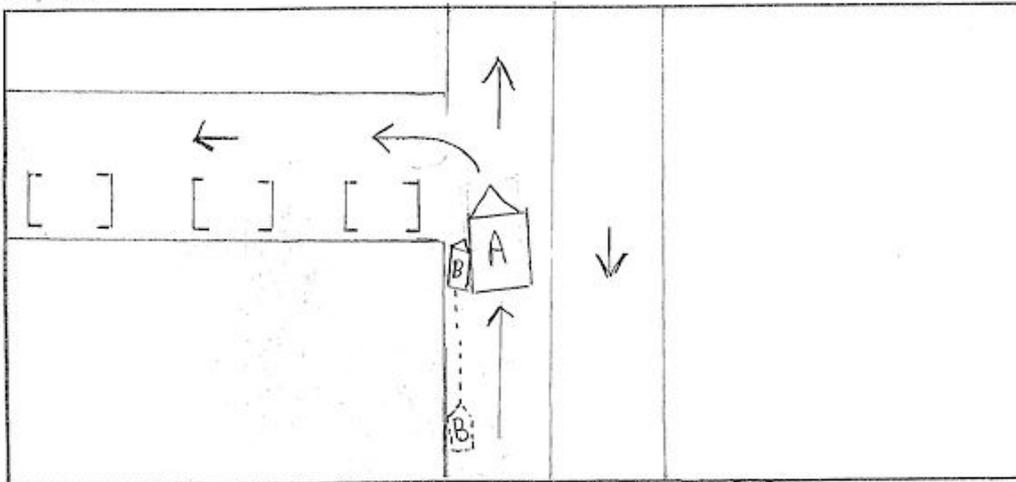
Vehicle Registration Number	FL538G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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.

Sketch Plan



[Handwritten Signature]

Policyholder's Signature / Date & Time

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

[Handwritten Signature] 27/06/2022

Witnessed by Reporting Centre Personnel

AN LIU MOTOR COMPANY

Date of accident: 26/06/2022 Time: 6.15 pm Location: Sing Ave
My Vehicle A: SLX 4711L Vehicle B: FLS38G Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

Refer to sketch plan and police report

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

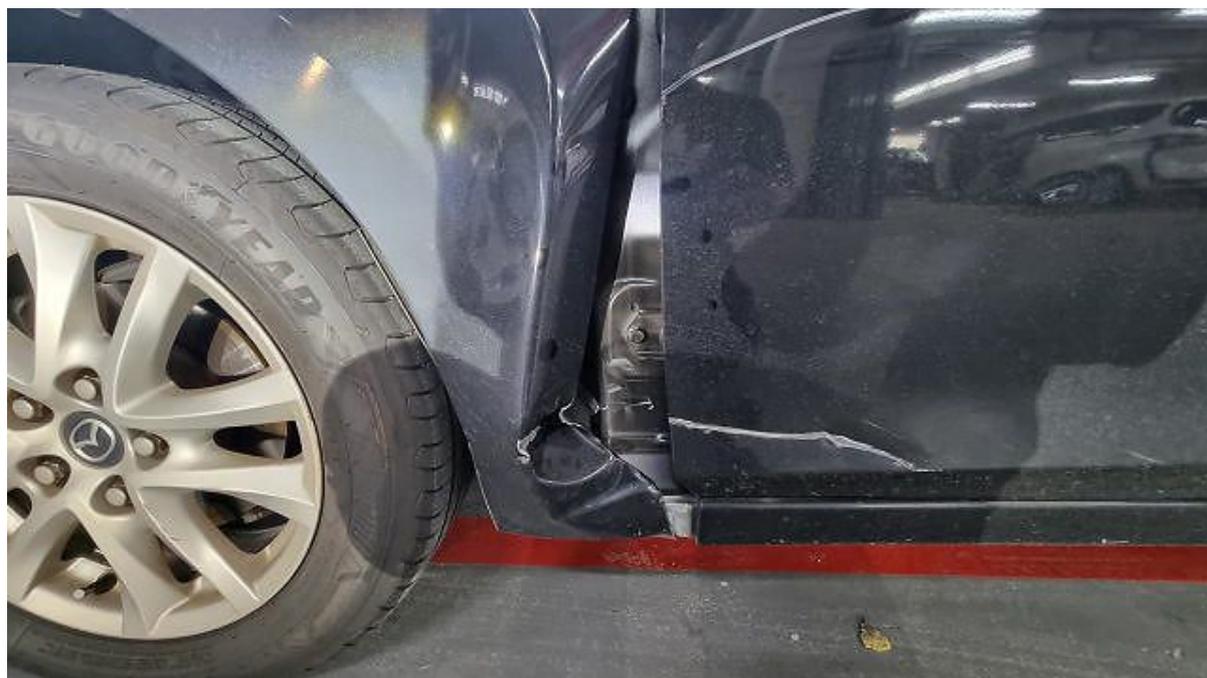
Driver's Signature (if driver is not the policyholder) / Date & Time

  27/06/2022
Witnessed By Reporting Centre Personnel

AHLIMOTOR.COM.PY

















**SINGAPORE
POLICE FORCE**



T/20220627/2000

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3
Report No. T/20220627/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2022 00:02	Vide Report No.: A/20220626/0142	Station Diary No.: 1
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Informant's Particulars

Name of Informant: LOH YIN FON			Address: 101 MERGUI ROAD #23-02 SINGAPORE 219067		
ID Type / ID No.: NRIC NO / S7247319A			Contact No.: Home/Office: Mobile: 98387272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 19/12/1972	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: ADMINISTRATOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2022 18:15	Type of Location: Straight Road
Location: RANGOON ROAD				
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 To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL538G	Motorcycle			Maroon	Slightly Damaged	0
SLX4711L	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX4711L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10516446R01	28/03/2022	27/03/2023



**SINGAPORE
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T/20220627/2000

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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20220627/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LOH YIN FON	ID No.	S7247319A
Related Vehicle	SLX4711L (Car)	Contact No.	98387272
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

Brief Details.

On the 26/06/2022 at about 1815hrs, I was driving my vehicle (SLX4711L) along Rangoon Road towards Kitchener Road. When I wanted to make left turn at Sing Ave, I suddenly saw a motorcycle (FL538G) via my left side mirror which was coming very close to my vehicle. I was not able to stop in time, thus causing a collision. The motorcycle had hit the left front side of my car. The rider was injured and was conveyed via Ambulance, and Traffic Police attended to me (A/20220626/0142). The accident cause a dent on the left side of my vehicle, and the left front passenger door is slightly dislodged. I am not injured due to the accident.



**SINGAPORE
POLICE FORCE**



T/20220627/2000

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20220627/2000

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: A / SGT 2 Muhammad Yazid Bin Abdul Latiff	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2022 00:02
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:

NP168

