

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 22/07/2022 15:34 (SGT)
Reported by Both
Date of Accident 22/07/2022 12:54 (SGT)
Exact Location of Accident Bukit Panjang, Singapore
Additional Location Information BUKIT PANJANG ROAD FILTER LANE TO BUKIT PANJANG RING ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG1343M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH CHEE GUAN FRANCIS
NRIC No SXXXX871H
Email Address JEREMY.LOHWZ@GMAIL.COM
Mobile Phone No (Phone) +65-98502101
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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 AXA Insurance Pte Ltd
Policy Number / Cover Note Number GA597163/1

DRIVER

Name of Driver LOH WEI ZHI, JEREMY
NRIC No SXXXX959I
Date Of Birth 11/04/1993

Occupation	Indoor
Date Of Driving Pass	14/03/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90020761
Alt. Phone Number	-
Email Address	JEREMY.LOHWZ@GMAIL.COM
Address	BLK 216 JURONG EAST STREET 21 #04-503
Address complement	-
Postcode	600216
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?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FD6997S
Vehicle Manufacturer	Yamaha

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN MOTORCYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CLAIMED BACK PAIN
Injured person in which vehicle?	FD6997S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

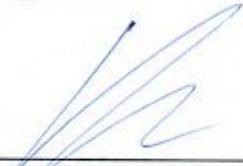
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

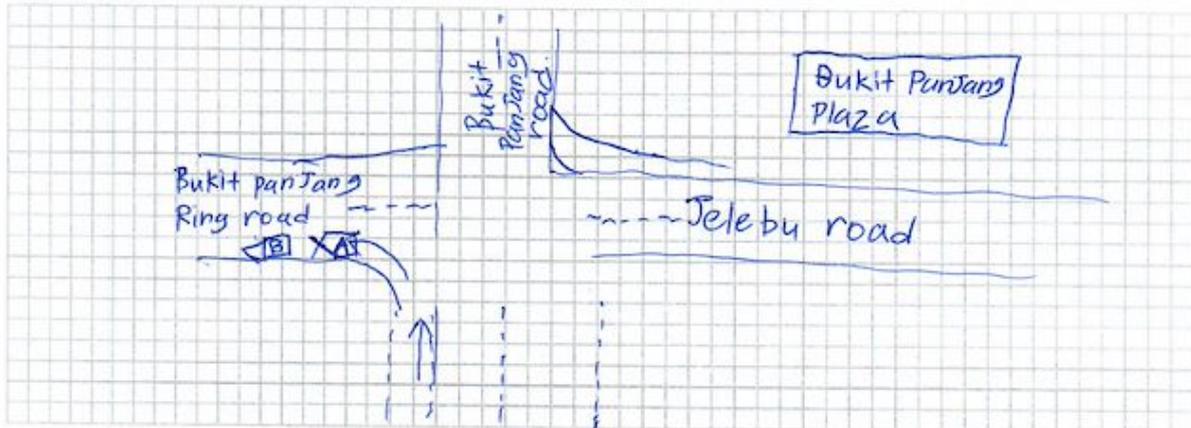
Jimmy 22-07-2022 2:10 pm

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Minor accident at filter lane from Bukit Panjang road to Bukit Panjang ring road. Was about to stop at the filter lane due to on coming bus, and accidentally hit motorcyclist damage to front bumper left side. motorcyclist claims back pain and police was called, Police activated TP and ambulance, while waiting ambulance personnel checked ~~to~~ motorcyclist's blood oxygen level, blood pressure and temperature, after that motorcyclist was given the option to settle privately or go to the hospital and he chose to go to the hospital, and walked to the ambulance.

damages to his bike

- scratch tail pipe
- broken clutch handle left side
- bent back license plate.
- broken kickstand.

dash cam footage has been handed to TP

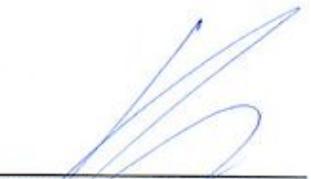
Police report has been made (T/20220722/2039)

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

 22-07-2022 2.26pm
 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

























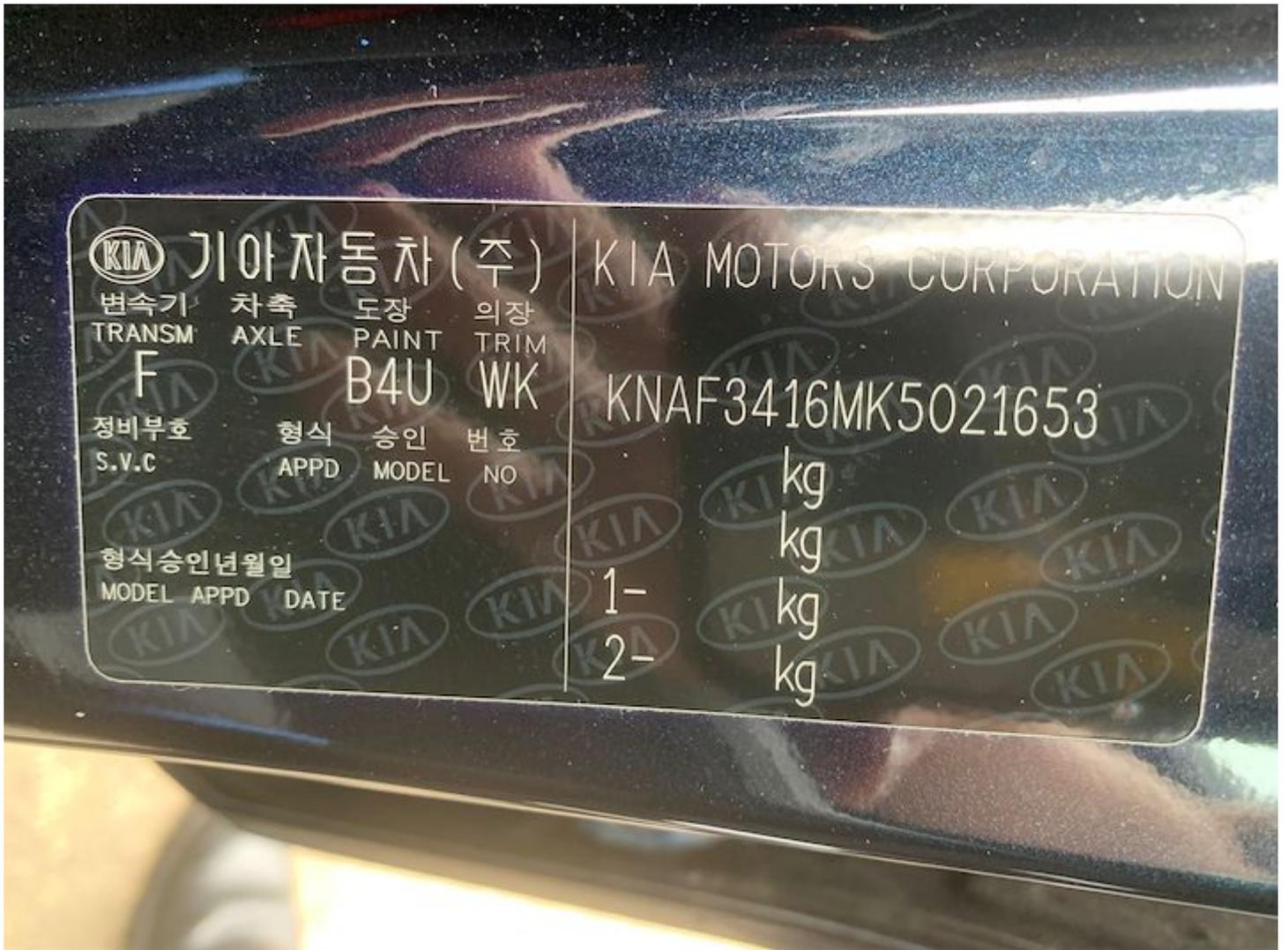

















**SINGAPORE
POLICE FORCE**


T/20220722/2039

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20220722/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 13:10	Vide Report No.: J/20220622/0054	Station Diary No.: 36
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Informant's Particulars			
Name of Informant: LOH WEI ZHI, JEREMY		Address: APT BLK 216 JURONG EAST STREET 21 #04-503 SINGAPORE 600216	
ID Type / ID No.: NRIC NO / S9314959I		Contact No.: Home/Office: Mobile: 90020761	
Nationality: SINGAPORE CITIZEN		Email: jeremy.lohwz@gmail.com	
Sex: Male	Age: 29	Date of Birth: 11/04/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		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: 22/07/2022 12:00	Type of Location: X-Junction
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FD6997S	Motorcycle				Slightly Damaged	0
SMG1343M	Car				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20220722/2039

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220722/2039

CONTINUATION OF REPORT

Driver			
Name	LOH WEI ZHI, JEREMY	ID No.	S9314959I
Related Vehicle	SMG1343M (Car)	Contact No.	90020761
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 22/7/2022 at 1200hrs at Bukit Panjang Rd , I was driving my father Navy Blue Kia Cerato bearing number (SMG1343M) along Bukit Panjang Rd and was about to make a left turn at the filter lane towards Bukit Panjang Ring Rd when i accidentally hit onto the rear of the moving motorcycle Yamaha FZ-16 black and green in colour bearing number (FD6997S) . I did not suffer any injuries but my vehicle suffered scratches and also damages on the front left bumper . The rider suffered back injuries as informed by him and was being conveyed by the ambulance . The motorcycle suffered slight bent on the plate number , scratches on his motorcycle pipe , clutch lever broke and also side stand damage as informed by the rider . Traffic Police officer was at scene.
I wish to state that i do have in-car camera footage and i have given it to the Traffic Police Officer . I wish to state that i do not have the details of the rider and was unsure of the number of MC the rider was given .



**SINGAPORE
POLICE FORCE**



T/20220722/2039

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220722/2039

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 / SGT 2 MUHAMMAD FAHMI BIN ABDUL RAZAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2022 13:10
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:

NP168