

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 Actual 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 12/10/2022 15:57 (SGT)
Reported by Both
Date of Accident 12/10/2022 02:00 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information IN FRONT OF UNIT 254 UPPER THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ6279C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOY HWEE KIAT @WENDY LOY
NRIC No S0054517A
Email Address wendyloy258@gmail.com
Mobile Phone No (Phone) +65-97233348
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Getz
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1399

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/00693552/02

DRIVER

Name of Driver LOY HWEE KIAT @WENDY LOY
NRIC No S0054517A
Date Of Birth 20/01/1950
Occupation Indoor

Date Of Driving Pass	08/08/1975
Driving experience	47 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97233348
Alt. Phone Number	-
Email Address	wendyloy258@gmail.com
Address	258 UPPER THOMSON ROAD
Address complement	-
Postcode	574385
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	Collided into Parked Vehicle
Weather Conditions	AFTER RAIN
Road Surface	Wet

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)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB5456J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CLEMENT TSENG AN WEN
NRIC No	S9739309E
Contact Number	(Phone) +65-98761524
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Insurer: Direct
Asia

Vehicle: SJ 6279C

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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 be 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 be 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 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

25C + 11:00	75C + 11:00	95C + 11:00	85C M/House + 11:00	09C + 11:00
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer / Date & Time



Date of accident: 12/10/22 Time: 0200 am Location: Injrt of Unit 254 Upper Thomson Rd
 My Vehicle A: SU6279C Vehicle B: SNB 54503 Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

Refer to attach Police Report
 No: T/20221012/7040
 dd: 12/10/2022

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.

Vehicle: SU6279C

Policyholder's Signature / Date & Time

Signature 12/10/22

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

Witnessed by Reporting Personnel



Signature 12/10/22
 AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20221012/7040

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221012/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2022 15:04		Vide Report No.: E/20221012/0015		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOY HWEE KIAT			Address: 258 UPPER THOMSON ROAD SINGAPORE 574385		
ID Type / ID No.: NRIC NO / S0054517A			Contact No.: Home/Office: Mobile: 97233348		
Nationality: SINGAPORE CITIZEN			Email: WENDYLOY258@GMAIL.COM		
Sex: Female	Age: 72	Date of Birth: 20/01/1950	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2022 02:00	Type of Location: In front of unit 254 upper thomson rd
Location: UPPER THOMSON ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJJ6279C	Car	HYUNDAI	Getz		Totally Damaged	0
SNB5456J	Car					0



**SINGAPORE
POLICE FORCE**



T/20221012/7040

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221012/7040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJJ6279C	Direct asia	MT00693552/02	22/09/2022	21/09/2023
SNB5456J	AXA INSURANCE SINGAPORE PTE LTD	GA586711/1	15/10/2021	14/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LOY HWEE KIAT	ID No.	S0054517A
Related Vehicle	SJJ6279C (Car)	Contact No.	97233348
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	CLEMENT TSENG AN WEN	ID No.	S9739309E
Related Vehicle	SNB5456J (Car)	Contact No.	98761524
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

My vehicle was parked stationary outside of unit 254 at Upper Thomson Road. I heard a loud bang and woke up from my sleep. I went out of my unit and noticed SNB5456J collided into my vehicle. The impact was so huge that my vehicle flung past 2 units and ended up in the bushes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221012/7040

3 of 3

Report No. T/20221012/7040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHD SYARIFUDDIN MUHD AJMAIN
Contact No.: 65476367

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
12/10/2022 15:04

Classification Of Case: