

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 04/11/2022 15:08 (SGT)
Reported by Both
Date of Accident 03/11/2022 20:01 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIMS WAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS4896M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH CHEE KEONG VINC
NRIC No S7802486J
Email Address VINC@LIFESTYLEPLUSINTERIOR.COM
Mobile Phone No (Phone) +65-96172938
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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 1800

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D21MPC0006724-01

DRIVER

Name of Driver LOH CHEE KEONG VINC
NRIC No S7802486J
Date Of Birth 12/01/1978
Occupation Indoor

Date Of Driving Pass	20/10/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96172938
Alt. Phone Number	-
Email Address	VINC@LIFESTYLEPLUSINTERIOR.COM
Address	BLK 117 POTONG PASIR AVE 1 #02-1000
Address complement	-
Postcode	350119
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 - Change/cross lane
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	VAL
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2019J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	GOH CHEE HONG
NRIC No	S1495779J
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	LOH CHEE KEONG VINC
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS4896M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.

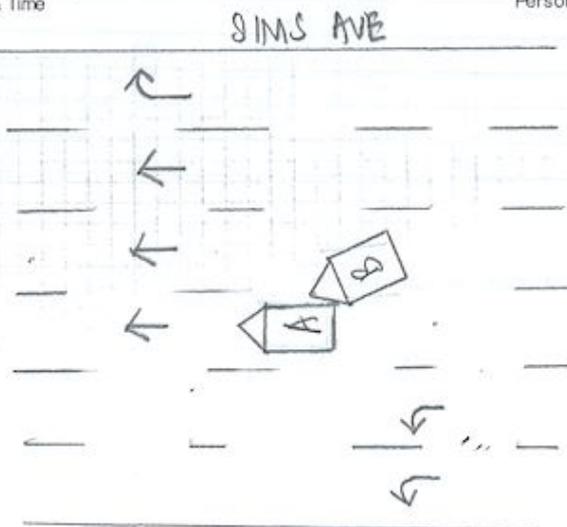


Policyholder's Signature / Date & Time
 [Signature] 04.11.22

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

My car was going straight and felt an impact on the right passenger side. Realized it was a contact cab that collided into my lane while the taxi driver was changing lane.
I have video footage of the accident.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date & Time
04-11-22

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

Witnessed by Reporting Centre Personnel









**SINGAPORE
POLICE FORCE**



T/20221104/2080

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20221104/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2022 17:19	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: LOH CHEE KEONG VINC		Address: APT BLK 237 BUKIT PANJANG RING ROAD #10-63 SINGAPORE 670237	
ID Type / ID No.: NRIC NO / S7802486J		Contact No.: Home/Office: Mobile: 96172938	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 12/01/1978	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Interior designer		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2022 20:00	Type of Location: Straight Road
Location: SIMS WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2019J		TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0
SLS4896M		TOYOTA	C-HR HYBRID 1.8S CVT	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221104/2080

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20221104/2080

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS4896M	INDIA INTERNATIONAL INSURANCE PTE LTD	D21MPC0006724_01	26/09/2022	25/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH CHEE KEONG VINC	ID No.	S7802486J
Related Vehicle	SLS4896M	Contact No.	96172938
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/11/2022	Date Discharge	04/11/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	GOH CHEE HONG	ID No.	S1495779J
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

On 03/11/2022, at about 2000hrs. I was driving (SLS4896M) with one of my passengers along Sims way towards PIE at the most left lane when a vehicle of blue comfort taxi (SHA2019J) had side swipe my right side of vehicle. We then stopped the car at the lane to exchange particular and took picture of the damages. No ambulance or police was at scene.

I wish to state that my one passenger had no injuries

The next day on 04/11/2022, when I woke up in the morning, I feel soreness around my neck and back area from the accident where I decided to see a doctor. I was given 5 days MC from 04/11/2022 - 08/11/2022.

I am lodging this report for record purpose.



**SINGAPORE
POLICE FORCE**



T/20221104/2080

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20221104/2080

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20221104/2080

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Report No. T/20221104/2080

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 1 Afiq Asy'ari Bin Mohamad Kamal 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/11/2022 17:19
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SF0F22B40005-01 Vehicle Registration No: SLS 4896M
 Name (as shown in NRIC): LOH CHEE KONG VIN NRIC/FIN/Passport No: S7802486J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 119 DOTONG PASIR AVE 1 #02-1000 Singapore (350119)
 Contact (Tel): _____ Mobile No.: 96172938
 Email Address: vinc@lifestyleplusinterior.com
 Date of Accident: 03-11-22 Time of Accident: 2001
 Place of Accident: SIMS WAY
 Insurance Company: INDIA INTERNATIONAL INSURANCE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. TO INCLUDE POLICE REPORT
2. TO AMEND NO INJURY TO YES
3. DRIVER HAS 5 DAYS MC

[Signature]
 Policyholder / Driver's Signature
 Date: 05-11-22

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

