

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	09/01/2023 17:41 (SGT)
Reported by	Both
Date of Accident	06/01/2023 19:00 (SGT)
Exact Location of Accident	7030 Ang Mo Kio Ave 5, Singapore 569880
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG1022H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH LAI YING
NRIC No	SXXXX642B
Email Address	DIANALOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97889122
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MT1118-R04

DRIVER

Name of Driver	LOH LAI YING
NRIC No	SXXXX642B
Date Of Birth	14/09/1967
Occupation	Indoor

Date Of Driving Pass	06/01/1993
Driving experience	30 YEARS
Gender	Female
Mobile Number	(Phone) +65-97889122
Alt. Phone Number	-
Email Address	DIANALOH@HOTMAIL.COM
Address	BLK 138C LORONG 1A TOA PAYOH
Address complement	#33-36
Postcode	313138
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 - Head on collision
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)	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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACHED

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	SLG8067B
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH LAI YING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	AS PER POLICE REPORT
Injured person in which vehicle?	SCG1022H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN


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6. The 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 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)

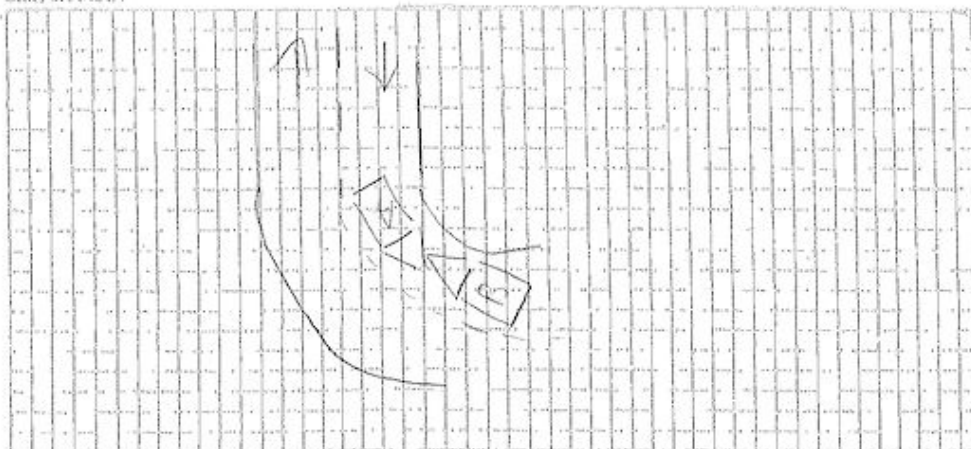
I understand, acknowledge, agree and consent that:

- (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:


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


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling within my lane;
vehicle B SLB 8067 B. go against traffic
and hit onto my vehicle.
My vehicle serious damage, air bag activate.
I got medical claim 3 Days M-C.
(Attach Singapore Police Report)

DECLARATION

(We declare the foregoing particulars are true in every respect.

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

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

























**SINGAPORE
POLICE FORCE**



1/20230107/2029

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 1
Report No: 1/20230107/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2023 12:44	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: LOH LAI YING		Address: APT BLK 138C LORONG 1A TOA PAYOH #33-35 SINGAPORE 313138	
ID Type / ID No.: NRIC NO / S1813642B		Contact No.: Home/Office: Mobile: 97889122	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 55	Date of Birth: 14/09/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: MANAGER		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: 06/01/2023 19:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 5				
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 On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCG1022H	Car	TOYOTA	CAMRY 2.0 AUTO	White	Seriously Damaged	0
SLG8067B	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Grey	Seriously Damaged	0

Details of Vehicle Insurance

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



1/20230107/2029

2 of 1

Police Station Of Origin
Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No. 1800 2519999

Report No. 1/20230107/2029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCG1022H	TOKIO MARINE INSURANCE SINGAPORE LTD.	MT111848	26/12/2018	27/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOH LAI YING		ID No.	S1813642B
Related Vehicle	SCG1022H (Car)		Contact No.	97889122
Hospital/Clinic	DR JEREMY CHAN MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/01/2023		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	ISKANDAR BIN ABDUL RANI		ID No.	S9040102E
Related Vehicle	SLG8067B (Car)		Contact No.	91281424
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 06/01/2022 at around 1900hrs, I was travelling down the circular ramp of Northstar @ AMK carpark in my vehicle (SCG1022H). When I was near the last turn of the ramp, I then saw a Grey Vehicle (SLG8067B) speeding towards my car from the exit lane of the carpark which I was on. The vehicle then collided into the left side of my vehicle. As a result, my airbag was deployed.

The security of the building then called for police as the grey vehicle has dashed through the barrier and hit the wall before colliding into my vehicle.

I then came out of my vehicle to took photos and take down the other party's particular before Traffic Police's arrival. My vehicle sustained damages on the front left side of the vehicle.

After the accident, I then went to consult a doctor and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



1/20/2019/02/02/9

Vol 1

Report No: 1/20/2019/02/02/9

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



1202301072029

1 of 1

Police Station Of Origin
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No 1800 2519399

Report No. 1202301072029

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 LER RONG XUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/01/2023 12:44

Officer In Charge Of Case:

TP / CIT /

SI MOHAMMAD ABDILLAH BIN PAUL

Contact No.: 65476246

Classification Of Case:

HP168