

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	15/03/2023 16:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/03/2023 08:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	175 Boon Lay Drive Open Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7398T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Loh Cheng Chwee
NRIC No	SXXXX240D
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1998

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZC00844

DRIVER

Name of Driver	Loh Cheng Chwee
NRIC No	SXXXX240D
Date Of Birth	26/10/1980
Occupation	Indoor

Date Of Driving Pass	12/10/2016
Driving experience	6 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92323494
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	Blk 175 Boon Lay Drive
Address complement	#10-346
Postcode	640175
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	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)	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	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 Police Report No. T/20230315/7020

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	Yes, with workshop.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1199Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-91691707
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.
6. **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

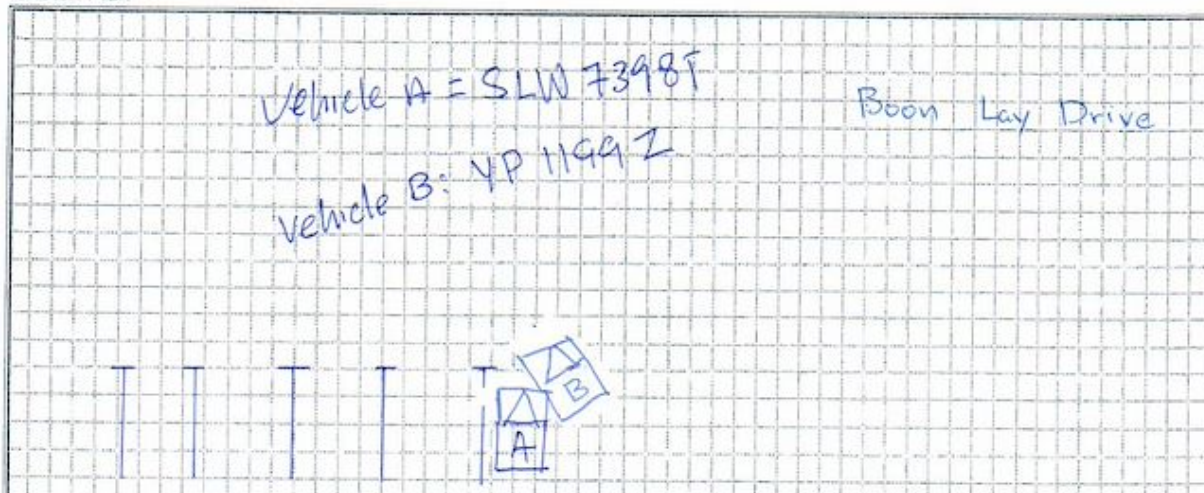
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As per police report.

Declaration

I/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

Witnessed by Reporting Centre Personnel

15/03/2023





















**SINGAPORE
POLICE FORCE**



T/20230315/7045

1 of 3

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

Report No. T/20230315/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2023 16:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOH CHENG CHWEE			Address: 175 BOON LAY DRIVE #10-346 SINGAPORE 640175		
ID Type / ID No.: NRIC NO / S8036240D			Contact No.: Home/Office: Mobile: 92323494		
Nationality: SINGAPORE CITIZEN			Email: SPOON_VINS@HOTMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 26/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/03/2023 08:35	Type of Location:	
Location: BOON LAY DRIVE					
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
SLW7398T	Car	SUBARU	SUBARU FORESTER 2.0XT	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLW7398T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MZC00844	24/02/2023	26/03/2024	



**SINGAPORE
POLICE FORCE**



T/20230315/7045

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

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Report No. T/20230315/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOH CHENG CHWEE	ID No.	S8036240D
Related Vehicle	SLW7398T (Car)	Contact No.	92323494
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.

Vide T/20230315/7020

I would like to make an amendment to my initial report:

Carplate of my vehicle which was being hit&run is SLW7398T and not SLM7398T or SML7398T as indicated in my initial report.

**SINGAPORE
POLICE FORCE**

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



T/20230315/7045

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Report No. T/20230315/7045

CONTINUATION OF REPORTSketch 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 /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

NP168

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

Date/Time:
15/03/2023 16:56

Classification Of Case:



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: SN09233F009 Vehicle Registration No: SLW 7398T
 Name (as shown in NRIC): Loh Cheng Chwee NRIC/FIN/Passport No: 2400
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Blk 175 Boon Lay Drive Singapore (640175)
 Contact (Tel): 9232 3494 Mobile No.: _____
 Email Address: Spoon-Vins@hotmail.com
 Date of Accident: 14 / 03 / 2023 Time of Accident: 0834
 Place of Accident: 175 Boon Lay Drive Open Carpark
 Insurance Company: TMI

(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:

Updated Police Report

Policyholder / Actual Driver's Signature
Date:

15/07/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): David
Date: