

## 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 .....	21/04/2023 23:50 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/04/2023 06:50 (SGT)
Exact Location of Accident .....	Near Tai Sin Electric Cables, Singapore
Additional Location Information .....	GUL LANE NEAR LAMPPOST 12
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA4336X
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHAN SAI HOE EUGENE
NRIC No .....	SXXXX122F
Email Address .....	vincentloke45854@gmail.com
Mobile Phone No .....	(Phone) +65-97292186
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	Great American Insurance Company
Policy Number / Cover Note Number .....	MOMVP000004799-00-000

#### DRIVER

Name of Driver .....	LOKE YONG DA, VINCENT
NRIC No .....	SXXXX559H
Date Of Birth .....	12/07/1988
Occupation .....	Indoor

Date Of Driving Pass .....	14/01/2009
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97292186
Alt. Phone Number .....	-
Email Address .....	vincentloke45854@gmail.com
Address .....	BLK 451 YISHUN RING ROAD
Address complement .....	#10-138
Postcode .....	760451
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Relative
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 Motorcyclist
Weather Conditions .....	Raining
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? .....	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

Please refer to Police Report T/20230420/2049.

#### 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 .....	FBN8070Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Cb150r
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

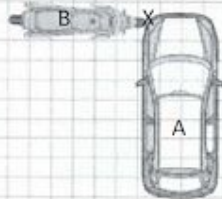
### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBN8070Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

Date of Accident: 20/04/2023

14 GUL LANE



A : SMA4336X  
B : FBN8070Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report T/20230420/2049.

- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☐ OD/TP Claim at another workshop : \_\_\_\_\_
- ☐ Reporting Only

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 & Time:

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



# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

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

Witnessed by Reporting Centre Personnel



## Sketch Plan

- PLEASE VIEW OVERLEAF -























**SINGAPORE  
POLICE FORCE**



T/20230420/2049

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/20230420/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2023 14:01	Vide Report No.: J/20230420/0025	Station Diary No.: 35
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**Informant's Particulars**

Name of Informant: LOKE YONG DA, VINCENT	Address: APT BLK 451 YISHUN RING ROAD #10-138 SINGAPORE 760451		
ID Type / ID No.: NRIC NO / S8824559H	Contact No.: Home/Office: Mobile: 97292186		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 34	Date of Birth: 12/07/1988	Type of Informant: Driver
Race: Chinese	Language:		
Occupation: WAREHOUSE ASSISTANT	Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/04/2023 06:50	Type of Location: X-Junction
Location:  GUL LANE				
Lamp Post Number: 12				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN8070Y	Motorcycle	HONDA	CB150R	Green	Slightly Damaged	0
SMA4336X	Car	HONDA	Shuttle	Silver	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA4336X	GREAT AMERICAN INSURANCE COMPANY	MOMVP000004799-00-000	07/06/2022	06/06/2023



**SINGAPORE  
POLICE FORCE**



T/20230420/2049

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/20230420/2049

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOKE YONG DA, VINCENT	ID No.	S8824559H
Related Vehicle	SMA4336X (Car)	Contact No.	97292186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/04/2023, at about 0650hrs, I was on the way to work at 14 Gul Lane. It was raining heavily and the vision of the road is blurry. As I drove past Gul Lane/ Gul Cres near Lamppost 12, I was driving my Honda Shuttle, SMA4336X on the single lane going into a cross junction. I checked left and right before proceeding forward, however, suddenly there is a motor vehicle that came from the left side that I did not see, drove right into my left front and collide with my car. The motor vehicle number is FBN8070Y. I was not injured but the rider was injured. Traffic police and ambulance was at scene. Rider was then conveyed to Ng Teng Fong General Hospital. My car vehicle was seriously damaged with my front bonnet dent and cracked, my left light spoilt and my front bumper already dropped off. My vehicle have in-dash camera and had captured the whole incident, Traffic Police Officer have taken the in-dash cam with them and have seized it for investigation. Cost of damage is roughly SGD\$6,000 to SGD\$7,000. My vehicle was subsequently towed away.





**SINGAPORE  
POLICE FORCE**



T/20230420/2049

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

3 of 3  
Report No. T/20230420/2049

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
D /  
SCSGT(1) LIM JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Signature Of Informant:

Date/Time:  
20/04/2023 14:01

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66SS0026G / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1F234L0001 Vehicle Registration No. : SMA4336X  
Name(as shown in NRIC) : LOKE YONG DA, VINCENT NRIC/FIN/Passport No : S8824559H  
\*(Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_  
Contact (Tel) : 97292186 Mobile No. : 97292186  
Email Address : \_\_\_\_\_  
Date of Accident : 20/4/2023 Time of Accident : 0650 HRS  
Place of Accident : 14 GUL LANE  
Insurance Company : GREAT AMERICAN INSURANCE COMPANY

#### (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. Sketch Plan & Circumstances drawing amend

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Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

GIARMC addendumform\_V3