

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 Authorised 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 25/05/2022 17:46 (SGT)
Date of Accident 24/05/2022 21:39 (SGT)
Exact Location of Accident Punggol Central, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBZ1188A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOH WEI CHANG
NRIC No S8038963I
Email Address freedom.ntu@gmail.com
Mobile Phone No (Phone) +65-92291266
Alternative Phone No +65-92291266

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 1600

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10672242R00
Cover Note Number -

DRIVER

Name of Driver LOH WEI CHANG
NRIC No S8038963I

Date Of Birth	07/12/1980
Occupation	Indoor
Date Of Driving Pass	17/05/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-92291266
Alt. Phone Number	+65-92291266
Email Address	freedom.ntu@gmail.com
Address	57 EDGEDALE PLAINS #15-20
Address complement	-
Postcode	828681
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN ME LING
Gender	Female

PASSENGER 2

Name	LOH GUO EN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220525/2066. (HEAD TO SIDE COLLISION)

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1295G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN ME LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBZ1188A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

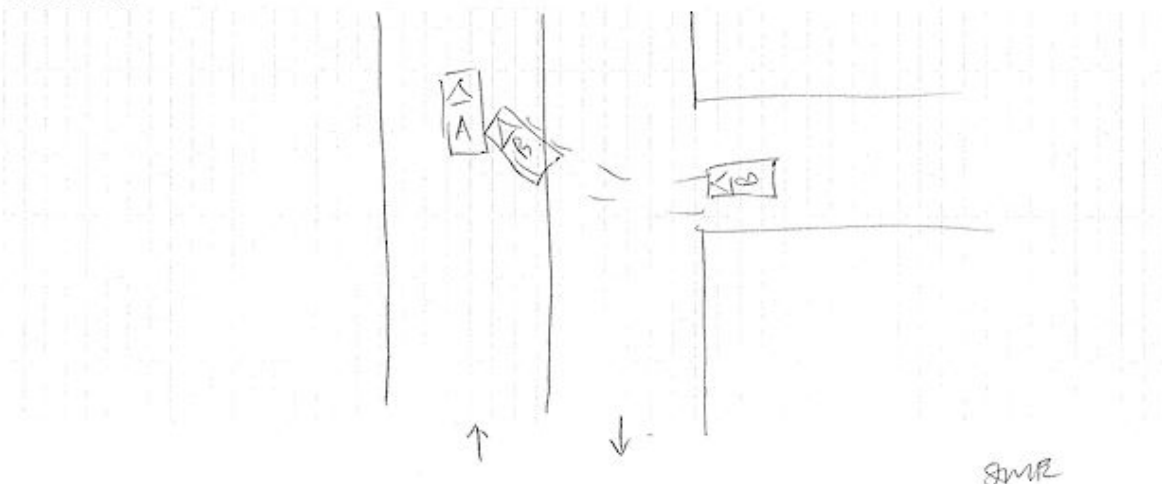
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

Refer to police report.

Refer to police report.

Declaration

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

Witnessed by Reporting Centre Personnel

Declaration

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
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Witnessed by Reporting Centre
Personnel























SINGAPORE POLICE FORCE



T/20220525/2066

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 4
Report No. T/20220525/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2022 16:18	Vide Report No.: F/20220524/0164	Station Diary No.: 48
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Informant's Particulars

Name of Informant: LOH WEI CHANG			Address: 57 EDGEDALE PLAINS #15-20 SINGAPORE 828681		
ID Type / ID No.: NRIC NO / S80389631			Contact No.: Home/Office: Mobile: 92291266		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 07/12/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Construction manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/05/2022 21:30	Type of Location: Straight Road
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1295G	Ambulance			White	Slightly Damaged	0
SBZ1188A	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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2022/05/25 16:35



**SINGAPORE
POLICE FORCE**



T/20220525/2066

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220525/2066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBZ1188A	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10672242R00	14/01/2022	13/01/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FARHAAN BIN SAHRUDIN	ID No.	S9100772Z
Related Vehicle	QX1295G (Ambulance)	Contact No.	97595701
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
Driver			
Name	LOH WEI CHANG	ID No.	S8038963I
Related Vehicle	SBZ1188A (Car)	Contact No.	92291266
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 the 24th May 2022 at about 9.30 pm, I was driving my vehicle (SBZ1188A) along Punggol Central towards Edgedale Plains. As I was driving past the Punggol Fire Station, I was on the 1st lane as I intended to turn right at the junction of Edgedale Plains. Suddenly, an SCDF ambulance which was coming out from the Punggol Fire Station, had turned into my lane and the front of the ambulance had hit onto the right side of my vehicle. Both me and the ambulance driver alighted from our vehicles to make a check if anyone was injured. The traffic police was called and they also came to the incident location. My wife and my 7 years old daughter was at the rear passenger seat when the incident happened. My wife had complaint of back pain but she has yet to see a doctor. The paramedics from the ambulance had made a check on my wife but she refused to be conveyed to the hospital. There is an in-car camera installed in my vehicle but it was not in working order. I have informed my insurance company and I was advised to lodge a police report as it was involving a government vehicle.

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SINGAPORE
POLICE FORCE



T/20220525/2066

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220525/2066

CONTINUATION OF REPORT

2022/05/25 16:25



SINGAPORE
POLICE FORCE



T/20220525/2066

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220525/2066

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:

F /

Other ALZRIN SHAFIQ BIN
AHMAD TARMIDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2022 16:18

Officer In Charge Of Case:

TP / GIA /

SI TAN JEOK LENG

Contact No.: 65476151

Classification Of Case:

NP168

2022/05/25 16:35

It pays to choose

**Budget
Direct**
insurance

Policy Schedule

 Comprehensive Car Policy
 Policy Number: P10672242R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number	: P10672242R00	Policy Issued On	: 08/12/2021
Policy Start Date	: 14/01/2022 (00:00)	Policy End Date	: 13/01/2023 (23:59)

Cover

Type of Cover	: Comprehensive / Named Driver Plan
Optional Cover(s)	: Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

Policy	: S\$ 600.00
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Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen	: S\$ 100.00
Named Driver below 25 years old	: S\$ 500.00
Named Driver with less than 2 years' valid driving licence	: S\$ 500.00

Premiums

Gross Premium	: S\$ 367.98
7% GST	: S\$ 25.76
Total Premium Payable	: S\$ 393.74

Policyholder

Name	: Loh Wei Chang
Address	: 57 EDGEDALE PLAINS #15-20 Singapore 828681
Email Address	: freedom.ntu@gmail.com
Mobile Number	: 92291266

Main Driver

Name	: Loh Wei Chang
Date of Birth	: 07/12/1980
Gender / Marital Status	: Male / Married
Occupation	: Management: (Civil Servant/ Private sector)
Certificate of Merit	: Yes
Licence Held For	: More than 5 years
No. of Claims/Accidents (Last 3 Yrs)	: 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number	: SBZ1188A
Chassis Number	: -
Make & Model	: Hyundai Elantra 1.6
Vehicle Colour	: Silver
Year of First Registration	: 2016
Sum Insured	: Market Value
Off-Peak Car	: No
NCD	: 50%
Vehicle Usage	: Private and Commuting
Modifications Declared	: None

Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

None