

# 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 First Submission .....        | 01/08/2023 16:59 (SGT)           |
| Reported by .....                     | Actual Driver                    |
| Date of Accident .....                | 26/07/2023 14:20 (SGT)           |
| Exact Location of Accident .....      | 6 Raffles Blvd, Singapore 039594 |
| Additional Location Information ..... | MARINA SQUARE                    |
| Country/State of Loss .....           | Singapore                        |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMQ8106H |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                                 |
|--------------------------------|---------------------------------|
| Is company? .....              | Yes                             |
| Name Of Registered Owner ..... | HERITAGE AUTO CAPITAL PTE. LTD. |
| Company Reg No .....           | 2XXXXX468K                      |
| Email Address .....            | fwgloh@gmail.com                |
| Mobile Phone No .....          | (Phone) +65-91026616            |
| Alternative Phone No .....     | -                               |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | BMW                       |
| Model .....  | 216i                      |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private hire              |
| Transmission .....   | Auto                      |
| CC .....   | 1499                      |

### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D23MFL0001161                         |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | LOH CHEE KONG |
| NRIC No .....        | SXXXX491H     |
| Date Of Birth .....  | 02/04/1976    |
| Occupation .....     | Outdoor       |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass .....   | 23/12/1998                       |
| Driving experience .....   | 24 YEARS AND 7 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-91026616             |
| Alt. Phone Number .....  | -                                |
| Email Address .....  | fwgloh@gmail.com                 |
| Address .....  | BLK 682 HOUGANG AVENUE 4 #04-336 |
| Address complement .....   | -                                |
| Postcode .....   | 530682                           |
| Is the driver the policyholder? .....                              | No                               |
| If No, Relationship of the Driver with the Insured .....           | Hirer                            |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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) .....   | 4   |
| 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 .....   | TEOH JENG YU |
| Gender ..... | Female       |

#### PASSENGER 2

|              |        |
|--------------|--------|
| Name .....   | EUNICE |
| Gender ..... | Female |

#### PASSENGER 3

|              |         |
|--------------|---------|
| Name .....   | TODDLER |
| Gender ..... | Male    |

#### 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

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20230727/7025

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 ..... PA6509R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 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 CHEE KONG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-91026616  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMQ8106H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... EUNICE  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMQ8106H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No


SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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  5. Any false reporting may be referred to the Police for investigation.
  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 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' law firms/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 making 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

Sketch Plan

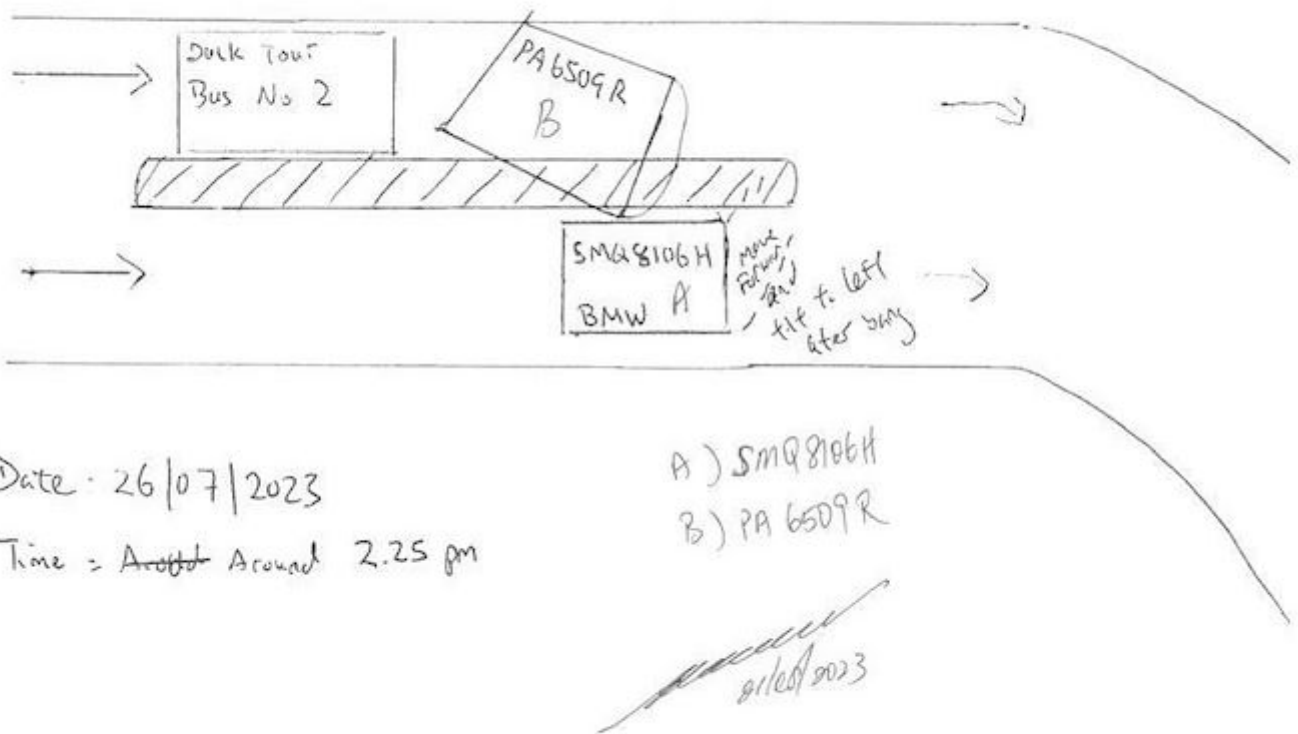
  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

REFER TO ATTACHMENT 2

Marina Square

7-11



Describe Circumstances of the Accident

Please refer to Police Report: T/20230727/7025

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]*  
01/08/2023

Witnessed by Reporting Centre Personnel



































**SINGAPORE  
POLICE FORCE**



T/20230727/7025

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

1 of 4  
Report No. T/20230727/7025

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |   |                    |  |
|--|------------|-------------------------------------|---|--------------------|--|
| Date/Time Report Made:<br>27/07/2023 14:45 |            | Vide Report No.:<br>A/20230726/0059 |   | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                                     |   |                    |  |
| Name of Informant:<br>LOH CHEE KONG        |            |                                     | Address:<br>682 HOUGANG AVENUE 4 #04-336 SINGAPORE 530682 |                    |  |
| ID Type / ID No.:<br>NRIC NO / S7609491H   |            |                                     | Contact No.:<br>Home/Office: Mobile: 91026616             |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>fwgloh@gmail.com                                |                    |  |
| Sex:<br>Male                               | Age:<br>47 | Date of Birth:<br>02/04/1976        | Type of Informant:<br>Driver                              |                    |  |
| Race:<br>Chinese                           |            |                                     | Language:<br>English                                      |                    |  |
| Occupation:<br>Private-hire car driver     |            |                                     | Driving Licence Information:<br>Class: Date of Expiry:    |                    |  |

**General Information of the Accident**

|  |                              |                                    |   |   |
|--|------------------------------|------------------------------------|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>26/07/2023 14:25 | Type of Location:<br>Straight Road      |
| Location:<br><br>RAFFLES AVENUE  |                              |                                    |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry               |   |   |
| Traffic Flow:<br>One Way   |                              | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Stationary vehicle got side bang by moving vehicle |                              |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio             | No of |
|-------------|------|------|-------|-------|----------------------|-------|
| SMQ8106H    | Car  | BMW  | 216i  | Black | Seriously<br>Damaged | 6     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                        | Insurance No  | Effective  | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SMQ8106H    | INDIA INTERNATIONAL INSURANCE<br>PTE LTD | D23MFL0001161 | 04/05/2023 | 29/01/2024  |



**SINGAPORE  
POLICE FORCE**



T/20230727/7025

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

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Report No. T/20230727/7025

**CONTINUATION OF REPORT**

|                                   |                  |                                   |                                    |
|-----------------------------------|------------------|-----------------------------------|------------------------------------|
| <b>Details of Person Involved</b> |                  |                                   |                                    |
| Any Pedestrian Involved: No       |                  |                                   |                                    |
| No. of Pedestrians Injured: NIL   |                  | Use of Pedestrian Crossing: NA    |                                    |
| <b>Driver</b>                     |                  |                                   |                                    |
| Name                              | LOH CHEE KONG    | ID No.                            | S7609491H                          |
| Related Vehicle                   | SMQ8106H (Car)   | Contact No.                       | 91026616                           |
| Hospital/Clinic                   | RAFFLES HOSPITAL | Class of Driving Licence & Expiry | Class: 2B,3<br>Date of Expiry: NIL |
| Date                              | 26/07/2023       | Date                              | 27/07/2023                         |
| No. of Days granted Medical Leave | 07               | Degree of                         | Slight                             |
| <b>Driver</b>                     |                  |                                   |                                    |
| Name                              | LOH CHEE KONG    | ID No.                            | S7609491H                          |
| Related Vehicle                   | SMQ8106H (Car)   | Contact No.                       | 91026616                           |
| Hospital/Clinic                   | NIL              | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL  |
| Date                              | NIL              | Date                              | NIL                                |
| No. of Days granted Medical Leave | NIL              | Degree of                         | NIL                                |

**Brief Details.**

On 26/07/2023 around 220pm , I got a grab call to fetch passenger at Marina Square outside 7-11 pick up. upon reaching about 224pm, in front got a car dropping off passenger so I was stationary waiting behind the car and beside the duck tour bus 03 passenger walk to my car and boarded by my left hand front seat and left side passenger seat .My car was at stationary for the passenger to board and when about ready to start the trips ,suddenly there a strong impact hit my left side passenger doors and cause the door to deeply bend inwards and glass shatter . .this strong impact even push my car to move forward and tilt to my left side ,we're all get shocked and passenger was screaming for help .This PA6509R duck tour bus driver did not check the traffic is clear and just drive off to his right ,cut off the lane marking and bang my car which was stationary at that time with passenger just on boarded .The duck tour bus driver should go straight instead of dangerously cut cross the marking line and drive toward it right side immediately without checking got any vehicle ..

I was stunned ,shock in pains at neck,back,left shoulder and left thigh.due to this huge impact and was admitted to raffles hospital and discharge on 27/07/23 and was given 1 week MC by the doctor .

My passenger was also injury with her hand bleeding cut by the shatter glass.I ask her to let doctor check but they insist don't need as they need to rush to other place for works.

I had dash cam video footage to proof my car was stationary and duck tour bus PA6509R



**SINGAPORE  
POLICE FORCE**



T/20230727/7025

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

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Report No. T/20230727/7025

**CONTINUATION OF REPORT**

bang my car during this accident



**SINGAPORE  
POLICE FORCE**



T/20230727/7025

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

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Report No. T/20230727/7025

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SOPHIAN BIN MOHAMED AMIR  
Contact No.: 91874317

NP168

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

Date/Time:  
27/07/2023 14:45

Classification Of Case:



