

## 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 .....	06/08/2024 09:34 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/08/2024 21:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	10 NORTH BRIDGE ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK8010L
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JASPER KOH
NRIC No .....	S8851477G
Email Address .....	jasperkoh1988@gmail.com
Mobile Phone No .....	(Phone) +65-91830433
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hilux
Variant .....	D/CAB
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	2393
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5120111761-03

#### DRIVER

Name of Driver .....	JASPER KOH
NRIC No .....	S8851477G
Date Of Birth .....	30/11/1988
Occupation .....	Outdoor
Driving Pass Date .....	28/06/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91830433
Alt. Phone Number .....	-
Email Address .....	jasperkoh1988@gmail.com
Address .....	82B CIRCUIT ROAD
Address complement .....	18-26
Postcode .....	372082
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) .....	2
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 .....	CHEN LI RONG (WIFE)
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Police Cantonment Complex
Police Station Address .....	391 New Bridge Road Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO A/20240804/7050

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ4920S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MOHAMMED AKMOL ALI S/O AFRIJ ALI
NRIC No .....	S7531642I
Contact Number .....	(Phone) +65-80778296
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	JASPER KOH
Gender .....	Male
Phone No .....	(Phone) +65-91830433
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, SHOULDER, WRIST, LOWER BACK, LEFT KNEE AND RIGHT ANKLE PAIN. 5 DAYS MC GIVEN
Injured person in which vehicle? .....	GBK8010L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	CHEN LI RONG (WIFE)
Gender .....	Female
Phone No .....	(Phone) +65-88089257
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, LOWER BACK AND BOTH KNEE PAIN. 5 DAYS MC GIVEN
Injured person in which vehicle? .....	GBK8010L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

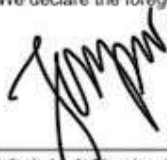
A: GBK8010L  
B: GBJ4920S

Describe Circumstance of the Accident

REFER TO POLICE REPORT NO.  
A/20240804/7050

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

06/08/24 @ 0909HRS

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

MUHAMMAD FADLY SUKIMAN

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













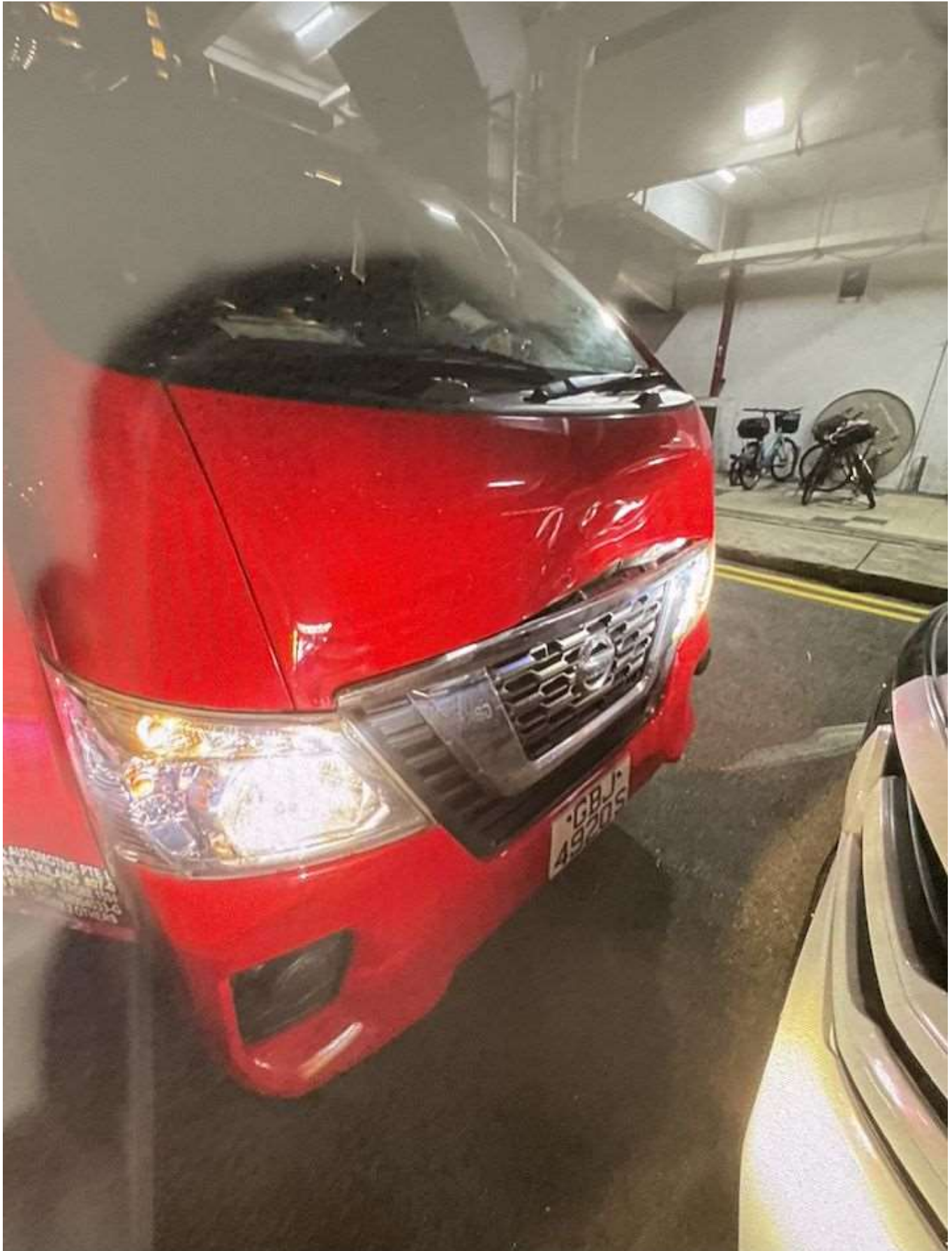




















**SINGAPORE  
POLICE FORCE**



A/20240804/7050

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240804/7050

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	MOHAMMED AFRIJ ALI S/O ALI AKMOL		
ID Type	NRIC NO	ID No	S7531642I
Gender	Male	Race	Pakistani
Language	English		
<b>Victim</b>			
Person Name	Jasper Koh		
ID Type	NRIC NO	ID No	S8851477G
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Real estate agent	Address	82b Circuit road #18-26 SINGAPORE 372082
Mobile No	91830433	Is Informant A Victim?	Yes
Person Name	Chen Li Rong		
ID Type	NRIC NO	ID No	S9310803E
Gender	Female	Age	31
Race	Chinese	Language	English
Occupation	Other administrative clerks	Address	82B Circuit Road #18-26 SINGAPORE 372082
Mobile No	88089257	Relation To Informant	Wife
Person Name	Jasper Koh (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
04/08/2024 23:36

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20240804/7050

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20240804/7050

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No: 1800-2240000

Date/Time Report Made 04/08/2024 23:36		Vide Report No.		Station Diary No.	
Name Of Informant Jasper Koh		Address 82b Circuit road #18-26 SINGAPORE 372082			
ID Type / ID No. NRIC NO / S8851477G		Contact No. Home/Office:                      Mobile: 91830433			
Nationality SINGAPORE CITIZEN		Email Address jasperkoh1988@gmail.com			
Occupation Real estate agent		Sex Male	Age 35	Date of Birth 30/11/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 03/08/2024 21:00 - 03/08/2024 21:30		Location Of Incident 10 NORTH BRIDGE ROAD SINGAPORE 190010			

**Brief details.**

On the stated date and time, I was driving my vehicle bearing the number plate of GBK8010L with my wife Chen Li Rong S9310803E at the stated location. Out of a sudden, another vehicle bearing the number plate of GBJ4920S dashed into my lane and head on collided onto my vehicle front portion. The impact was so hard and I felt discomfort on both my wrists, my neck, my shoulder, my lower back, my left knee, my right ankle so I went to Mount Alvernia Hospital A&E and was given 5 days MC. My wife Chen Li Rong suffered from neck and shoulder pain, knees discomfort and lower back injuries and was given 5 days MC from Mount Alvernia Hospital A&E too.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2024 23:36
Officer In-Charge Of Case:	Classification Of Case: