

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	01/10/2024 12:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 18:49 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS SLE, 3.8KM TUNNEL BELOW KERAMAT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7039P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH JIN JIN
NRIC No	SXXXX454H
Email Address	KOHJINJIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91250109
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	Petrol
First Registration Date	23/12/2009
Chassis no	KNAFW411MA5154319
Effective Date/Time of Ownership	22/10/2019 12:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10815438R01

DRIVER

Name of Driver	KOH JIN JIN
NRIC No	SXXXX454H
Date Of Birth	28/01/1995
Occupation	Indoor
Driving Pass Date	15/12/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91250109
Alt. Phone Number	-
Email Address	KOHJINJIN@HOTMAIL.COM
Address	BLK 694D WOODLANDS DRIVE 62 07-68 SINGAPORE 734694
Address complement	-
Postcode	-
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 to Rear
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)	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

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	GZ8867T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	THAPA SHIBU
NRIC No	GXXXX532T
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	KOH JIN JIN
Gender	Male
Phone No	(Phone) +65-91250109
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST AND HEART PAIN
Injured person in which vehicle?	SJU7039P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

DOA: 30-9-24
TIME: 1849hrs
LOCATION: CTE towards SLE, 3.8km Tunnel below keramat road.

Refer To Police Report.

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

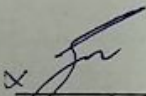
HAIFAA

Witnessed by Reporting Centre Personnel


SKETCH PLAN

IMPORTANT NOTICE

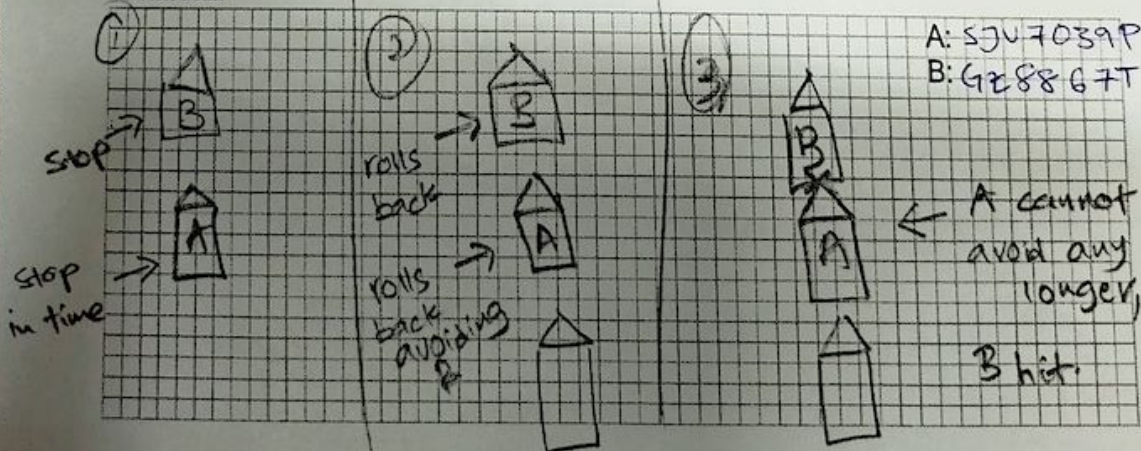
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
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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.


 01/10/24
 1117am
 Policyholder's Signature / Date & Time

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

HAIFAA 
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20241001/7013

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

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Report No. T/20241001/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2024 10:01		Vide Report No.: E/20240930/0117		Station Diary No.:
Informant's Particulars				
Name of Informant: KOH JIN JIN		Address: 694D WOODLANDS DRIVE 62 #07-68 SINGAPORE 734694		
ID Type / ID No.: NRIC NO / S9502454H		Contact No.: Home/Office: Mobile: 91250109		
Nationality: SINGAPORE CITIZEN		Email: KOHJINJIN@HOTMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 28/01/1995	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Accountant (excluding tax accountant)		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 30/09/2024 18:50	Type of Location: TUNNEL CTE TO SLE 3.8KM, BELOW KRAMAT RD
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ8867T	police vehicle				No Damage	0
SJU7039P	Motor car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20241001/7013

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

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Report No. T/20241001/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJU7039P	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10815438R01	23/12/2023	22/12/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	THAPA SHIBU		ID No.	G6368532T
Related Vehicle	GZ8867T (police vehicle)		Contact No.	85712034
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 (MC)		NIL	Degree of Injury	NIL
Driver				
Name	KOH JIN JIN		ID No.	S9502454H
Related Vehicle	SJU7039P (Motor car)		Contact No.	91250109
Hospital/Clinic	WOODLANDS MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024		Date Discharge	30/09/2024
No. of Days granted Medical Leave (MC)		05	Degree of Injury	Slight

Brief Details.

Was travelling along tunnel CTE to SLE 3.8km right below kramat rd. i was on lane 2, and the vehicle infront was slowing down as i can see traffic a building up ahead. suddenly he jammed his brake like there was something infront. i brake accordingly and stop safely behind. not expecting, the vehicle infront rolled back, and i engage reverse as well as to avoid the vehicle hitting me. however i reverse until i'm unable to do so, as behind me there is a vehicle and i came to stop & shift to park. at the time, the vehicle infront reverse & it accelerated into my vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20241001/7013

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Report No. T/20241001/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN
Contact No.: 65476223

NP168

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

Date/Time:
01/10/2024 10:01

Classification Of Case: