

## 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 .....	02/12/2024 12:49 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/12/2024 06:30 (SGT)
Exact Location of Accident .....	Seletar Link, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV6778D
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KOH SEOW WAH
NRIC No .....	S7318279D
Email Address .....	MIKE_KOHSW@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-90469773
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	TOYOTA / WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR
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 .....	Private hire
Transmission .....	Auto
CC .....	1797
Vehicle Fuel .....	Petrol
First Registration Date .....	29/09/2015
Chassis no .....	ZGE206024820
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D24MPC0007795

#### DRIVER

Name of Driver .....	KOH SEOW WAH
NRIC No .....	S7318279D
Date Of Birth .....	15/05/1973
Occupation .....	Indoor
Driving Pass Date .....	10/09/1997
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	27 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90469773
Alt. Phone Number .....	-
Email Address .....	MIKE_KOHSW@YAHOO.COM.SG
Address .....	APT BLK 518 BEDOK NORTH AVENUE 2 #06-159
Address complement .....	-
Postcode .....	460518
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) .....	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 .....	SUSSIE ANAK WILLIAM KETIT
Gender .....	Female

#### 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 THE ATTACHED SKETCH PLAN.

#### 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 ..... GBG7787G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... 2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... KOH SEOW WAH  
Gender ..... Male  
Phone No ..... (Phone) +65-90469773  
Address ..... APT BLK 518 BEDOK NORTH AVENUE 2 #06-159  
Address Complement ..... -  
Post Code ..... 460518  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKV6778D  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... SUSSIE ANAK WILLIAM KETIT  
Gender ..... Female  
Phone No ..... (Phone) +65-82922288  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKV6778D  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 3

Name of injured person ..... KEN  
Gender ..... Male  
Phone No ..... (Phone) +65-90057369  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... GBG7787G  
Were seat belts worn? ..... -  
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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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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

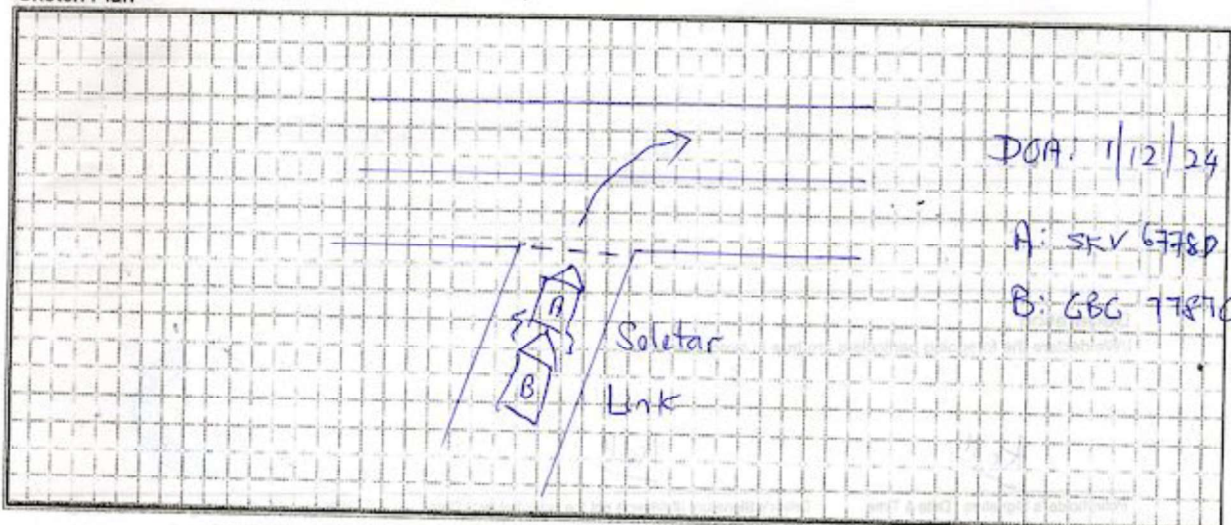
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
(Name as in NRIC/ID card)

**Sketch Plan**





**Describe Circumstance of the Accident**

Waiting stationary for the main road to be clear,  
suddenly my vehicle rear portion being collided by  
veh B.

**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

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
















































**SINGAPORE  
POLICE FORCE**


T/20241202/7096

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

Report No. T/20241202/7096

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2024 17:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Koh Seow Wah (Xu Shaohua)			Address: 518 BEDOK NORTH AVENUE 2 #06-159 SINGAPORE 460518		
ID Type / ID No.: NRIC NO / S7318279D			Contact No.: Home/Office: Mobile: 90469773		
Nationality: SINGAPORE CITIZEN			Email: mike_kohsw@yahoo.com.sg		
Sex: Male	Age: 51	Date of Birth: 15/05/1973	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2,3,4 Date of Expiry: 03/12/2025		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2024 06:30	Type of Location: Flyover
Location:  SELETAR LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7787G	Motor van	PEUGEOT	Partner	Black	Seriously Damaged	1
SKV6778D	Motor car	TOYOTA	wish	Brown	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKV6778D	India International Insurance Singapore	D24MPC0007795	29/09/2024	28/09/2025





**SINGAPORE  
POLICE FORCE**

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



T/20241202/7096

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Report No. T/20241202/7096

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	KEN	ID No.	NIL
Related Vehicle	GBG7787G (Motor van)	Contact No.	90057369
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	Slight
<b>Driver</b>			
Name	KOH SEOW WAH (XU SHAOHUA)	ID No.	S7318279D
Related Vehicle	SKV6778D (Motor car)	Contact No.	90469773
Hospital/Clinic	KINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: 03/12/2025
Date Treatment	02/12/2024	Date Discharge	02/12/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	SUSSIE ANAK WILLIAM KETIT	ID No.	S7058308F
Related Vehicle	SKV6778D (Motor car)	Contact No.	82922288
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



# SINGAPORE POLICE FORCE



T/20241202/7096

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

Report No. T/20241202/7096

## CONTINUATION OF REPORT

Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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	

### Brief Details.

On 1/12/2024, I was sending my wife to Seletar airport. Along the way, I came to a stop at a traffic light at the end of Seletar link. It was a red light, hence my car was stopped, waiting for it to turn green to before I turn right and proceed towards TPE and head to Seletar airport. The traffic light I was at only had 2 lanes and both are to turn right only into TPE.

As I was waiting for the traffic light to turn green, I looked at my rear view mirror and I saw a vehicle approaching my rear at a high speed and right at the next moment, I felt a huge push and a loud sound. I looked at the rear view mirror and it was a vehicle's windscreen directly behind my vehicle.

I then made a check on my wife, who mentioned that she was fine and only had a few aches around her body.

I then went out of the vehicle to make a check and indeed someone crashed right into the back of my vehicle. I checked on the driver that crashed into me, and he also claimed to be ok and had no injuries, he also mentioned that he had a wife on his car as well and she was fine too.

The car that crashed into me has the carplate: GBG7787G and it was a Peugeot Partner Van. When I asked to exchange contact, the other party only showed me a brief image of his singpass driving license with his NRIC ending with 206E, Class 3 and issued on 11 Sep 2020.

At that moment, I was in total shock, hence my mind was not clear enough to ask for his full identity. His handphone number is 9005 7369 and he provided me his name which is Ken.

After taking the necessary photos, I discussed with the other party to personally settle and claim through insurance, and then I proceeded to continue to drive my wife to the airport before calling for a towtruck to tow my car away for servicing.

After that, I went home. Today on 2/12/2024, I went to see a doctor and I was issued a 5 days MC.

I then came here to lodge a police report so that I can use it for insurance claiming purposes.





**SINGAPORE  
POLICE FORCE**

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



T/20241202/7096

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Report No. T/20241202/7096

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
GOH SEOW PING SHAYE  
Contact No.: 65476310

This report is lodged at Bedok NPC  
NP168

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

Date/Time:  
02/12/2024 17:40

Classification Of Case:







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

### ADDENDUM

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

Original Report No: SJ0E24C20006 Vehicle Registration No: SKV6778D  
 Name (as shown in NRIC): KOH SEOW WAH NRIC/FIN/Passport No: S7318279D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 518 BEDOK NORTH AVENUE 2 #06-159 Singapore (460518)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90469773  
 Email Address: MIKE\_KOHSW@YAHOO.COM.SG  
 Date of Accident: 1/12/24 Time of Accident: 06:30AM  
 Place of Accident: SELETAR LINK, SINGAPORE  
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

**(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:

TO UPLOAD THE ATTACHED POLICE REPORT.

DRIVER HAD INJURED.

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

TIE SIEW LEH  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name: TIE SIEW LEH  
 NRIC/FIN No.: GXXXX382Q  
 Date: 3/12/24