

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	01/07/2024 12:53 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 08:41 (SGT)
Exact Location of Accident	235 Selegie Rd, Singapore 188347
Additional Location Information	SELEJIE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNL836B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Company Reg No	2XXXXX970Z
Email Address	ARACXKY@GMAIL.COM
Mobile Phone No	(Phone) +65-81122447
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2493

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00004662400

DRIVER

Name of Driver	KOH KIAN MENG
NRIC No	SXXXX599G
Date Of Birth	08/04/1967
Occupation	Outdoor

Driving Pass Date	14/11/2013
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88281118
Alt. Phone Number	-
Email Address	PATRICK1818KKM@GMAIL.COM
Address	BLK 269A YISHUN STREET 22
Address complement	#09-515
Postcode	761269
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5668K
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNL836B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

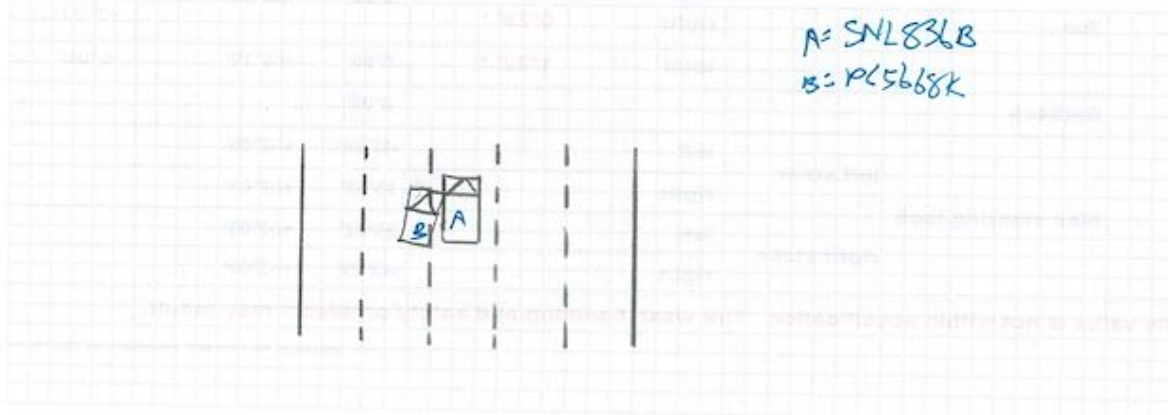
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time
1/7/2014


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report.


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



 Policyholder's Signature / Date & Time

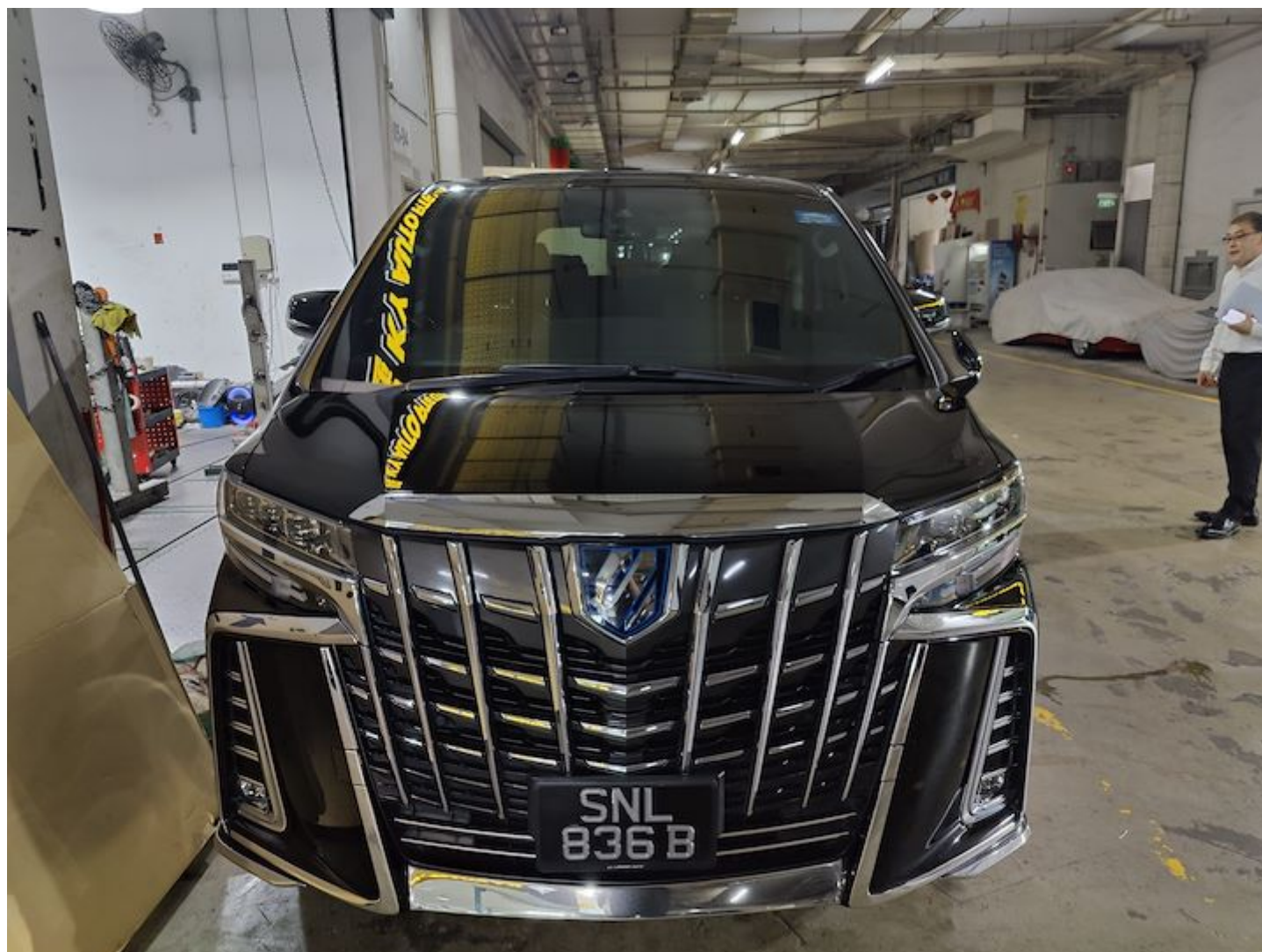

 Driver's Signature (If driver is not the policyholder) / Date & Time
1/7/2024

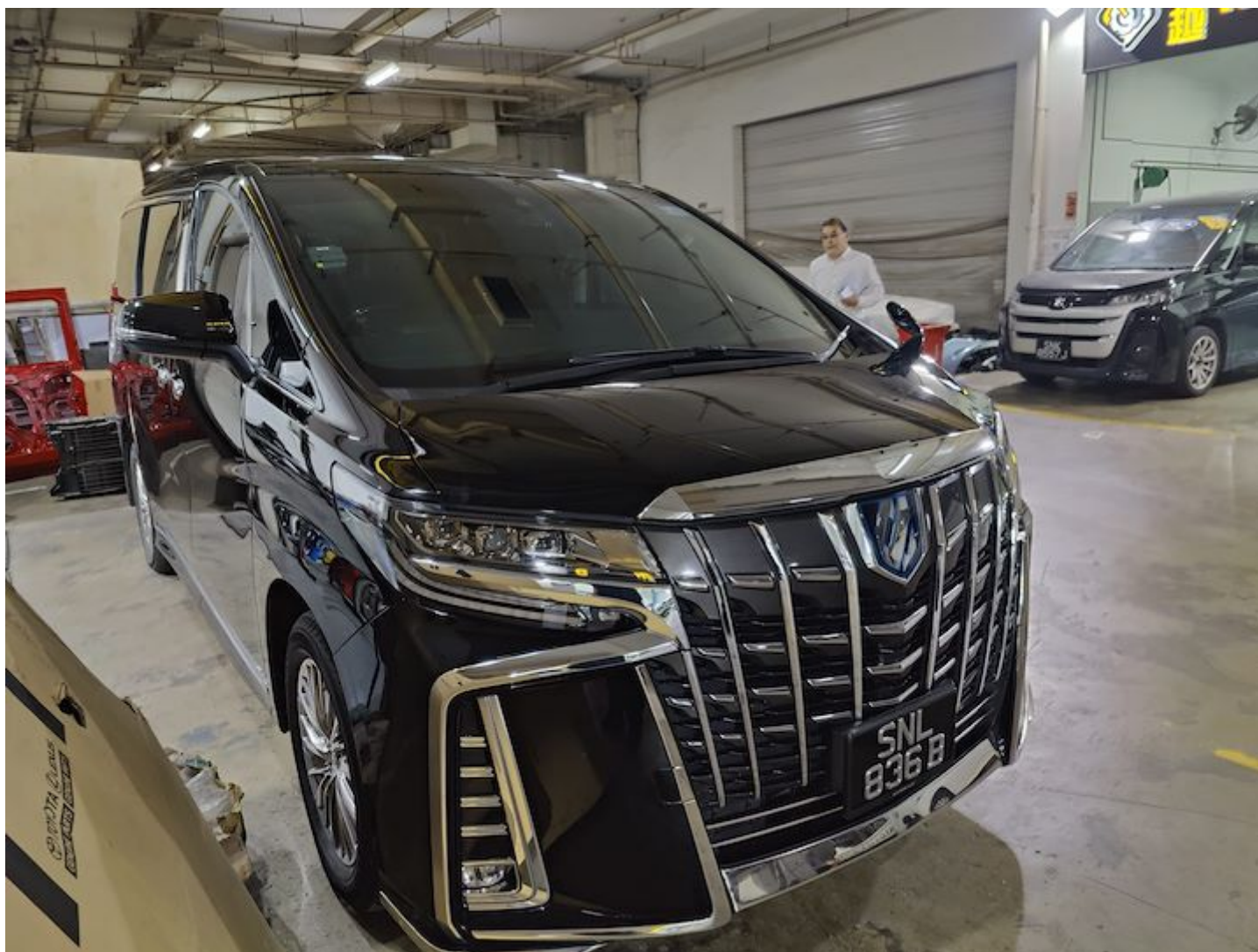


 Witnessed by Reporting Centre Personnel

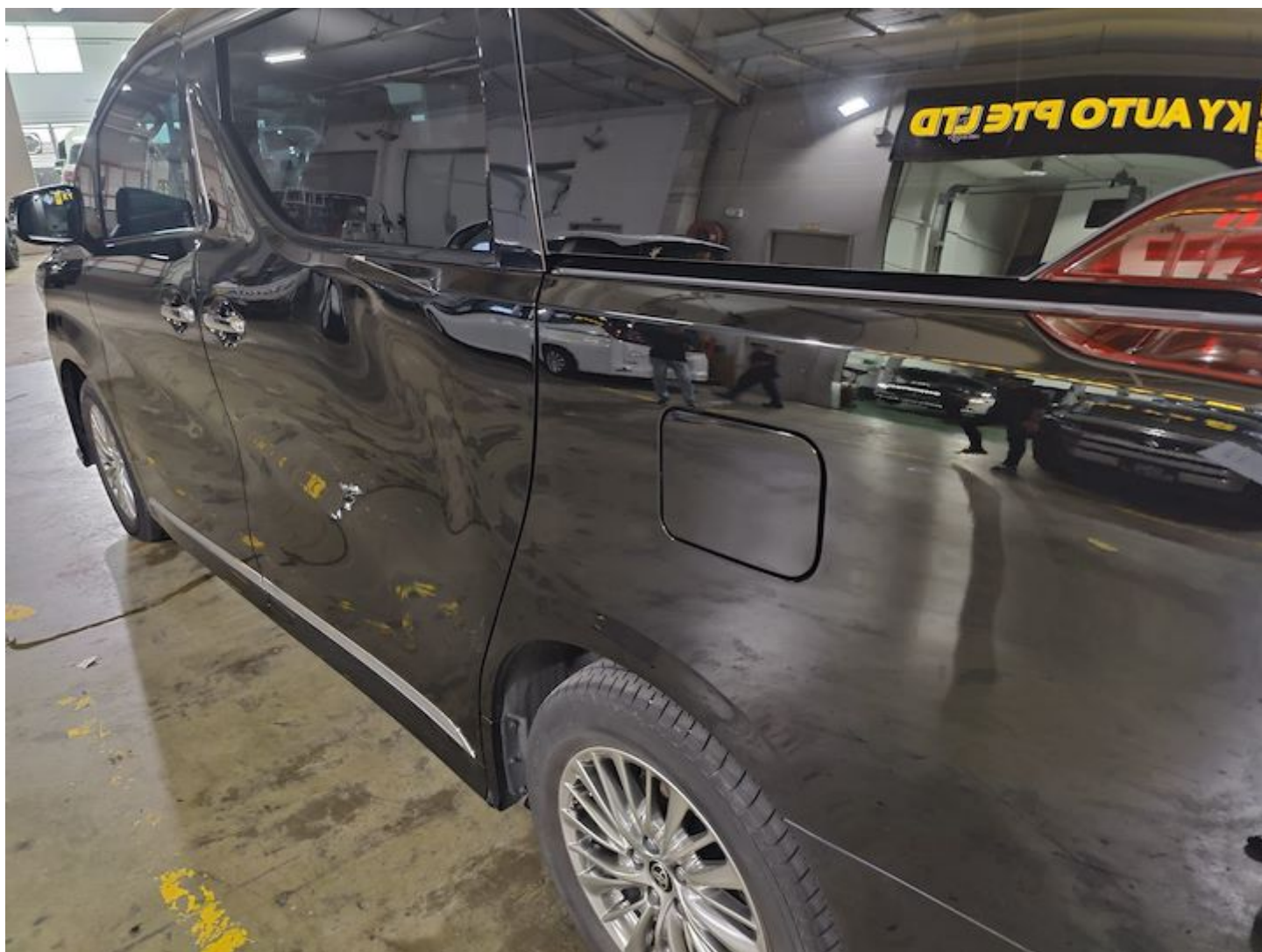






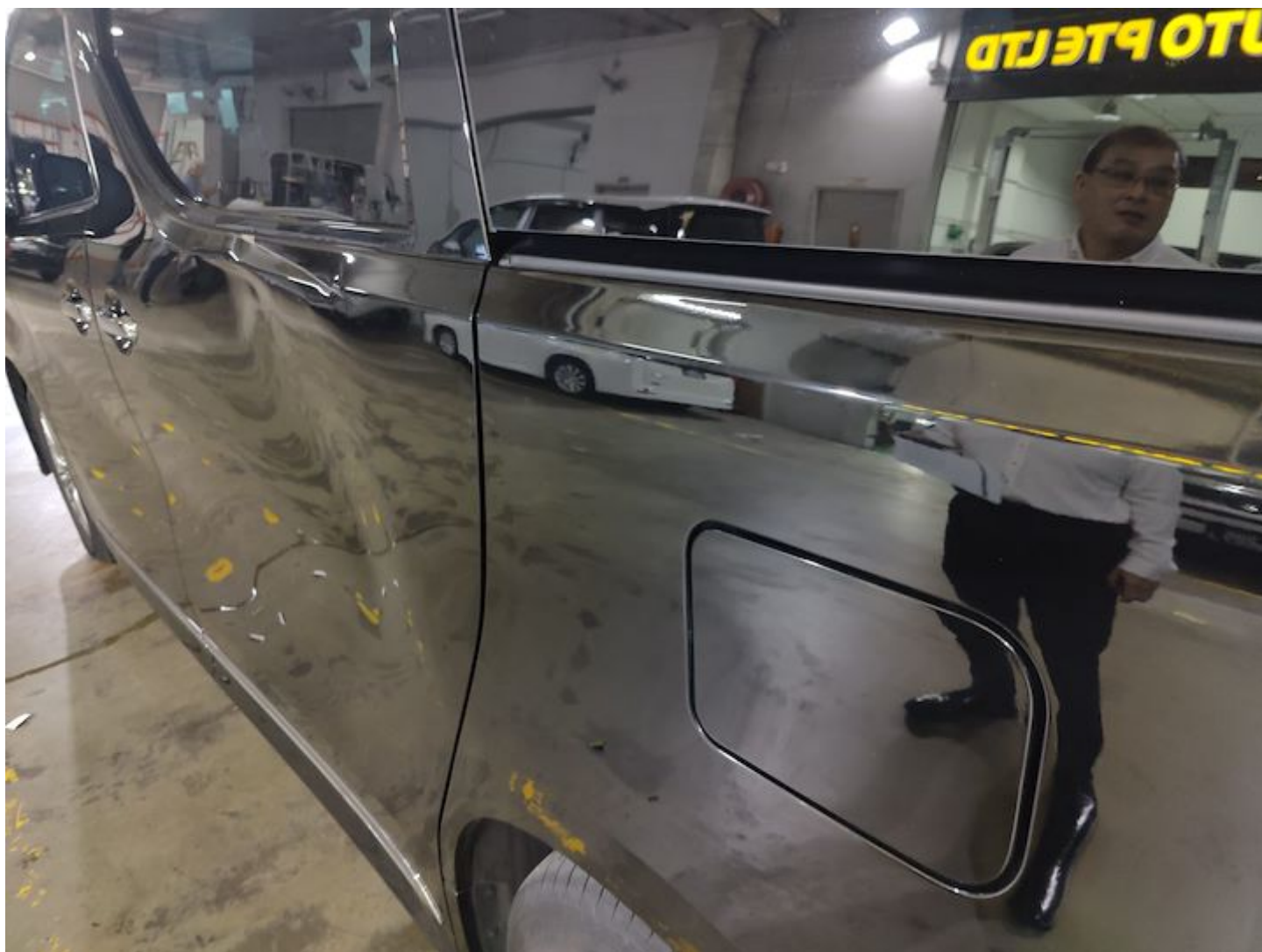
















**SINGAPORE
POLICE FORCE**



T/20240701/7007

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

1 of 3

Report No. T/20240701/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 10:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH KIAN MENG			Address: 269A YISHUN STREET 22 #09-515 SINGAPORE 761269		
ID Type / ID No.: NRIC NO / S1818599G			Contact No.: Home/Office: Mobile: 88281118		
Nationality: SINGAPORE CITIZEN			Email: PATRICK1818KKM@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 08/04/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2024 08:40	Type of Location: Straight Road
Location: SELEGIE ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One 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
PC5668K	Bus/Coach/Mini bus			White	Slightly Damaged	0
SNL836B	Motor car		TOYOTA	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNL836B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00004662 400	27/03/2024	27/03/2025



**SINGAPORE
POLICE FORCE**



T/20240701/7007

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

2 of 3

Report No. T/20240701/7007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KIAN MENG	ID No.	S1818599G
Related Vehicle	SNL836B (Motor car)	Contact No.	88281118
Hospital/Clinic	W. H. YAK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

I STOP MY VEHICLE AT SELEGIE ROAD WHEN THE TRAFFIC LIGHT TURN RED AT 3RD LANE. SUDDENLY A BUS VEHICLE NO: PC5668K FROM 4TH LANE DRIVE INTO MY LANE WHEN THE TRAFFIC LIGHT TURN GREEN. I UNABLE TO REACT ON TIME THEN THE BUS SIDE SWIPE INTO MY LHS PORTION OF THE VEHICLE. I SUFFERED A LIGHT INJURY AND GIVEN 5 DAYS MEDICAL LEAVE BY DOCTOR.



**SINGAPORE
POLICE FORCE**

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



T/20240701/7007

3 of 3

Report No. T/20240701/7007

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

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

Date/Time:
01/07/2024 10:34

Classification Of Case:

