

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	17/07/2024 16:56 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/07/2024 07:25 (SGT)
Exact Location of Accident	Hougang Ave 7, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8572T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHAO QI ELECTRICAL SERVICES
Company Reg No	5XXXX424W
Email Address	KOHBOOTIAK@GMAIL.COM
Mobile Phone No	(Phone) +65-97602829
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
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	Goods vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MCV0004023

DRIVER

Name of Driver	KOH BOO TIAK
NRIC No	SXXXX069F
Date Of Birth	21/04/1960
Occupation	Outdoor

Driving Pass Date	08/05/1978
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97602829
Alt. Phone Number	-
Email Address	KOHBOOTIAK@GMAIL.COM
Address	BLK 418 HOUGANG AVENUE 8
Address complement	#13-950
Postcode	S530418
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	GBC4092T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH BOO TIAK
Gender	Male
Phone No	(Phone) +65-97602829
Address	BLK 418 HOUGANG AVENUE 8
Address Complement	#13-950
Post Code	S530418
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD8572T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

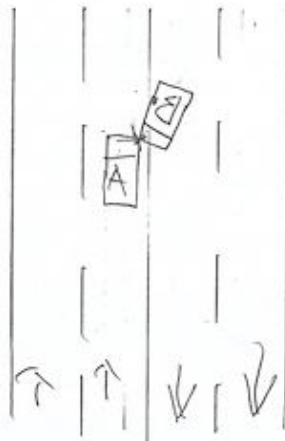


Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan

A = GBD8572T

B = GBC4092T

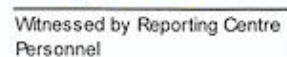


Refer to Police Report: T/20240712/2022

We declare the foregoing particulars are true in every respect.



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

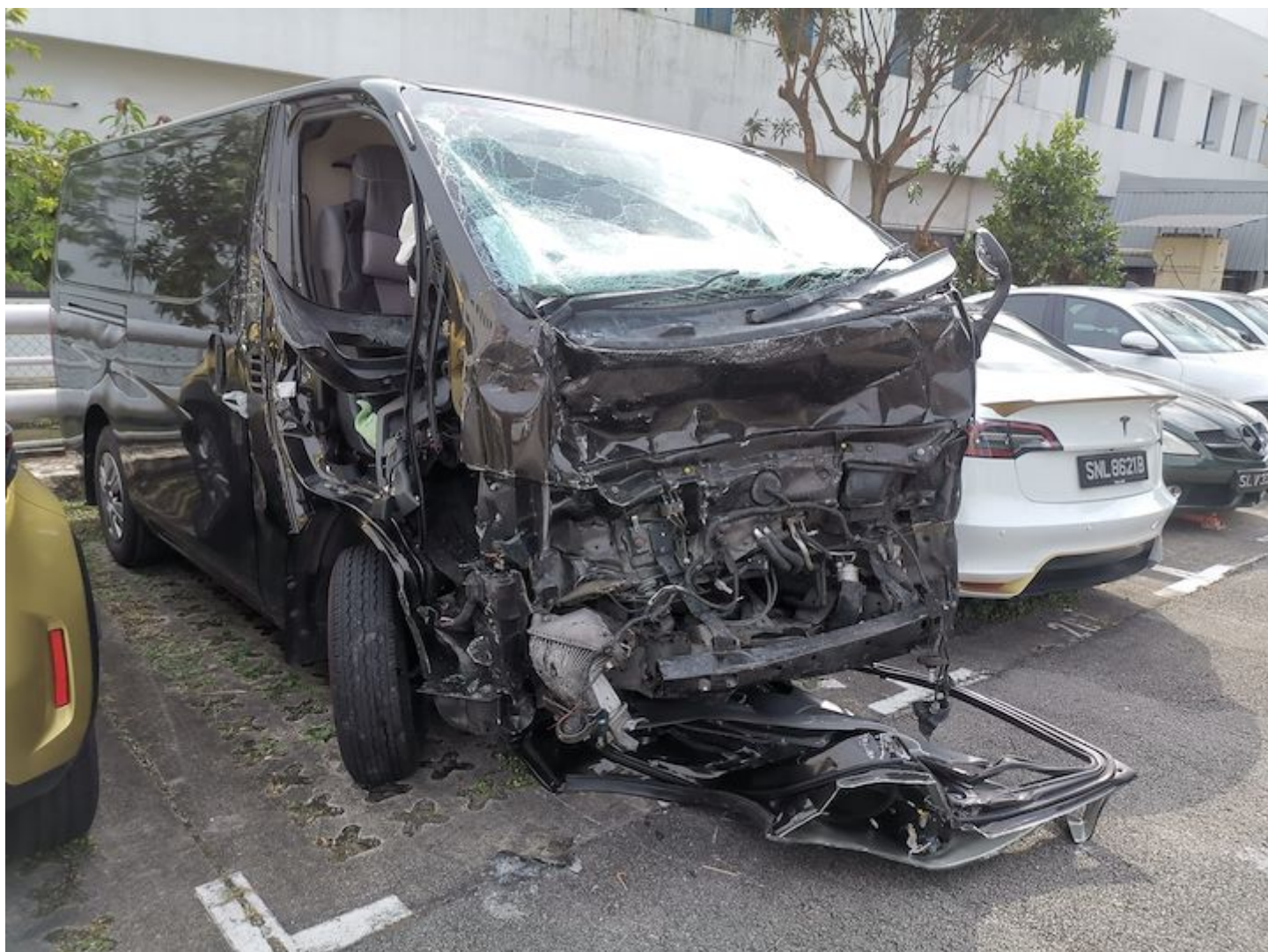


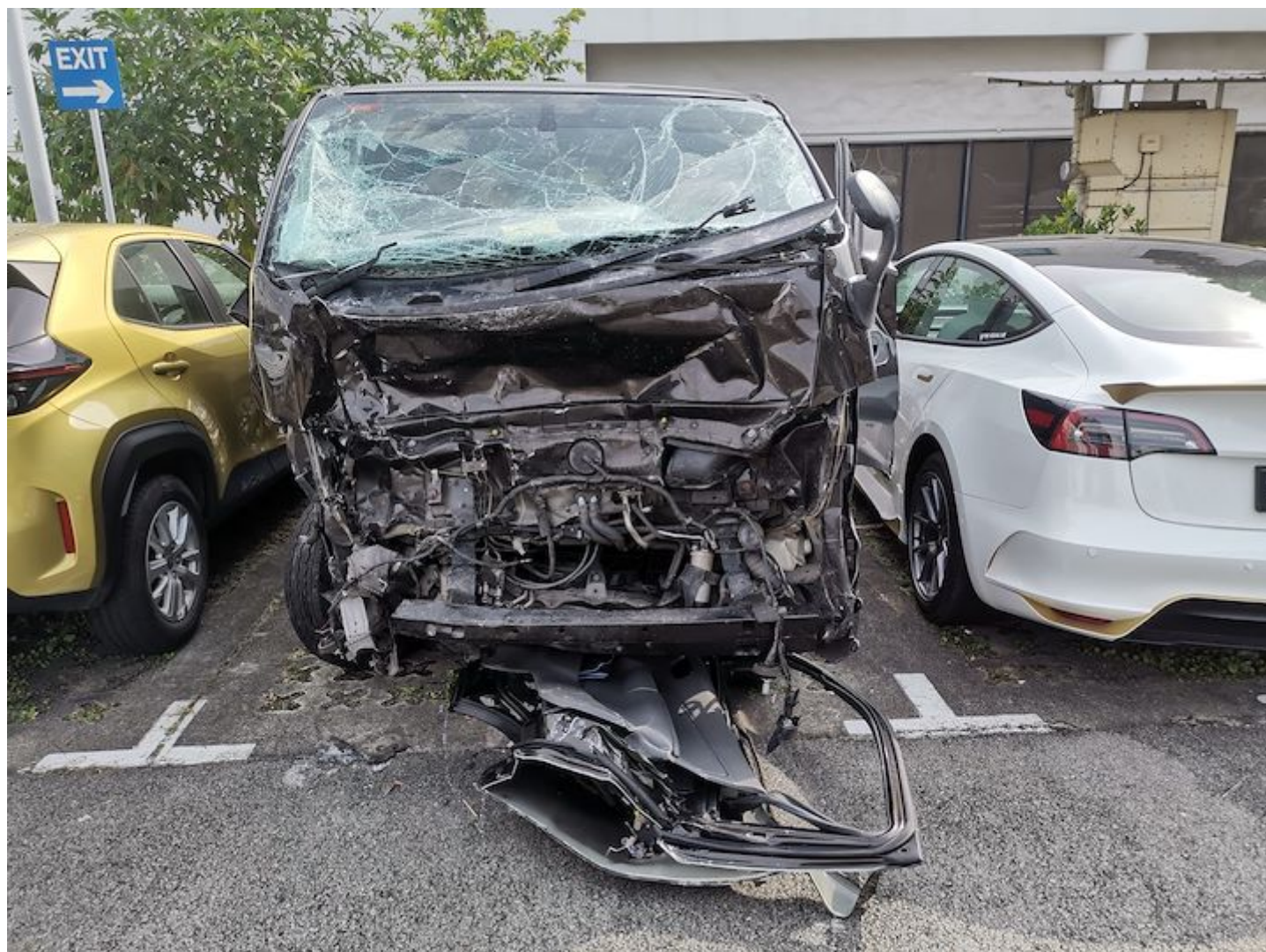





















**SINGAPORE
POLICE FORCE**


T/20240712/2022

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240712/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2024 11:30	Vide Report No.: F/20240709/0048	Station Diary No.: 42
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Informant's Particulars

Name of Informant: KOH BOO TIAK			Address: 418 HOUGANG AVENUE 8 #13-950 SINGAPORE 530418		
ID Type / ID No.: NRIC NO / S1456069F			Contact No.: Home/Office: Mobile: 97602829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/04/1960	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: DELIVERYMAN			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2024 07:25	Type of Location:
Location: HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBC4092T	Motor van	TOYOTA	HIACE MANUAL	Silver		0
GBD8572T	Motor van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Brown		0


**SINGAPORE
POLICE FORCE**

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Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20240712/2022

2 of 3

Report No. T/20240712/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH BOO TIAK	ID No.	S1456069F
Related Vehicle	GBD8572T (Motor van)	Contact No.	97602829
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	09/07/2024	Date Discharge	10/07/2024
No. of Days granted Medical Leave	23	Degree of	Slight

Brief Details.

On 09/07/2024 at about 0725hrs, I was driving my motor van bearing GBD8572T along Hougang Ave 7 towards Defu Lane. The road is clear, and I was travelling normally, suddenly one silver motor van from the opposite lane collided head-on with my motor van. I was unconscious until paramedics came and conveyed me to Changi General Hospital. I am not able to recall anything regarding the accident. The injuries that I sustained as such laceration on the head, neck, back pain, laceration on my right forearm, left shin and left toe. I was given medical leave from 09/07/2024 to 31/07/2024.

Traffic Police had then advised me to lodge a traffic police report and told me that my motor van was towed to traffic police compound. I wish to state that I had an in-vehicle camera.



SINGAPORE
POLICE FORCE



T/20240712/2022

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20240712/2022

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 NG WEE YONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2024 11:30

Officer In Charge Of Case:
TP / GIT /
ASP (1) JOHNSON LEE WEE SIONG
Contact No.: 67957400

Classification Of Case:

NP168