

## 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 17:41 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/08/2024 17:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Woodlands Street 13
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGV1509U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	QUEK DE DE
NRIC No .....	SXXXX881F
Email Address .....	haominglol@gmail.com
Mobile Phone No .....	(Phone) +65-98593113
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	WISH 1.8X A
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 .....	1794
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 .....	5043789247-14

#### DRIVER

Name of Driver .....	KOH HAO MING
NRIC No .....	SXXXX724C
Date Of Birth .....	23/03/1995
Occupation .....	Outdoor
Driving Pass Date .....	14/11/2013
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98593113
Alt. Phone Number .....	-
Email Address .....	haominglol@gmail.com
Address .....	875 Woodlands Street 82 #10-544 S 730875
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	KOH CAI LING
Gender .....	Female

#### PASSENGER 2

Name .....	HOO KA HIANG
Gender .....	Female

#### PASSENGER 3

Name .....	KOH FENG EN LENA
Gender .....	Female

#### PASSENGER 4

Name .....	NOOR ANJAR SAFITRI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999

Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to attached Police Report

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	File with owner

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMN2988J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 HAO MING
Gender .....	Male
Phone No .....	(Phone) +65-98593113
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV1509U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	KOH CAI LING
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV1509U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 3

Name of injured person .....	HOO KA HIANG
Gender .....	Female

Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV1509U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 4

Name of injured person .....	KOH FENG EN LENA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV1509U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 5

Name of injured person .....	NOOR ANJAR SAFITRI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGV1509U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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.
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.

<p>1610 hrs 6/8/2024</p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

Woodlands Street 13

A: SGV 1509U  
B: SMN 2988J

**Describe Circumstances of the Accident**

Please refer to the police report:  
T/ 2024 0803 / 2093.

**Declaration**

We declare the foregoing particulars are true in every respect.

1600hrs  
6/8/2024  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

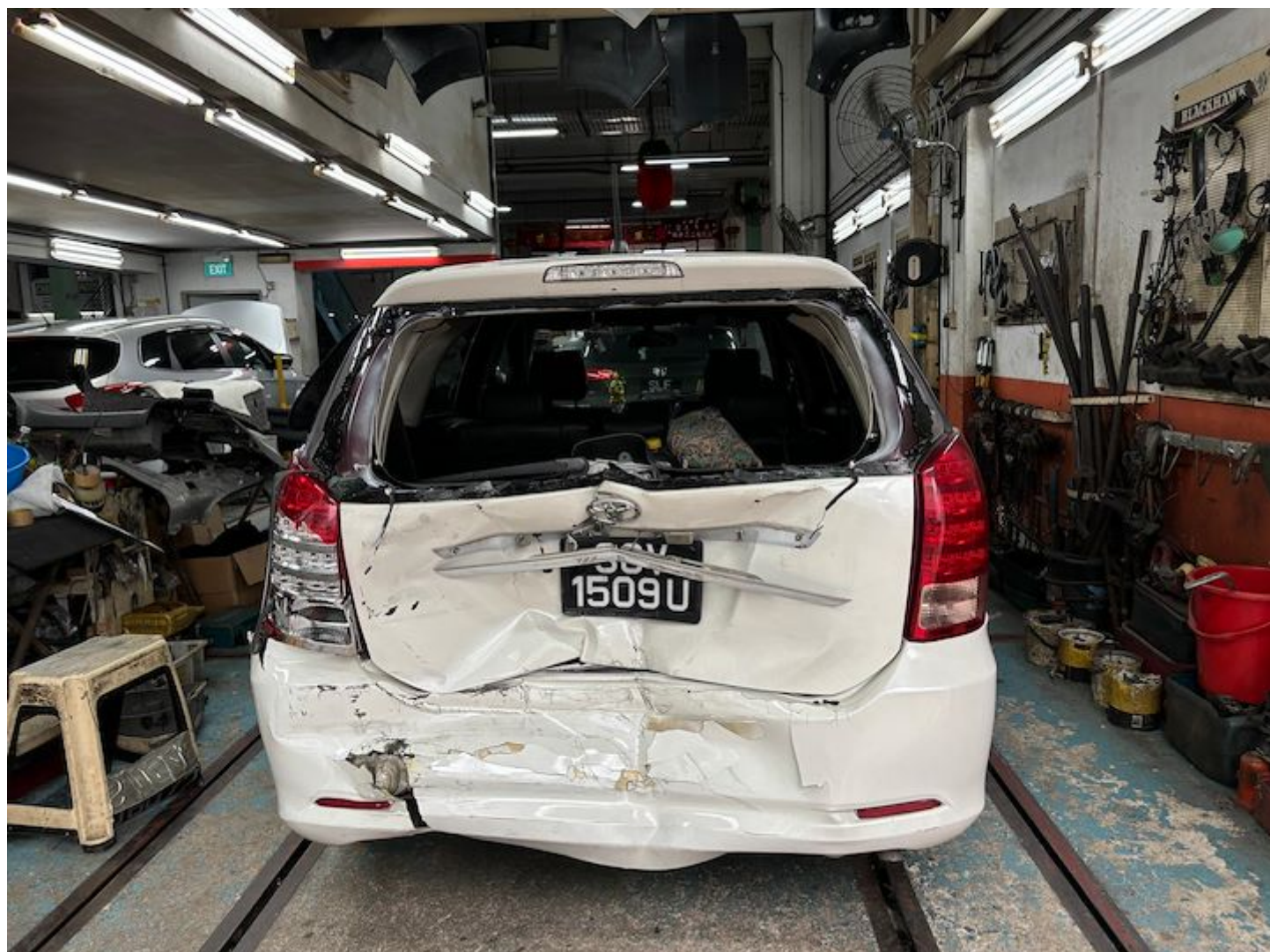
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

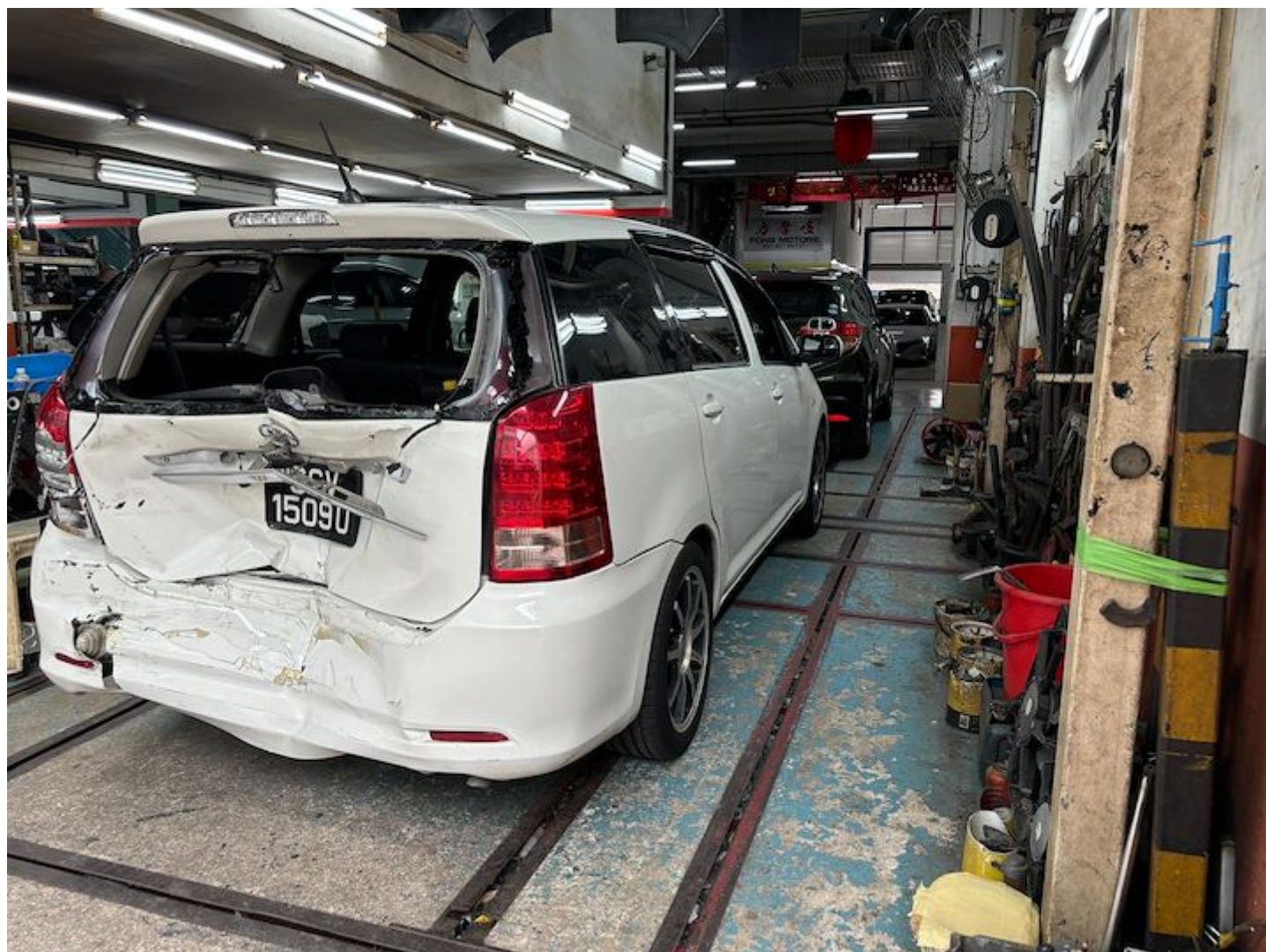










































**SINGAPORE  
POLICE FORCE**



T/20240803/2093

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20240803/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/08/2024 23:32		Vide Report No.: L/20240803/0101		Station Diary No.: 100	
<b>Informant's Particulars</b>					
Name of Informant: KOH HAO MING			Address: APT BLK 875 WOODLANDS STREET 82 #10-544 SINGAPORE 730875		
ID Type / ID No.: NRIC NO / S9509724C			Contact No.: Home/Office: 98593113      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/03/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class:      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/08/2024 17:35	Type of Location: Straight Road
Location:  WOODLANDS STREET 13				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SGV1509U	Motor car				Seriously Damaged	5
SMN2988J	Motor car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240803/2093

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 3

Report No. T/20240803/2093

**CONTINUATION OF REPORT**

Driver			
Name	KOH HAO MING	ID No.	S9509724C
Related Vehicle	SGV1509U (Motor car)	Contact No.	98593113
Hospital/Clinic	Woodlands Health Campus	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	03/08/2024	Date Discharge	03/08/2024
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On 3rd August 2024, at around 1737hrs, I was driving at Woodlands St 13 nearby block 101, turning into the carpark. I had signaled and came to a full stop, the vehicle behind accelerated. The vehicle then crashed into my car. The damaged are back window crashed, bonnet was badly damaged, side rear window crashed, passenger rear door was shut in causing it hard to open the door during the incident. My grandmother's wheelchair is also damaged, the pedal leg is broken off. There were 5 passengers inside the car including me. All were conveyed to Woodlands Health Campus. Me, my cousin and my maid were discharged and given three days MC. My grandmother and my aunt are currently hospitalized in WHC. I have front and rear dash camera which recorded the incident. I also have third party driver dash camera video. The third party was behind the driver that crashed into me. I do not have the particulars of the driver that hit me however the TP officers which attended to me has it.

**SINGAPORE  
POLICE FORCE**

T/20240803/2093

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20240803/2093

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
L /  
SGT 2 NURJANNAH BINTE  
ISKANDAR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI FADLI SHAIFUDDIN BIN MOHAMED SANI  
Contact No.: 65476845

Signature Of Informant:

Date/Time:  
03/08/2024 23:32

Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S18550320G / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : SK0N2486000 F Vehicle Registration No: S6V1509 U  
Name (as shown in NRIC) : KOH HAO MING NRIC/FIN/Passport No : S 9509724 C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 875 Woodlands Street 82 # 10-544 Singapore (730875)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9859 3113  
Email Address : haoming101@gmail.com  
Date of Accident : 03.08.2024 Time of Accident : 17:35pm  
Place of Accident : Woodlands Street 13  
Insurance Company : NTUC

#### (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:

Amended Injury Persons Details:

Name of injured person (2) : KOH CAI LIM G

↳ change to: Koh Cai Ling

Name of injured person (4) : Koh Feng Eu

↳ change to: Koh Feng En Leng

Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5043789247-14

Cover : Third Party, Fire & Theft

- |                                                                                                                                                                                                                                                                                                               |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Index mark and Registration Number of Vehicle                                                                                                                                                                                                                                                              | : SGV1509U     |
| Chassis Number                                                                                                                                                                                                                                                                                                | : ZNE100370344 |
| 2. Name of Policyholder                                                                                                                                                                                                                                                                                       | : QUEK DE DE   |
| 3. Effective Date of Insurance                                                                                                                                                                                                                                                                                | : 05 Jun 2024  |
| 4. Expiry Date of Insurance                                                                                                                                                                                                                                                                                   | : 04 Jun 2025  |
| 5. Persons or Classes of Persons entitled to drive#                                                                                                                                                                                                                                                           |                |
| (a) The Policyholder.                                                                                                                                                                                                                                                                                         |                |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.                                                                                                                                                                                                                   |                |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                |
| 6. Limitations as to Use#                                                                                                                                                                                                                                                                                     |                |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.                                                                                                                                                                                           |                |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.
- This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: QUEK DE DE
NAMED DRIVER (1)	: KOH HAO MING
NAMED DRIVER (2)	: KOH POH SENG
HIRE PURCHASE COMPANY	: HENLY ENTERPRISES CO PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TENG GIM HEONG SEAN (00000517124)  
 Date of Issue : 28 May 2024 23:45 hrs

For INCOME INSURANCE LIMITED

Chief Executive