

## 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 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 ability.
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 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 Report	11/12/2017 15:11
Date Of Accident	10/12/2017 09:55
Exact Location Of Accident	JUNC OF EMPRESS RD & FARRER RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS8001B
Insured/Policyholder	
Name Of Registered Owner	TAN HUI MENG
NRIC No	S6927189H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98000774
Alternative Phone No	OFFICE-98000774
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA CRV 2.0L AT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700024737
Cover Note Number	-
Driver	
Name of Driver	KOH WUI HENG
NRIC No	S1509524E
Date Of Birth	08/07/1961
Occupation	INDOOR
Date Of Driving Pass	14/08/1985
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98000774
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 238 BISHAN ST 22 #04-212
Postcode	570238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7100M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ZHANG QUAN
NRIC/Passport Number	G5442391N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**DETAILS OF INJURED PERSON 1**

Name	KOH WUI HENG
Approximate Age	
Injuries Sustain	NECK DOWN TO SPINE AND RIGHT SPINAL AREA
Injured person in which vehicle?	SJS8001B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TAN HUI MENG
Approximate Age	
Injuries Sustain	RIGHT ARM & RIGHT BACK AREA
Injured person in which vehicle?	SJS8001B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

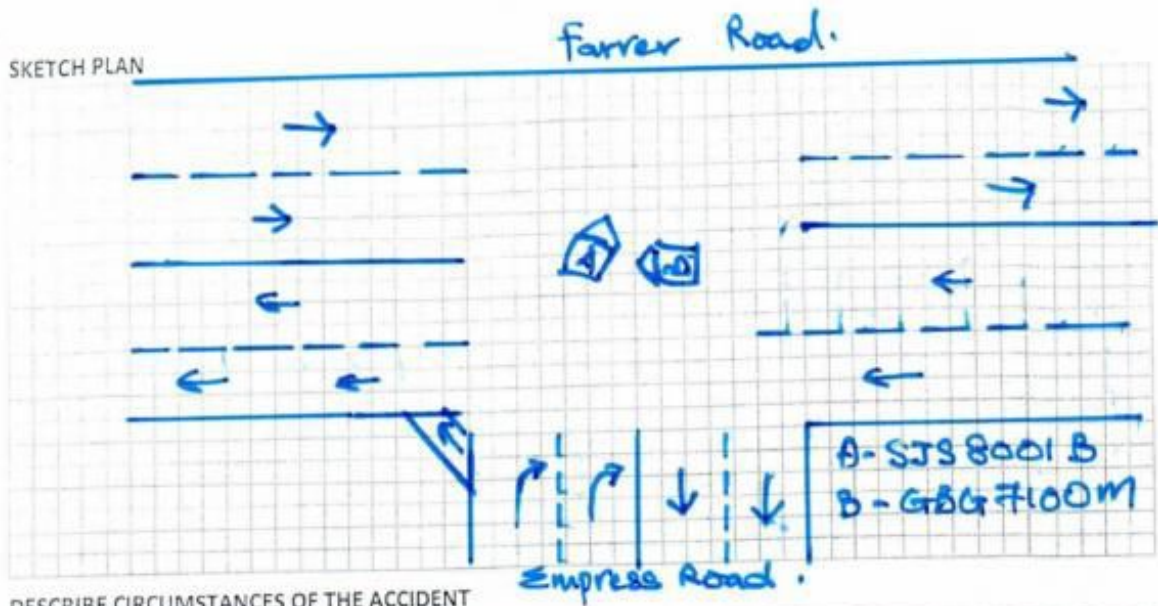
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## 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:

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



# POLICE REPORT

11-12-17:14:24



**SINGAPORE  
POLICE FORCE**



T/20171210/2075

1 of 4

Report No. T/20171210/2075

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 17:51	Vide Report No.:	Station Diary No.: 53
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### Informant's Particulars

Name of Informant: KOH WUI HENG		Address: APT BLK 238 BISHAN STREET 22 #04-212 SINGAPORE 570238	
ID Type / ID No.: NRIC NO / S1509524E		Contact No.: Home/Office: 98000774	Mobile: 85292011311
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 08/07/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TRADER		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: 10/12/2017 09:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EMPRESS ROAD FARRER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
GBG7100M	Van					0
SJS8001B	Car				Slightly Damaged	3

### Details of Person Involved

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

# POLICE REPORT

11-12-17:14:24



**SINGAPORE  
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T/20171210/2075

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Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171210/2075

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Zhang Quan	ID No.	G5442391N
Related Vehicle	GBG7100M (Van)	Contact No.	96622283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KOH WUI HENG	ID No.	S1509524E
Related Vehicle	SJS8001B (Car)	Contact No.	98000774
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN HUI MENG	ID No.	S6927189H
Related Vehicle	SJS8001B (Car)	Contact No.	98000774
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight

### **Brief Details.**

On 10/12/17 at about 0955hrs to 1000hrs, I was at junction of Empress Road and Farrer Road waiting to turn right into Farrer Road (towards Holland Road directions).

Subsequently, the traffic lights turn green and I made a right turn into Farrer Road. However, as I was turning, I realised one vehicle (GBG7100M) speeding from my right driver side. The said vehicle was speeding from Farrer Road (towards Adam Road directions) and as I wanted to avoid him, I sped up my vehicle. The said vehicle still collided into my vehicle. The front right bumper of the vehicle had hit onto the rear right side of my vehicle. My rear right tyre was misaligned and dented. There was smoke emitting from the tyre and we had to get the vehicle towed.

The said driver is working for a company known as "Xi Men Jie" in Chinese character and his boss

## POLICE REPORT

11-12-17:14:24



**SINGAPORE  
POLICE FORCE**



T/20171210/2075

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629969

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Report No. T/20171210/2075

### CONTINUATION OF REPORT

contact number (9029 7616). My wife spoken to the boss and had also recorded the conversation between her and the said boss.

I was sure he beat the red light as I turned when the traffic light turned green. There is no CCTV recording in my vehicle. I felt discomfort from the neck down to the spine and right spinal area after the accident. My wife felt numbness to her right arm (especially on the elbow joint) and pain to right back area. The 2 other passenger who are my children were shocked and traumatised by the accident.

My wife and I went to see the doctor subsequently and was given 6 days of MC. I will be reporting the accident to the insurance.



POLICE REPORT

11-12-17:14:24

# 4/ 4



SINGAPORE  
POLICE FORCE



T/20171210/2075

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

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Report No. T/20171210/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 JACKY ONG HOU AN	
Signature Of Interpreter: Not applicable	
SN 170	
Officer In Charge Of Case: T/P A. E. B. (SSI 2 SITIMARSITA BINTE BOHARI) Contact No.: 65476219	
Signature :	
Authentication Stamp NP168 Singapore Police Force	

Signature Of Informant: 
Date/Time: 10/12/2017 17:51
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

