

## 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 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	17/01/2018 17:39
Date Of Accident	13/01/2018 15:00
Exact Location Of Accident	LOR CHUAN TURNING INTO TECHPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2445Y
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#### Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

#### Driver

Name of Driver	KOH KOK YONG
NRIC No	S8215681Z
Date Of Birth	21/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2003
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88131200
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 718 BEDOK RESERVOIR RD #06-4570
Postcode	470718
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH KOK YONG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKP2445Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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 purposes 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  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

### DECLARATION

I/We declare:

Policyholder:  
Date & Time:



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

Reporting Centre Personnel's Signature:  
Name:  
NBR/PIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

6547 6404



T/20180115/2147

1 of 3

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

Report No. T/20180115/2147

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2018 18:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH KOK YONG			Address: APT BLK 718 BEDOK RESERVOIR RD #06-4570 SINGAPORE 470718		
ID Type / ID No.: NRIC NO / S8215681Z			Contact No.: Home/Office:		Mobile: 88131200
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 21/05/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4		Date of Expiry:

## General information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/01/2018 15:00	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN				
TURNING INTO TECHPARK				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision:				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SKP2445Y	Car					0

## Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180115/2147

2 of 3

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

Report No. T/20180115/2147

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KOH KOK YONG	ID No.	S8215681Z
Related Vehicle	SKP2445Y (Car)	Contact No.	88131200
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	13/01/2018	Date Discharge	14/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

### Brief Details.

13/01/2018 @1500HRS (LORONG CHUAN)

I WAS DRIVING ALONG LORONG CHUAN GOING TO PICK UP A PASSENGER, I WANTED TO MAKE A RIGHT TURN INTO TECHPARK TO GO AROUND IT FOR A U-TURN. I STOP MY VEHICLE FILTER LANE, THERE WAS A BUS INFRONT OF ME. LATER ON THE BUS DRIVER ASK ME TO MOVE FORWARD TO MAKE A RIGHT TURN DUE TO HE STUCK FROM THE TRAFFIC. SO I SLOWLY TURN OUT TO CHECK FOR ANY ONCOMING VEHICLE, WHEN I SLOWLY TURN OUT THE NEXT MOMENT THE CAR COLLIDED WITH MY VEHICLE. I CAN FEEL THE CAR SPEED WAS VERY FAST, HIS FRONT LEFT COLLIDED WITH MY FRONT LEFT WAS BADLY DAMAGED AND THE PASSENGER AIR BAGS WAS ACTIVATED AND MY WINDOW WAS CRECK. THE HE CALLED FOR THE AMBULANCE, I HEARD FROM THE OUTSIDE HE SAID "THE BUS WAS BLOCKING MY WAY, SO I CANNOT SEE". I THINK HE WAS SAYING IT TO THE POLICE OFFICER.  
THAT'S ALL

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180115/2147

3 of 3

Report No. T/20180115/2147

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

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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp NORHIDAWATI BINTE AHMAD  
Contact No.: 65476310

Authentication Stamp  
NP158

Signature Of Informant:

Date/Time:  
15/01/2018 18:07

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:





Tan Tock Seng  
HOSPITAL

Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, Singapore 306433

TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

TSHT18011027

NAME: KOH KOK YONG

NRIC: S6215681Z

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 7 day(s) from 13-Jan-2018 to 19-Jan-2018 inclusive

The certificate is not valid for absence from court attendance

The above named attended for Examination/Treatment from 13-Jan-2018 16:16 to 14-Jan-2018 10:08

14-Jan-2018

TAN LIN LING (14379)

Date Issued by

Emergency Department

Location

Signature

A member of National Healthcare Group  
Working group of hospitals (1978)

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





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**Accident Photo**



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