

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 | 22/01/2018 14:04 |
| Date Of Accident | 21/01/2018 21:50 |
| Exact Location Of Accident | JUNCTION OF AMK ST 31 TURNING LEFT TO AMK AVE 6 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJN978L |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH GAY YONG(XU YIYANG) |
| NRIC No | S8105171B |
| Email Address | KOHGAYYONG@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-97406247 |
| Alternative Phone No | OTHERS-97406247 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | VOLKSWAGEN |
| Model | TIGUAN |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI17V16272/VPC/R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | KOH GAY YONG(XU YIYANG) |
| NRIC No | S8105171B |
| Date Of Birth | 17/02/1981 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/08/2002 |
| Driving Experience | 15 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97406247 |
| Fax Number | |
| Contact Number | OTHERS-97406247 |
| Email Address | KOHGAYYONG@YAHOO.COM.SG |

| | |
|---|---|
| Address | BLK 230 ANG MO KIO AVENUE 3 #08-1256 |
| Postcode | 560230 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180122/2005 (COLLISION TYPE IS HIT ON ANIMAL)

Attachment(s)

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

Sketch Plan

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.
- (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.:

Sketch Plan #2

SKETCH PLAN

Sketch Plan #2

Amh mo Kio Avue 6

A) SJN 978L

B) DOG

B DOG

Amh mo Kio
ST 31

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dog was stationary at lamp post when I drove past it.
The owners were with the dog.

PLS 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:

 22/01/2018

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180122/2005

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20180122/2005

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 22/01/2018 01:21 | Vide Report No.: | Station/ Diary No.: 11 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: KOH GAY YONG | | | Address: APT BLK 230 ANG MO KIO AVENUE 3 #08-1256 SINGAPORE 560230 | |
| ID Type / ID No.: NRIC NO / S8105171B | | | Contact No.: Home/Office: | Mobile: 97406247 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 36 | Date of Birth: 17/02/1981 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: IT CONSULTANT | | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 21/01/2018 21:50 | Type of Location: T-Junction |
| Location: Along Road 1 ANG MO KIO STREET 31 ALONG ANG MO KIO STREET 31 BETWEEN BLOCK 302-303 TURNING LEFT TO AVENUE 6. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 10 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: HIT ON ANIMAL | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|----------------|--------|-------|--------------|-----------------|
| SJN978L | Car | VOLKSWAGO N | TIGUAN | White | No Damage | 1 |

Details of Person Involved

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180122/2005

Police Station Of Origin;
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

2 of 3

Report No. T/20180122/2005

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------|--|---------------------------------|
| Name | KOH GAY YONG | ID No. | S8105171B |
| Related Vehicle | NIL | Contact No. | 97406247 |
| 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 |

Brief Details.

On the mentioned date, time and location, I was driving in my White Volkswagen bearing registration number SJN978L on the left lane of along Ang Mo Kio Street 31 in between block 302-303 ang mo kio. At that point of time, I was approaching the junction of avenue 6 slowing down when I noticed that there was a dog on my left side at the lamp post area. When I came to a stop at the junction, I felt a tap coming from the left rear of my vehicle. I then came out to check to see what had happened. I then came to realize that there was a dog which was caught abit on my left back tire. I then reversed my vehicle slightly so that the lady could retrieve the dog.

Subsequently, I sent them to the vet located at Block 107 Ang Mo Kio(United Veterinary Clinic PTE LTD. I have a in car camera that is working however I cannot retrieve the footage.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180122/2005

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20180122/2005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Submitted 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: F / Sgt 1 CHEE JIN RONG, CLEMENT | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 22/01/2018 01:21 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

