

## 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	05/02/2018 14:42
Date Of Accident	30/01/2018 23:45
Exact Location Of Accident	SERANGOON RD B4 TURNING LEFT TO JLN TAMAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP975G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW WONG HENG FOOD CATERING
Co Reg No	52904115D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93406161

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087329810-01
Cover Note Number	

### Driver

Name of Driver	KOH KOK YONG(GAO GUOXIONG)
NRIC No	S7442134B
Date Of Birth	25/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83218171
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 406B FERNVALE ROAD #12-45
Postcode	792406
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180131/2004

#### 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	SHD3883H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHO TUCK THONG
NRIC/Passport Number	S0128242E
Contact Number	98603169
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHO TUCK THONG
Approximate Age	
Injuries Sustain	BACK & HEADACHE
Injured person in which vehicle?	SHD3883H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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 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. 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.

Low Wong Heng Food Catering

No.15 Lorong 17 Geylang Rd

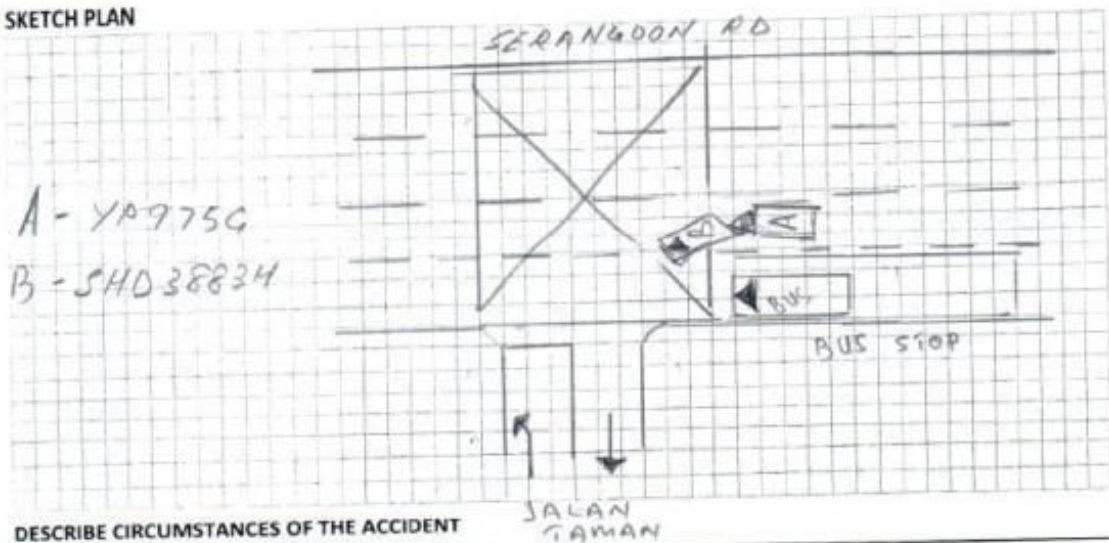
Policyholder's Signature  
Date & Time:

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report.*

*7/20180131/2004*

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Low Wong Hong Food Catering

No. 15 Lorong 17 Geylang Rd

Policyholder's Signature

Date & Time:

Singapore 388335

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*sfyur 05/02/18*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180131/2004

2 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHO TUCK THONG	ID No.	S0128242E
Related Vehicle	SHD3883H (TAXI)	Contact No.	98603169
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	Slight
<b>Driver</b>			
Name	KOH KOK YONG	ID No.	S7442134B
Related Vehicle	YP975G (Lorry)	Contact No.	83218171
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 30/01/2018 at about 2345hrs, I was driving my company lorry YP975G along the 2nd lane of Serangoon Road heading back home. While driving, I noticed there was a Comfort taxi SHD3883H which was travelling directly in front of my vehicle. The said taxi suddenly applied brakes and wanted to turn left into the Jalan Taman. As I was travelling closely behind, I was unable to stop in time and my lorry collided into the taxi rear bumper. During the period of the accident, there was a stationary bus occupying the left most lane at the bus stop and the taxi driver also informed me that it was my fault to cause the accident but I did inform him further that it was actually not right for him to turn left from the 2nd lane. I then immediately called for the police assistance. The traffic police and ambulance came to the accident scene. The taxi driver was conveyed to hospital as he informed he suffered a back pain and headache. The accident has caused damages to the front bumper of my lorry and also the rear bumper of the said taxi.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180131/2004

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2018 01:51	Vide Report No.: A/20180131/0001	Station Diary No.: 10
--	-------------------------------------	--------------------------

### Informant's Particulars

Name of Informant: KOH KOK YONG			Address: APT BLK 406B FERNVALE ROAD #12-45 SINGAPORE 792406		
ID Type / ID No.: NRIC NO / S7442134B			Contact No.: Home/Office: Mobile: 83218171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 25/12/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CATERING DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2018 23:45	Type of Location: T-Junction
Location: Along Road 1 SERANGOON ROAD				
before turning left to Jalan Taman				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3883H	TAXI	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Slightly Damaged	1
YP975G	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Slightly Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180131/2004

2 of 3

Report No. T/20180131/2004

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHO TUCK THONG	ID No.	S0128242E
Related Vehicle	SHD3883H (TAXI)	Contact No.	98603169
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	Slight
<b>Driver</b>			
Name	KOH KOK YONG	ID No.	S7442134B
Related Vehicle	YP975G (Lorry)	Contact No.	83218171
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 30/01/2018 at about 2345hrs, I was driving my company lorry YP975G along the 2nd lane of Serangoon Road heading back home. While driving, I noticed there was a Comfort taxi SHD3883H which was travelling directly in front of my vehicle. The said taxi suddenly applied brakes and wanted to turn left into the Jalan Taman. As I was travelling closely behind, I was unable to stop in time and my lorry collided into the taxi rear bumper. During the period of the accident, there was a stationary bus occupying the left most lane at the bus stop and the taxi driver also informed me that it was my fault to cause the accident but I did informed him further that it was actually not right for him to turn left from the 2nd lane. I then immediately called for the police assistance. The traffic police and ambulance came to the accident scene. The taxi driver was conveyed to hospital as he informed he suffered a back pain and headache. The accident has caused damages to the front bumper of my lorry and also the rear bumper of the said taxi.



Police Report



**SINGAPORE  
POLICE FORCE**



T/20180131/2004

3 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20180131/2004

**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:

F /

Sgt 2 MUHAMMAD FAIRUZ ZAMEEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2018 01:51

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Classification Of Case:

TP / GIT

Authentication Stamp

NP168

Accident Photo

