

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	11/04/2018 12:00
Date Of Accident	10/04/2018 15:00
Exact Location Of Accident	SIN MING DR INFRT 172 TWDS LTA DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2296R
Insured/Policyholder	
Name Of Registered Owner	KOH AUTO PARTS ENGINEERING
Co Reg No	53344212E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84886668

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1675921701
Cover Note Number	

Driver

Name of Driver	KOH TZE KANG(GAO ZIKANG)
NRIC No	S8015003B
Date Of Birth	06/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886668
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 672D EDGEFIELD PLAINS #06-591
Postcode	824672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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?	NO
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

I WAS DRIVING ALONG SIN MING DR SOMEWHERE INFRT 172 SIN MING DR,MY VEH WAS STATIONARY STOP DUE TO TRAFFIC LIGHT.HENCE VEH B COLLIDED TO THE REAR PORTION OF MY VEH.THEREFORE,I ALIGHTED AND REALISED THAT THE REAR PORTION OF MY VEH WAS DAMAGED BY VEH(B)BEARING REG NO GX8516S.WHILE MY VEH WAS STATIONARY ON THE RIGHT LANE OF A2-LANES DUAL CARRIAGEWAY.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8516S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD FIRDAUS BIN SAMSUDIN
NRIC/Passport Number	
Contact Number	94816581
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KOH TZE KANG(GAO ZIKANG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH2296R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:

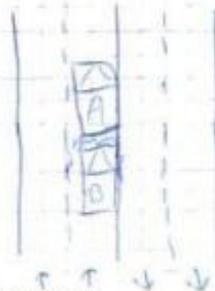
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

shw 11/04/18

Individual Statement

SEN MANG DR IN FRONT OF 172 SEN MANG PR TOWARDS LIA DIRECTION.

SKETCH PLAN



A - SLH 3296 Q

B - GX 8516 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along SEN MANG DR somewhere in front of 172 SEN MANG DR, I was stationary stopped due to traffic light. Hence, veh (B) collided to the rear portion of my vehicle. Therefore, I admitted and realised that the rear portion of my vehicle was damaged by veh (B) GX 8516 S while I was stationary on the right lane of a 2 lanes dual carriageway.

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.:

[Signature] 11/04/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity No. S8015003B

Name: KOH TZE KANG (高子康)

Sex: M

Date of Birth: 08 Jun 1980

Issue Date: 30 Nov 2017

AP Photo No. 11-08-2018



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8015003B

Name: KOH TZE KANG (高子康)

Race: CHINESE

Date of Birth: 08-06-1980

Sex: M

Country of Birth: SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 2B	Motor cycles up to 250 cc	13 Oct 1988
Class 2A	Motorcycles (exclsd 201 cc and 180 cc)	13 Jun 2000
Class 2	Motorcycles > 180 cc	23 Mar 2004
Class 2	Motor cycle with unladen weight ≤ 200kg with a 2 stroke engine, excluding 180cc and other types	08 Oct 2007
Class 4	Motor vehicles with unladen weight ≤ 2500kg	26 Aug 2004
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight ≤ 2500kg	
Class 4	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 2500kg	28 Jun 2010
Class 4	Motor vehicles not constructed to carry any load and the unladen weight ≤ 2500kg	

WT 4754



Identity No. S8015003B

Date of Issue: 11-08-2018

APT BLK 0730 DODDLEFIELD PL ANN HOE-091

SINGAPORE 824613

MRC No. 4811481888

Date: 03/04/2018