#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	14/04/2018 17:00
Date Of Accident	13/04/2018 18:45
Exact Location Of Accident	JUNCTION OF BEDOK SOUTH AVE/NEW UPPER CHANGI RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX4243U
Insured/Policyholder	
Name Of Registered Owner	KOH GEK KIA
NRIC No	S7918042D
Email Address	GEKKIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91798244
Alternative Phone No	OTHERS-91798244
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096110070
Cover Note Number	
Driver	
	1/21/2017/19

Name of Driver KOH GEK KIA
NRIC No S7918042D
Date Of Birth 26/06/1979
Occupation INDOOR
Date Of Driving Pass 28/07/2000

Driving Experience 17 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91798244

Fax Number

Contact Number OTHERS-91798244
EMail Address GEKKIA@GMAIL.COM

Address BLK 405 BEDOK NORTH AVENUE 3

#11-199

Postcode 460405

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 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 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

number of rassengers (moldaling briver)

Passenger 1 NAME: : WIFE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180414/2005 (TYPE OF COLLISION IS HEAD TO SIDE)

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 PA3845P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver SEAH CHEANG KIAT

NRIC/Passport Number S0177738F Contact Number 98360753

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### 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.
- 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
- 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.
- 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: 14/04/18

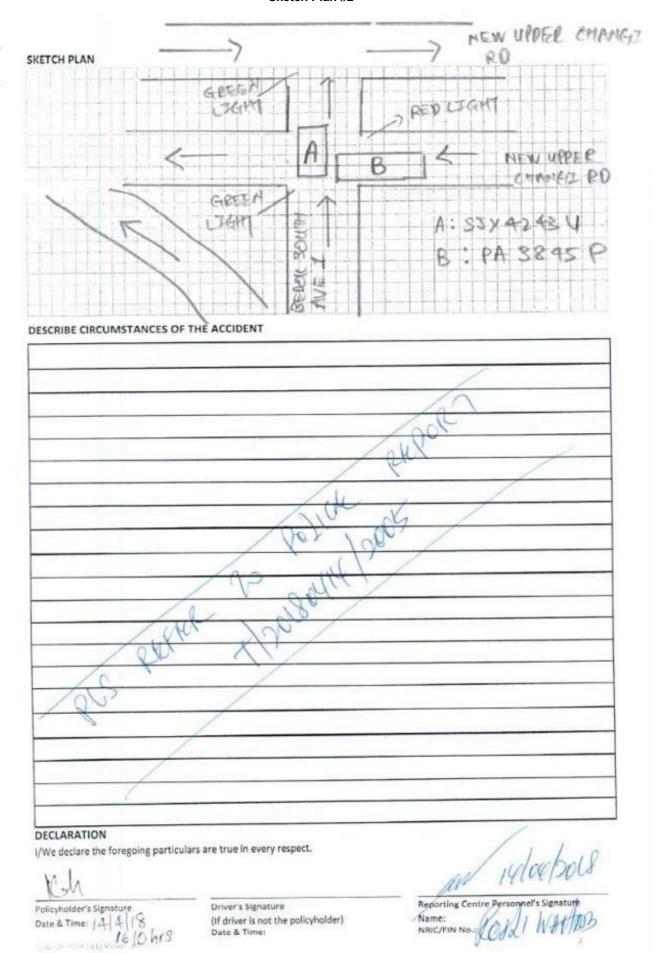
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

NRIC/FIN No

#### Sketch Plan #2







1 of 4

Report No. T/20180414/2005

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Date/Time Report Made: 14/04/2018 00:49			Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ılars	STATE STATE OF STREET	THE REPORT OF THE PARTY OF THE	
Name of KOH GE	Informant: K KIA		Address: APT BLK 405 BEDOK NORTH SINGAPORE 460405	H AVENUE 3 #11-199	
ID Type / ID No.: NRIC NO / S7918042D			Contact No.: Home/Office:	Mobile: 91798244	
National			Email:		
Sex: Male	Age:	Date of Birth: 26/06/1979	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: AIRLINE EXECTIVE		E	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 13/04/2018 18:45	Type of Location X-Junction	
Junction of B Weather.	1 JTH AVENUE 1 Sedok South Avenue 1 and	New upper Chang Road Surface: Dry	gi road	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of V	enicle mvo	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T		Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color	Condition	0
PA3845P						0
		TOVOTA	COROLLA	Gold	Seriously	1
SJX4243U	Car	TOYOTA	1.6	Gold	Damaged	

THE RESERVE AND ADDRESS OF THE PARTY OF THE	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company		07/12/2017	06/12/2018
30774	NTUC Income Insurance Co-Operative	5096110070	01/12/2017	001,2120,0



20180414/2005

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Report No. T/20180414/2005

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

	Involved					
Any Pedestrian In	volved: No	Use of Pede	estrian C	crossi	ng: NA	
No. of Pedestrian	s Injured: NIL	OSC OIT CO.				
Driver	TAIL MIAT		ID No.		S0177738F	
Name	SEAH CHEANG KIAT		100,1100			
			Contact No.		98360753	
Related Vehicle	PA3845P		Ochlos		13.	
			Class of Driving Licence &		Class: NIL	
Hospital/Clinic	NIL	1			Date of Expiry: NIL	
		1				
			Expiry Date			
		Date Disch	arge	NIL		
Date Treatment	NIL tod Medical Leave NIL	Degree of		NIL		
	ted Medical Leave NIL		District of			
Driver	TWO LLOSEY VIA	and a second	ID No.		S7918042D	
Name	KOH GEK KIA		0180000			
	A W404211 (Cod)		Contact No.		91798244	
Related Vehicle	SJX4243U (Car)					
			Class of		Class: 3	
Hospital/Clinic	NIL		Driving		Date of Expiry: NIL	
			Licence &			
			Expiry	Date		
		Date Disc	Account to the last of	NIL		
Date Treatment	NIL nted Medical Leave NIL		Date Discharge   NIL   Degree of Injury   NIL			

On 13/04/2018 at about 1845hrs, my vehicle bearing registration plate number SJX4243 was stationary behind another unknown registration plate number at the junction of Bedok south Avenue 1 and New Upper Changi Road as the traffic light was red in favour of mine. Once the traffic light turn green in favour of me, I started to move off, halfway though the junction, I noticed there was a blue comfort delgro bus bearing registration plate number PA3845P moving towards my direction from the right. As it was moving towards me, I decided to accelerate to avoid Collison with the bus. However I felt a impact shortly. I stopped a few metres away and looked at the situation. As there was a heavy traffic behind, I decided to drop my wife off before turning back tot the accident location.

On 1855hrs on the same day, I reached back the location and noticed that the blue bus was stopped 3 to 5 metres away from the junction where the accident occurred. I alighted and went to find the driver of the blue bus who is at the junction of New Upper Changi Road. While walking, I noticed there were 2 persons wearing blue in colour comfort Delgro uniform talking to a couple. The 4 of them then walked back to the bus where it was parked and I asked if the driver had knocked onto my vehicle. He admitted to it. However he claimed that the bus brake was not functioning properly therefore unable to stop in time wished to state that before I moved off, I noticed that the other vehicles on New Upper Changi Roz initial stopped but this bus continued to move and dashed through the red light. Among the couple, I notice the that the male (Mr Phyo, HP:91161682) pedestrian having abrasion on his left arm and he complained about pain on the left leg as well. I asked if he need an ambulance but he declined. We exchanged particular and the pedestrian left the scene. I took photos of the damage and I left the scene shortly.

#### Sketch Plan #5





Report No. T/20180414/2005

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Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

I am lodging this report for insurance claims and there was a pedestrian involved. However I did not personally witness the bus hit the pedestrian.

#### Sketch Plan #6

CONTINUATION OF REPORT



T/20180414/2005

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 Report No. T/20180414/2005

### 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: G / SI MOHAMED SHAHARUM B ABDUL JEBAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2018 00:49
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
Authentication Stamp NP168	





