

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	18/05/2018 10:44
Date Of Accident	17/05/2018 16:20
Exact Location Of Accident	BAYFRONT AVE AFTER JUNC SHEARES LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8391L
Insured/Policyholder	
Name Of Registered Owner	KOH WEI HAO
NRIC No	S9047319J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91508506
Alternative Phone No	OFFICE-91508506

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU008362
Cover Note Number	

Driver

Name of Driver	KOH WEI HAO
NRIC No	S9047319J
Date Of Birth	26/11/1990
Occupation	INDOOR
Date Of Driving Pass	10/07/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91508506
Fax Number	
Contact Number	OFFICE-91508506
Email Address	NOEMAIL

Address	BLK 688C WOODLANDS DRIVE 75 #13-46
Postcode	733688
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 - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : NG ZHAO WEI (HUANG ZHAOWEI) GENDER: : MALE
Passenger 2	NAME: : TAN JIAN HUAI, EDDY (CHEN JIANHUAI) GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180518/2040.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL5555Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LIM HAN POH
NRIC/Passport Number	S1412345H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	KOH WEI HAO
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLQ8391L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NG ZHAO WEI (HUANG ZHAOWEI)
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLQ8391L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TAN JIAN HUAI, EDDY (CHEN JIANHUAI)
Approximate Age	
Injuries Sustain	BACK
Injured person in which vehicle?	SLQ8391L
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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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.

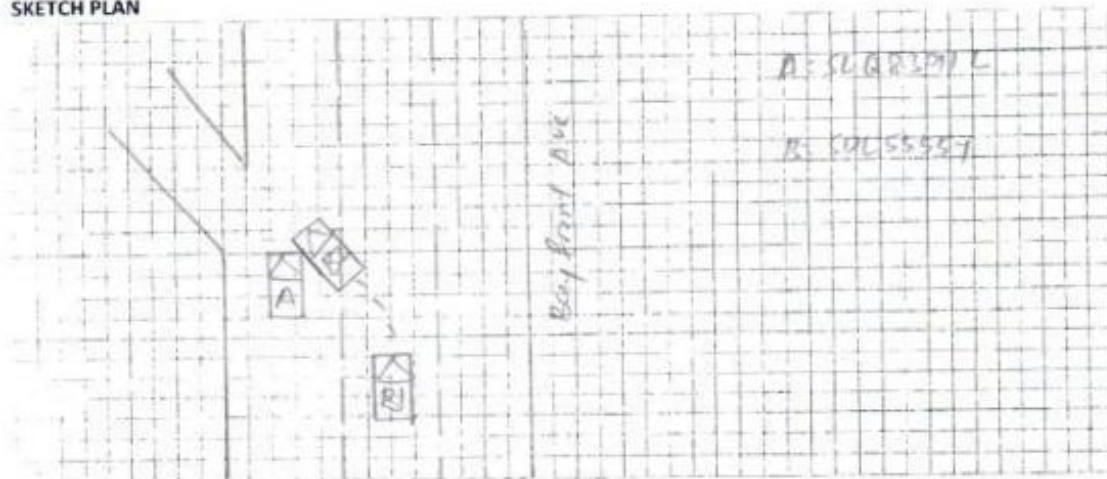

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180518/2040.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180518/2040

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Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180518/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 11:38	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: KOH WEI HAO			Address: APT BLK 688C WOODLANDS DRIVE 75 #13-46 SINGAPORE 733688		
ID Type / ID No.: NRIC NO / S9047319J			Contact No.: Home/Office: Mobile: 91508506		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 26/11/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF PERSONNEL			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information Of The Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL5555Y	Car				Slightly Damaged	0
SLQ8391L	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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POLICE FORCE**



T/20180518/2040

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180518/2040

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ8391L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU008362	25/07/2017	24/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN EDDY		ID No.	S9037912G
Related Vehicle	SLQ8391L (Car)		Contact No.	97432621
Hospital/Clinic	ASIA ONE CHIROPRACTIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2018		Date Discharge	18/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	KOH WEI HAO		ID No.	S9047319J
Related Vehicle	SLQ8391L (Car)		Contact No.	91508506
Hospital/Clinic	ADMIRALTY FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2018		Date Discharge	18/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	NG ZHAO WEI		ID No.	S9021762C
Related Vehicle	SLQ8391L (Car)		Contact No.	97772795
Hospital/Clinic	ADMIRALTY FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/05/2018		Date Discharge	18/05/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight	

Police Report



**SINGAPORE
POLICE FORCE**



T/20180518/2040

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180518/2040

CONTINUATION OF REPORT

Driver			
Name	LIM HAN POH	ID No.	S1412345H
Related Vehicle	NIL	Contact No.	96168228
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17.05.2018 at about 1619hrs, I was driving along Bayfront avenue on lane 3 of the 3 lane road when a vehicle on the 2nd lane wanted to make a sharp left turn from his lane into Marina Bay Sands Shoppe Taxi/ Drop off point and cut into my lane. I braked upon seeing that he wanted to cut into my lane however the vehicle still proceeded and collided to the front right side of my vehicle. We then exchanged particulars. The damages to my vehicle are front right bumper dented and scratches, front right headlight scratched and cracked, rims and wheel damaged. My passengers and I suffered from body and neck aches due to the impact.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180518/2040

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20180518/2040

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: G / Staff Sgt RUZIANA BINTE MUHAMMAD RUDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2018 11:38
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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