

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 | 03/07/2018 15:16 |
| Date Of Accident | 03/07/2018 07:40 |
| Exact Location Of Accident | JURONG WEST ST 65 OPP BOON LAY SEC SCH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKF5635Z |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH JOO HOCK |
| NRIC No | S1723904Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96740411 |
| Alternative Phone No | OFFICE-96740411 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT103293 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOH JOO HOCK |
| NRIC No | S1723904Z |
| Date Of Birth | 05/08/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/02/1985 |
| Driving Experience | 33 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96740411 |
| Fax Number | |
| Contact Number | OFFICE-96740411 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 264 BOON LAY DRIVE #05-603 |
| Postcode | 640264 |
| 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 | COLLIDED INTO BICYCLIST |
| 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? | 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. | NO |
| Number of Passengers (Including Driver) | 4 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |
| Passenger 3 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | EUNOS NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4439999 - FAX NO: 62444376 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180703/2070.

Attachment(s)

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

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:

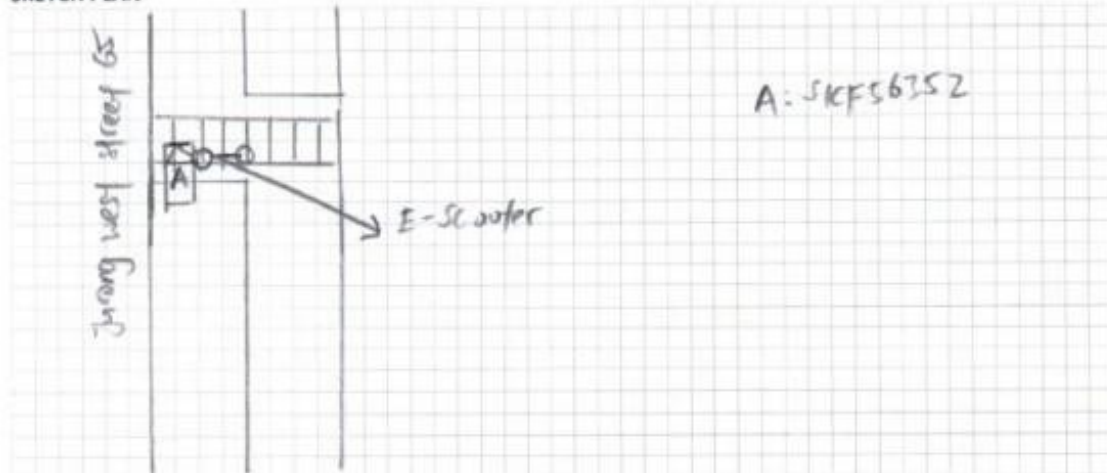
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



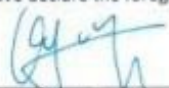
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180703/2070.

(The remaining lines of the section are crossed out with a diagonal line.)

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/20180703/2070

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180703/2070

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 03/07/2018 14:30 | Vide Report No.: | Station Diary No.: 9 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant: KOH JOO HOCK | | | Address: APT BLK 264 BOON LAY DRIVE #05-603 SINGAPORE 640264 | |
| ID Type / ID No.: NRIC NO / S1723904Z | | | Contact No.: Home/Office: | Mobile: 96740411 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 52 | Date of Birth: 05/08/1965 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: HAWKER STALL OWNER | | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|--------------------------------|---|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Pedestrian / Cyclist | Drink Drive: No | Date/Time of Accident: 03/07/2018 07:40 | Type of Location: Straight Road |
| Location: Along Road 1 JURONG WEST STREET 65 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Pedestrian Crossing | | Traffic Volume: Light |
| Type of Collision: Moving Vehicle against Escooter | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|---|-------|--------------|-----------------|
| SKF5635Z | Car | HYUNDAI | ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR | Black | No Damage | 3 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| SKF5635Z | TOKIO MARINE INSURANCE SINGAPORE LTD. | MT103293 | 14/06/2018 | 13/06/2019 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20180703/2070

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 4

Report No. T/20180703/2070

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KOH JOO HOCK | ID No. | S1723904Z |
| Related Vehicle | SKF5635Z (Car) | Contact No. | 96740411 |
| 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 |
| Cyclist | | | |
| Name | DANIEL | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | 90294624 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 03/07/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On 03/07/2018, at about 0740 hours, I was driving my vehicle, SKF5635Z along Jurong West St 65. As I approached a pedestrian crossing along the road, I stopped my vehicle before the pedestrian crossing. I checked that there was nobody crossing the road, as such I accelerated my vehicle. However shortly after I accelerated my vehicle, I suddenly saw an e-scooter was crossing the pedestrian crossing in high speed. I managed to jam brake in time, however the e-scooter cyclist he dismounted from his e-scooter and he fell onto the floor. I would like to state that from my observation, my vehicle did not collide onto the cyclist nor his e-scooter. After which, I alighted from my vehicle and help him up. I observed that he sustained an abrasion on his left forearm. So, I asked him whether does he need any ambulance or medical assistance, but he refused. So, out of kindness I offered him SGD\$100/-(one hundred dollars only) for him to go seek treatment from a clinic afterwards. He accepted the money and gave me his contact number and we left the accident location.

I would like to state that my vehicle do not have in-car camera. Also, I did not observed whether is there any damages on his e-scooter at that point of time, however he had just contacted me and told me to pay for his e-scooter damages as it is totally damaged right now. He had also told me that he had went to Ng Teng Fong hospital for medical assessment, and he said he is still waiting for doctor review. My vehicle was not damaged at all, and I am not injured.

Police Report



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3 of 4

Report No. T/20180703/2070

CONTINUATION OF REPORT

Police Report



**SINGAPORE
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T/20180703/2070

Police Station Of Origin:
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SINGAPORE 470629
Tel No: 1800-4439999

4 of 4

Report No. T/20180703/2070

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 /

Sgt 2 LEE WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/07/2018 14:30

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP158



SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

