

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	27/07/2018 09:42
Date Of Accident	26/07/2018 13:55
Exact Location Of Accident	JLN ANAK BUKIT TWDS PIE(CHANGI)JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2755A
Insured/Policyholder	
Name Of Registered Owner	LEE LAY KHIM
NRIC No	S0216374H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396279
Alternative Phone No	OTHERS-83396279

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	5096855109
Cover Note Number	

Driver

Name of Driver	KOH HOCK KEE
NRIC No	S0277489E
Date Of Birth	03/11/1947
Occupation	INDOOR
Date Of Driving Pass	26/03/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96645930
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 UPPER BUKIT TIMAH VIEW #03-02
Postcode	588132
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180726/2116

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	SJR9683G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUSRI BIN MUHAMAD
NRIC/Passport Number	S6806107E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH HOCK KEE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKG2755A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

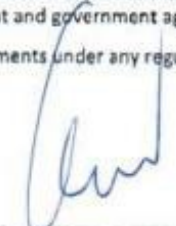
IMPORTANT NOTICE


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.

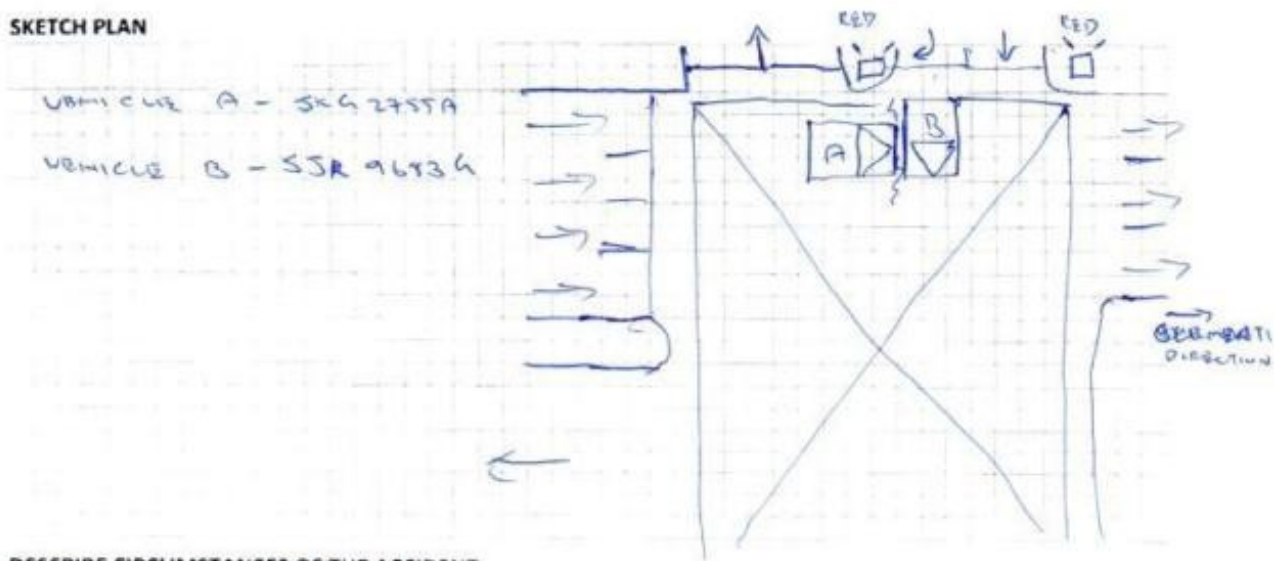

Policyholder's Signature
Date & Time:


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

AS PER POLICE REPORT, POLICE REPORT NO. T/20180726/2116

VEHICLE A - SAG 2755 A

VEHICLE B - SJR 9683 G

VIDEO FOOTAGE WAS FROM SJR 9683 G VEHICLE, AND
CLEARLY SHOWN, VEHICLE SJR 9683 G BEATING (RED) TRAFFIC LIGHT

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.: _____

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20180726/2116

CONTINUATION OF REPORT

Name	PASSENGER		ID No.	NIL
Related Vehicle	SJR9683G (Car)		Contact No.	NIL
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
Driver				
Name	YUSRI BIN MUHAMAD		ID No.	S6806107E
Related Vehicle	SJR9683G (Car)		Contact No.	NIL
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
Driver				
Name	KOH HOCK KEE		ID No.	S0277489E
Related Vehicle	SKG2755A (Car)		Contact No.	96645930
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

Brief Details.

26/07/2018 @1355HRS (JALAN ANAK BUKIT TOWARDS PIE(CHANGI) JUNCTION)

I WAS DRIVING ALONG JALAN ANAK BUKIT, THE ROAD SURFACE WAS DRY AND THE TRAFFIC FLOW WAS NORMAL. I STOP MY VEHICLE AT THE JUNCTION AS THE TRAFFIC LIGHT WAS RED, WHEN THE TRAFFIC LIGHT TURN GREEN AND I PROCEEDED TO DRIVE FORWARD. AS I WAS TRAVELLING FOR FORWARD. A CAR EXITING FROM THE PIE AND HE BEAT THE RED LIGHT AND CUT INFRONT OF MY VEHICLE AND WE COLLIDED. I QUICKLY EXITED MY CAR AS THERE WAS SMOKE COME OUT OF MY CAR, THE PASSENGER CAME OUT OF THE OTHER VEHICLE AND TURN AGGRESSIVE TO BOTH DRIVERS. I KEEP MY COOL AND LATER ON CALLED FOR THE TRAFFIC POLICE AND THE AMBULANCE, THEN WE WAITED FOR THE TRAFFIC POLICE TO ARRIVED.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180726/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2018 16:34		Vide Report No.: J/20180726/0157		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH HOCK KEE			Address: APT BLK 1 UPPER BUKIT TIMAH VIEW #03-02 BUKIT REGENCY SINGAPORE 588132		
ID Type / ID No.: NRIC NO / S0277489E			Contact No.: Home/Office: Mobile: 96645930		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 03/11/1947	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2018 13:55	Type of Location: X-Junction
Location: Along Road 1 JALAN ANAK BUKIT JALAN ANAK BUKIT TOWARDS PIE(CHANG) JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9683G	Car				Seriously Damaged	1
SKG2755A	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 4

Report No. T/20180726/2116

CONTINUATION OF REPORT

Name	PASSENGER	ID No.	NIL
Related Vehicle	SJR9683G (Car)	Contact No.	NIL
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
Driver			
Name	YUSRI BIN MUHAMAD	ID No.	S6806107E
Related Vehicle	SJR9683G (Car)	Contact No.	NIL
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
Driver			
Name	KOH HOCK KEE	ID No.	S0277489E
Related Vehicle	SKG2755A (Car)	Contact No.	96645930
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

Brief Details.

26/07/2018 @1355HRS (JALAN ANAK BUKIT TOWARDS PIE(CHANGI) JUNCTION)

I WAS DRIVING ALONG JALAN ANAK BUKIT, THE ROAD SURFACE WAS DRY AND THE TRAFFIC FLOW WAS NORMAL. I STOP MY VEHICLE AT THE JUNCTION AS THE TRAFFIC LIGHT WAS RED, WHEN THE TRAFFIC LIGHT TURN GREEN AND I PROCEEDED TO DRIVE FORWARD. AS I WAS TRAVELLING FOR FORWARD, A CAR EXITING FROM THE PIE AND HE BEAT THE RED LIGHT AND CUT INFRONT OF MY VEHICLE AND WE COLLIDED. I QUICKLY EXITED MY CAR AS THERE WAS SMOKE COME OUT OF MY CAR, THE PASSENGER CAME OUT OF THE OTHER VEHICLE AND TURN AGRESSIVE TO BOTH DRIVERS. I KEEP MY COOL AND LATER ON CALLED FOR THE TRAFFIC POLICE AND THE AMBULANCE, THEN WE WAITED FOR THE TRAFFIC POLICE TO ARRIVED.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180726/2116

3 of 4

Report No. T/20180726/2116

CONTINUATION OF REPORT

THAT'S ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20180726/2116

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20180726/2116

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/07/2018 16:34

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP158



**SINGAPORE
POLICE FORCE**

Signature: