

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	28/08/2018 14:07
Date Of Accident	27/08/2018 18:40
Exact Location Of Accident	PIE (TUAS) NEAR BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE232Y
Insured/Policyholder	
Name Of Registered Owner	KOH KIM KENG LANDSCAPING
Co Reg No	52864930B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98567892
Alternative Phone No	OFFICE-98567892

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29090346MKC
Cover Note Number	

Driver

Name of Driver	KOH KIM KENG
NRIC No	S1726353F
Date Of Birth	16/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567892
Fax Number	
Contact Number	OFFICE-98567892
EEmail Address	NOEMAIL

Address	BLK 409 BUKIT BATOK WEST AVENUE 4 #07-160
Postcode	650409
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : - GENDER: : MALE
Passenger 2	NAME: : MOHD IKHWAN AZMI BIN GENDER: : MALE

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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180827/2183.

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	GBH6025Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MOHD IKHWAN AZMI BIN

Approximate Age

Injuries Sustain HAND & LEG

Injured person in which vehicle? GBE232Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KOH KIM KENG

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? GBE232Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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6. The report will be forwarded by the insurers to 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 lodging 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 purposes:
 - (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) in compliance with requirements under any regulations, laws or court orders;



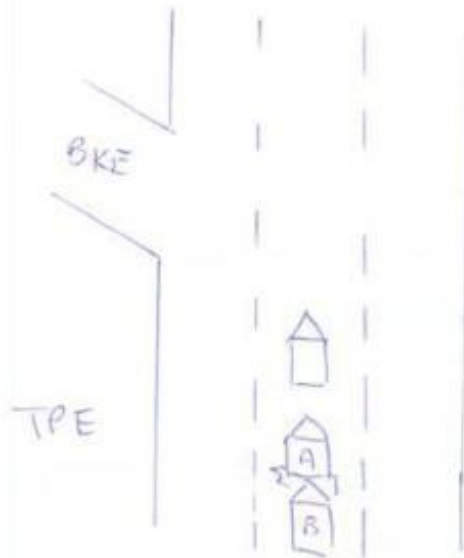
Police Station Stamp
Date & Time: _____

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

Reporting Centre Form No. _____
Name: _____
NRIC/FIN No. _____

Accident Sketch Plan

SKETCH PLAN



DOA: 27/8/18
A: GBE 2324
B: 4BH 60252

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Blue Report



Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
RAC/PSA No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180827/2183

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

1 of 3

Report No. T/20180827/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 21:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH KIM KENG	Address: APT BLK 409 BUKIT BATOK WEST AVENUE 4 #07-160 SINGAPORE 650409		
ID Type / ID No.: NRIC NO / S1726353F	Contact No.: Home/Office: Mobile: 98567892		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 16/10/1965	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GARDENER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/08/2018 18:40	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS TUAS NEAR BKE EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE232Y	PICKUP TRUCK	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0
GBH6025Z	PICKUP TRUCK	TOYOTA	DYNA 150 5MT		Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180827/2183

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

2 of 3

Report No. T/20180827/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KIM KENG	ID No.	S1726353F
Related Vehicle	GBE232Y (PICKUP TRUCK)	Contact No.	98567892
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 27/8/18 at about 1840hrs

I was driving along PIE towards Tuas near BKE exit on the first lane, i was driving slowly as there were vehicles ahead of me when suddenly another pickup truck collided onto me from the back. One of my workers at the back was injured and conveyed to NTFH hospital.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180827/2183

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

3 of 3

Report No. T/20180827/2183

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 /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/08/2018 21:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



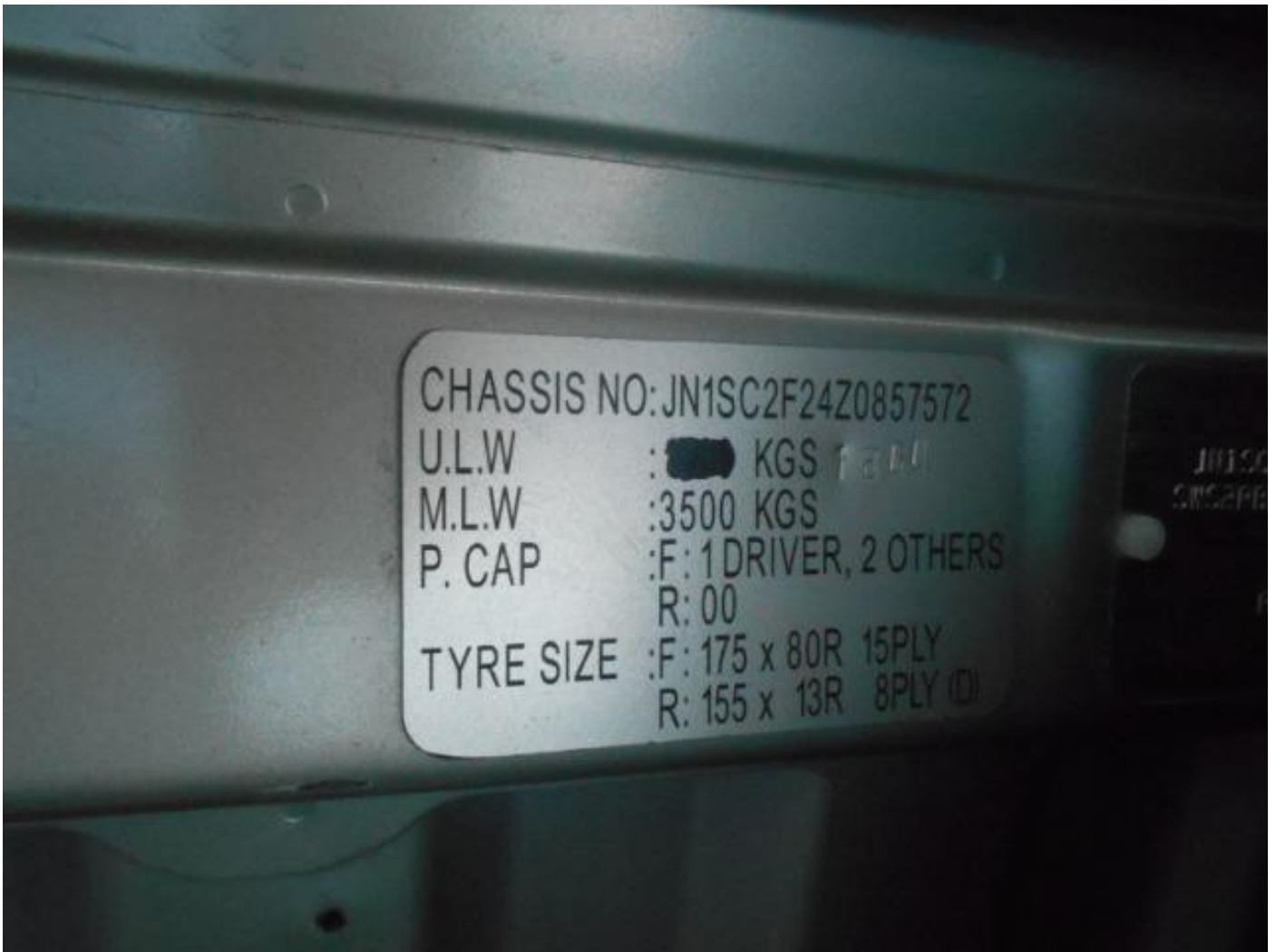
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLA118111363 Vehicle Registration No: 6BE2327
Name (as shown in NRIC) : Koh Kim Keng NRIC/FIN/Passport No : J1926353F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 409 Bukit Merah West Avenue 4 ⁸⁰⁷¹⁶⁰ Singapore (110409)
Contact (Tel) : _____ Mobile No. : 98367892
Email Address : _____
Date of Accident : 22/5/18 Time of Accident : 18:40
Place of Accident : P/E (Trans) near BKE Exit
Insurance Company : M&I

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Add in injured person Loh Kim Keng - Back injuries,

Policyholder / Driver's Signature
Date: _____

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