

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	28/09/2018 10:55
Date Of Accident	27/09/2018 17:30
Exact Location Of Accident	WOODLANDS AVE 2 TWDS RIVERSIDE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK567R
Insured/Policyholder	
Name Of Registered Owner	MR KOH SHU RONG ALVIN
NRIC No	S8021198H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94386988
Alternative Phone No	OFFICE-94386988

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA 2.4 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3006231800
Cover Note Number	-

Driver

Name of Driver	MR KOH SHU RONG ALVIN
NRIC No	S8021198H
Date Of Birth	17/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94386988
Fax Number	
Contact Number	OFFICE-94386988
Email Address	NOEMAIL

Address	64 EDGEDALE PLAINS #11-28
Postcode	828731
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?	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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG WOODLANDS AVE 2 TOWARDS RIVERSIDE RD, VEH IN FRONT OF ME SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBB8659M) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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	GBB8659M
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)

DETAILS OF INJURED PERSON 1	
Name	MR KOH SHU RONG ALVIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGK567R
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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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

A = 3GK 5G7R
B = GBB 8G59M

Woodlands Ave 2 twds Riverside Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

DRIVING DOC



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180928/2076

1 of 3

Report No. T/20180928/2076

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 13:33		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: KOH SHU RONG, ALVIN			Address: 64 EDGE DALE PLAINS #11-28 SINGAPORE 828731		
ID Type / ID No.: NRIC NO / S8021198H			Contact No.: Home/Office: Mobile: 94386988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 17/07/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 2 WOODLANDS AVENUE 1 Along Woodlands Avenue 2 towards Woodlands Avenue 1 (Opposite Casablanca condominium)				
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 - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8659M	Lorry	NISSAN				0
SGK567R	Car	TOYOTA	Estima	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGK567R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3006231800	27/01/2018	26/01/2019

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POLICE REPORT



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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



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Report No. T/20180928/2076

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUMANCHANDRADAS	ID No.	G8245487Q
Related Vehicle	GBB8659M (Lorry)	Contact No.	87425299
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
Vehicle Owner			
Name	KOH SHU RONG, ALVIN	ID No.	S8021198H
Related Vehicle	SGK567R (Car)	Contact No.	94386988
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ BUANGKOK PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/09/2018	Date Discharge	27/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 27th September 2018 at about 1730hrs, I was driving along Woodlands Avenue 2 towards Woodlands Avenue 1. During that time, there was a traffic jam and the vehicles were moving slowly. My vehicle was stationery. Suddenly, one lorry GBB 8659M hit the rear portion of my vehicle. I went out of my vehicle and discovered that my vehicle's rear bumper/boot were dented and the rear windscreen shattered.

On the same day at about 2000hrs, I went to the doctor as I had pain on my neck, back and right knee. I was given 3 days medical leave.

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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180928/2076

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Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180928/2076

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:
F /
Staff Sgt ZAKI FAHMY RAZALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/09/2018 13:33

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65478151

Classification Of Case:

SN 085

Authentication Stamp
NP168



signature

Singapore Police Force

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

