

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 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. 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	14/02/2019 16:02
Date Of Accident	14/02/2019 07:30
Exact Location Of Accident	TAMPINES AVE 4 NEAR JUNYUN PRIMARY SCHOOL BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8250D
Insured/Policyholder	
Name Of Registered Owner	ORANGE LEASING PTE LTD
Co Reg No	201622533W
Email Address	VICTOR.ONG@BLUESTARCONCIERGE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-88227861

Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X 2.5G SMART EDITION A
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SLW8250D
Cover Note Number	07/10/2018 TO 06/10/2019

Driver

Name of Driver	KOH KOK CHUAN (XU GUOQUAN)
NRIC No	S8211030E
Date Of Birth	06/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2009
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98707616
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 523A TAMPINES CENTRAL 7 #10-81 (S) 521523
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	ALJUNIED NPP - 13 JOO SENG ROAD #01-69 (S) 360013
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach police report.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS5808Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YA HONG
NRIC/Passport Number	
Contact Number	81689937
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH KOK CHUAN / S8211030E
Approximate Age	
Injuries Sustain	NORTHEAST MEDICAL GROUP - 3 DAYS MC
Injured person in which vehicle?	SLW8250D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan Pg. 1

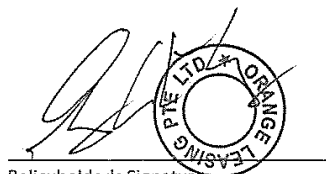
SKETCH PLAN

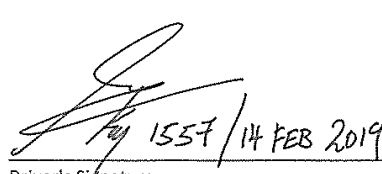
IMPORTANT NOTICE


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: 1557 / 14 FEB 2019


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police report

DECLARATION

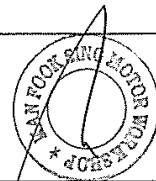
I/We declare the foregoing particulars are true in every respect.

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.:





**SINGAPORE
POLICE FORCE**



T/20190214/2096

1 of 3

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20190214/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 15:34		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: KOH KOK CHUAN			Address: APT BLK 523A TAMPINES CENTRAL 7 #10-81 SINGAPORE 521523		
ID Type / ID No.: NRIC NO / S8211030E			Contact No.: Home/Office: Mobile: 98707616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 06/04/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LOGISTIC EXECUTIVE			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 4 ALONG TAMPINES AVE 4 1st LANE, NEAR TO JUNYUN PRIMARY SCHOOL BUS-STOP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SKS5808Z	Car					0
SLW8250D	Car				Totally Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190214/2096

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

2 of 3

Report No. T/20190214/2096

CONTINUATION OF REPORT

Driver			
Name	KOH KOK CHUAN	ID No.	S8211030E
Related Vehicle	SLW8250D (Car)	Contact No.	98707616
Hospital/Clinic	NORTHEAST MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	14/02/2019	Date Discharge	14/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/02/2019 I was driving my vehicle bearing registration number: SLW8250D. On the same day at about 7.30am after I had drop off both my kids at the primary school, I was along Tampines Ave 4 and came to a complete stop at the traffic light junction. Once my vehicle was stationary, I felt a huge impact from the rear. It took me a few minutes to composure myself before I exited my vehicle to assess the damage. Upon exiting my vehicle, I observed that a vehicle bearing registration number: SKS5808Z had knock unto my vehicle. The driver then came out and when I request for her particular so that we could exchange, the driver refused to hand over her driving license. Instead she gave me her name and contact number. I did the same thing. No Police or ambulance were called in. I wish to state that I have an on-board camera install at the front of my vehicle. On the same day after the accident, I felt pain on my neck and shoulder area. I then seek medical attention and was given 3 days of medical leave.

The damage to me vehicle: Rear bumper dislodge, bumper clip broken & scratches on the entire bumper area.



SINGAPORE
POLICE FORCE



T/20190214/2096

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

3 of 3

Report No. T/20190214/2096

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:

E /

Sgt 2 MUHAMMAD AL-RAZIF S/O G
SUPPAIYAH MD FAIZAL

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

14/02/2019 15:34

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



SINGAPORE
POLICE FORCE

Classification Of Case:

SN 029

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8211030E



Name

KOH KOK CHUAN
(XU GUOQUAN)

许国权

Race

CHINESE

Date of birth

06-04-1982

Sex

M

Country of birth

SINGAPORE

S8211030E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8211030E

Name:

KOH KOK CHUAN

Birth Date: 06 Apr 1982

Issue Date: 24 Feb 2009



001713135D

driver's nric & license Pg. 1

4894415



NRIC No. S8211030E



Date of Issue
12-10-2012

APT BLK 523A TAMPINES CENTRAL 7 #10-81
SINGAPORE 521523

NRIC No: S8211030E Date: 05/04/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	24 Feb 2009

NP 428A



14/02/2019



531 Clinic & Surgery
200201263Z

Patient: KOH KOK CHUAN (XU GUOQUAN)
NRIC: S8211030E
ID: 192855

Date : 14 Feb 2019
MC: #130964

Medical Certificate

This is to certify that the patient is Unfit for work from 14 February 2019 to 16 February 2019 for 3 day/s. Road traffic accident- whiplash injury

Dr Amy Wee Lay Kuan
MCR 06335E
MBBCH, D.A.O. LRCP & SI (Ireland)
Family Physician
Northeast Medical Group
DR AMY WEE LAY KUAN

Note: This medical certificate is not valid for absence from court.

OUR BRANCHES

■ **Northeast Medical Group (Ang Mo Kio)**
2450 Ang Mo Kio Ave 8 #01-02
Ang Mo Kio MRT Station S(669811)
Tel: 6452 4910 E: amk@nemg.com.sg

■ **Northeast Medical Group (Bedok)**
Blk 531 Bedok North Street 3
#01-602 S(460531)
Tel: 6441 2492 E: 531@nemg.com.sg

■ **Northeast Medical Group (Bukit Batok)**
10 Bukit Batok Central #01-01
Bukit Batok MRT Station S(659958)
Tel: 6266 1442 E: bukit.batok@nemg.com.sg

■ **Northeast Medical Group (Buona Vista)**
Blk 25 Ghum Moh Link
#01-10 S(270025)
Tel: 6694 3282 E: buona.vista@nemg.com.sg

■ **Northeast Medical Group (Kallang)**
Blk 39 Jalan Tiga
#01-01 S(390039)
Tel: 6241 3298 E: kallang@nemg.com.sg

■ **Northeast Medical Group (Raffles Place)**
20 Malacca Street
#B1-00 Malacca Centre S(049079)
Tel: 6557 2770 E: lma@nemg.com.sg

■ **Northeast Medical Group (Sengkang)**
5 Sengkang Square #01-05
Sengkang MRT Station S(545062)
Tel: 6375 5911 E: sengkang@nemg.com.sg

■ **Northeast Medical Group (Simei)**
30 Simei Street 3 #02-01
Simei MRT Station S(529888)
Tel: 6788 8638 E: simei@nemg.com.sg

■ **Northeast Medical Group (Tampines)**
20 Tampines Central 1 #01-25
Tampines MRT Station S(529538)
Tel: 6786 7848 E: tampines@nemg.com.sg

certificate of insurance Pg. 1



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z 400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	SLW8250D	POLICY EXCESS	S\$1,500.00 (I & II)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SLW8250D		
2) NAME OF POLICYHOLDER	ORANGE LEASING PTE LTD		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	07 October 2018		
4) DATE OF EXPIRY OF INSURANCE	06 October 2019		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	<p>Any person who is driving on the Insured's order or with their permission. Driver must be at least 21 years old. For hire or reward usage: Driver must be between age 23 to 70 with at least 2 years driving experience.</p>		
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>			
6) LIMITATION AS TO USE*	<p>1) Use for social, domestic, pleasure purposes and business purposes of Insured 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.</p>		
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	NA		
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 09 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

0691991-000
Moh Kok Heng
78 Shenton Way #07-16
SINGAPORE 079120

Marib

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

