

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	01/03/2019 11:34
Date Of Accident	18/02/2019 23:40
Exact Location Of Accident	PASIR RIS DRIVE 10 TURN RIGHT TO PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7135D
Insured/Policyholder	
Name Of Registered Owner	KAN GAR WAI
NRIC No	S1758094I
Email Address	RYAN_KOH@LIVE.COM
Mobile Phone No	(LOCAL) +65-96909113
Alternative Phone No	OTHERS-91386048

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095551906-01
Cover Note Number	

Driver

Name of Driver	KOH HAO YANG, RYAN
NRIC No	S9534805Z
Date Of Birth	28/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96909113
Fax Number	
Contact Number	OTHERS-91386048
Email Address	RYAN_KOH@LIVE.COM

Address	BLK 114 DEPOT ROAD #22-1037
Postcode	100114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190219/2087

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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.

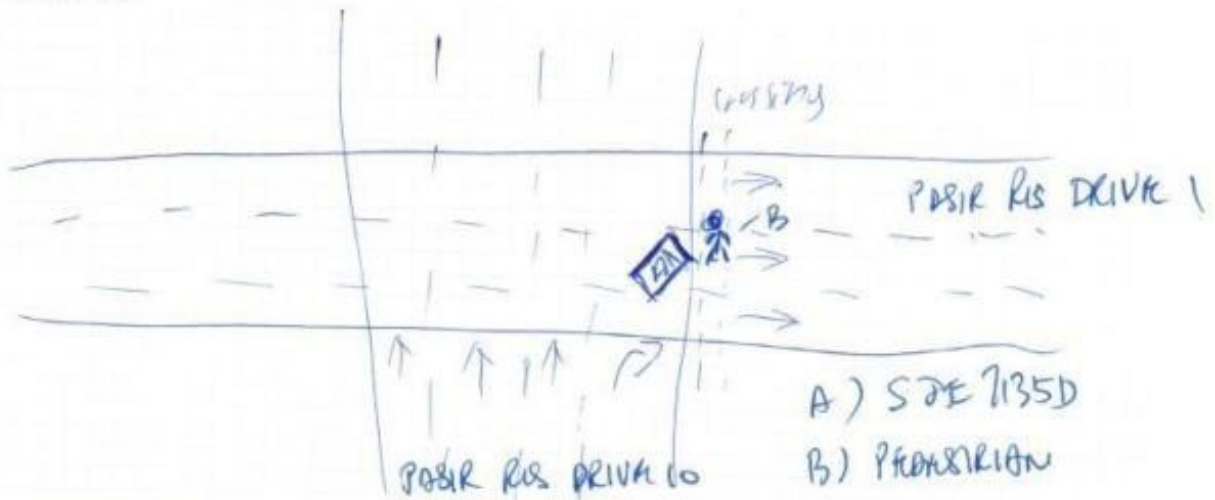
Policyholder's Signature
Date & Time:

C/KH0
Driver's Signature
(If driver is not the policyholder)
Date & Time: 01/03/2019
10:05

01/03/2019
Reporting Centre Personnel's Signature
Name: *Rashid Arif*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/2019 0219 / 2017

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: 1/3/19

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190219/2087

1 of 4

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190219/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2019 14:20	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: KOH HAO YANG, RYAN	Address: APT BLK 114 DEPOT ROAD #22-1037 SINGAPORE 100114		
ID Type / ID No.: NRIC NO / S9534805Z	Contact No.: Home/Office: Mobile: 91386048		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 23	Date of Birth: 28/09/1995	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	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: 18/02/2019 23:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 10 PASIR RIS DRIVE 1 Along Pasir Ris Drive 10 turning right towards Pasir Ris Drive 1 at the cross junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE7135D	Car	SUZUKI	SWIFT	White	No Damage	0

Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

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T/20190219/2087

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Report No. T/20190219/2087

CONTINUATION OF REPORT

Driver			
Name	KOH HAO YANG, RYAN		ID No. S9534805Z
Related Vehicle	SJE7135D (Car)		Contact No. 91386048
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
Pedestrian			
Name	MADHUSUDHANAN MUDALAIYAR NANDA KUMAR		ID No. G5974987R
Related Vehicle	NIL		Contact No. 94483379
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/02/2019		Date Discharge 19/02/2019
No. of Days granted Medical Leave	14		Degree of Injury Serious

Brief Details.

On 18/02/2019 at about 2341hrs, I stopped at the cross junction of Pasir Ris Drive 10 and Pasir Ris Drive 1. I was on the right most lane along Pasir Ris Drive 10 and wanting to turn right to Pasir Ris Drive 1. When the traffic light turn green, I then drove my car slightly forward and check that there was no pedestrian crossing at the opposite side before making the right turn. While making the right turn, one pedestrian suddenly appeared at the pedestrian crossing from the opposite direction.

When I saw the pedestrian crossing the road, I tried to brake however it was too late and I knocked onto the pedestrian from his right side which then caused him to fall to the ground. After the collision, I stopped at the side of the road along Pasir Ris Drive 1 and went out of my car to render assistance. I then checked if the pedestrian was alright and the pedestrian then told me that his left shoulder and left leg were in great pain. He then told me that he wanted to head home first and I then helped him into my car and drove him to his house at Blk 768 Pasir Ris St 71.

Along the way to his house, the pedestrian told me that he wanted to head to the nearest hospital however said that he wanted his wife and father-in-law to come along. I then picked up his wife and father-in-law and proceeded to Changi General Hospital.

I wish to state that the point where the pedestrian came out from was dimly lit therefore I could not see him crossing the road. The pedestrian crossing was green and I had check to see if there was any pedestrian crossing before I made the right turn. I also wish to state that I stayed with the pedestrian throughout his whole medical treatment at Changi General Hospital. The pedestrian suffered laceration on the left eyebrow, fractured left elbow and left middle toe, and he was granted two weeks of MC. I wish to add that I started my shift on 18/02/2019 at about 2000hrs and I was returning home when I met with the accident.

POLICE REPORT



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Report No. T/20190219/2087

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: D / Sgt 3 JEREMY TAN KAY JIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2019 14:20
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

