

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	08/03/2019 10:31
Date Of Accident	07/03/2019 14:00
Exact Location Of Accident	MCE TO KPE NEAR P22K TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3493Y
Insured/Policyholder	
Name Of Registered Owner	KOH KIM CHOON
NRIC No	S1830645Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96739987
Alternative Phone No	OFFICE-96739987

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100475428-02
Cover Note Number	-

Driver

Name of Driver	KOH KIM CHOON
NRIC No	S1830645Z
Date Of Birth	15/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96739987
Fax Number	
Contact Number	OFFICE-96739987
EEmail Address	NOEMAIL

Address	6 HILLVIEW RISE #09-18
Postcode	667980
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 (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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	SLQ3063S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON NICODEMUS ANG HO KIAT
NRIC/Passport Number	S7907088B
Contact Number	98575745
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH KIM CHOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLE3493Y
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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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.:

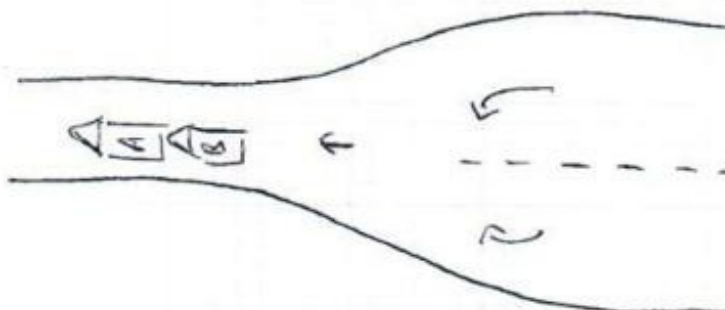
Accident Sketch Plan

SKETCH PLAN

MCE > KPE near P22K (tunnel)

A: SLE3493 Y

B: SLQ30635



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please kindly refer to police report. T/20190307/2103

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190307/2103

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190307/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 16:40	Vide Report No.:	Station Diary No.: 102
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Informant's Particulars				
Name of Informant: KOH KIM CHOON			Address: 6 HILLVIEW RISE #09-18 SINGAPORE 667980	
ID Type / ID No.: NRIC NO / S1830645Z			Contact No.: Home/Office: Mobile: 96739987	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 51	Date of Birth: 15/11/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Retail/Shop sales manager			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: 07/03/2019 14:00	Type of Location: Expressway
Location: Along Road 1 MARINA COASTAL DRIVE MCE towards KPE near to P22K				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SLE3493Y	Car	NISSAN	Qashqai	Red	Seriously Damaged	0
SLQ3063S	Car	TOYOTA		Red	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE3493Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100475428-02	19/07/2018	18/07/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190307/2103

Police Station Of Origin:
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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190307/2103

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 CHOON	ID No.	S1830645Z
Related Vehicle	SLE3493Y (Car)	Contact No.	96739987
Hospital/Clinic	LIFELINE MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/03/2019	Date Discharge	07/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Jason Nicodemus Ang Ho Kiat	ID No.	S7907088B
Related Vehicle	SLQ3063S (Car)	Contact No.	98575745
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 07/03/2019 at about 1400hrs, I was driving my car bearing the registration number SLE3493Y along MCE towards KPE. As I entered the tunnel, it merged to was a single lane road before merging to the main road. As I was travelling along the single lane, I noticed the car in front of me had already stop. Therefore, I gradually stepped on my brakes and come to a complete stop. All of a sudden, I felt an impact at my rear. Later I discovered, the car behind me bearing the registration number SLQ3063S had collided against my car. At that point of time, no one sustains any serious injuries therefore Police and Ambulance were not call to scene. We exchanged particulars and subsequently left the scene as we does not wish to obstruct the traffic flow. However, once I reached home, I started feeling giddy. Thus, I visit to a nearby neighborhood clinic to make a check. I was given 3 days to my injuries.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190307/2103

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20190307/2103

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:

J /
Sgt 3 MUHAMMAD FAZLIE BIN JOHAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/03/2019 16:40

Officer In Charge Of Case:

TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

SN 14

Classification Of Case:

Authentication Stamp:

NP168

Singapore Police Force

DRIVING DOC

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 1830645Z**

Name:

KOH KIM CHOON

Birth Date: **15 Nov 1967**

Issue Date: **13 Dec 2010**



 001919769F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1830645Z**

Name

KOH KIM CHOON

Race

CHINESE

Date of Birth

15-11-1967

Country of Birth

SINGAPORE

Sex

F





DRIVING DOC

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

588803

EFFECTIVE DATE

for Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 06 Dec 1989

Licence No: S1830645Z

NP 428A

1599291

NRIC No: S1830645Z

Blood Group: Q+ Date of issue: 17-01-1994

6 HILLVIEW RISE #09-18
SINGAPORE 667980
NRIC No: S1830645Z Date: 10/01/2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





NISSAN
SJNFEAJ11U1706930

1880 kg

2880 kg

1- 980 kg

2- 980 kg



Type FEAJ11 Colour, Trim NAJ G
Model FRLARBZJ11UEA--A--

Accident Photo

