

## 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             | 20/03/2019 16:43                     |
| Date Of Accident           | 20/03/2019 08:20                     |
| Exact Location Of Accident | AYE TOWARDS MCE AFTER ALEXANDRA ROAD |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SKA8823D                 |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | KOH BAK YONG             |
| NRIC No                     | S1331200A                |
| Email Address               | ROSALINDCHUA@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-96989519     |
| Alternative Phone No        | OTHERS-96989519          |

### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | TOYOTA                      |
| Model  | COROLLA ALTIS-1.6 L CVT (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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 2100420192-03                        |
| Cover Note Number         |                                      |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | KOH BAK YONG             |
| NRIC No              | S1331200A                |
| Date Of Birth        | 13/02/1958               |
| Occupation           | INDOOR                   |
| Date Of Driving Pass | 26/11/1979               |
| Driving Experience   | 39 YEARS AND 3 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-96989519     |
| Fax Number           |                          |
| Contact Number       | OTHERS-96989519          |
| EEmail Address       | ROSALINDCHUA@HOTMAIL.COM |

|   |   |
|---|---|
| Address   | BLK 692 JURONG WEST CENTRAL 1<br>#03-81 |
| Postcode  | 640692                                  |
| 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   | CHAIN COLLISION |
| 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                         | 4   |
| 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)   | 4   |
| Passenger 1   | NAME: : CHUA SWEE WAH<br>GENDER: : FEMALE                       |
| Passenger 2   | NAME: : FIONA KOH PEI JU (XU PEIYU)<br>GENDER: : FEMALE         |
| Passenger 3   | NAME: : SHERLYN KOH LI JU (SHERLYN XU LIYU)<br>GENDER: : FEMALE |

#### 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                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190320/7009

#### 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 | SJS3740J |
| Vehicle Make/Model/Colour   |          |

**Details Of Properties**

|                                     |  |
|-------------------------------------|--|
| Vehicle Category                    | PRIVATE CAR                            |
| Name of Driver                      |  |
| NRIC/Passport Number                |  |
| Contact Number                      |  |
| Address                             |  |
| Postcode                            |  |
| Insurance Company Name              | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Nature Of Damage                    |  |
| No. Of Passenger (Including Driver) |  |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SLL6948X    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

**DETAILS OF OTHER VEHICLE PROPERTY 3**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMD4337T    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| 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  | KOH BAK YONG  |
| Approximate Age                                     |               |
| Injuries Sustain                                    | SLIGHT INJURY |
| Injured person in which vehicle?                    | SKA8823D      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |

**DETAILS OF INJURED PERSON 2**

|                  |               |
|------------------|---------------|
| Name             | CHUA SWEE WAH |
| Approximate Age  |               |
| Injuries Sustain | SLIGHT INJURY |

|   |          |
|---|----------|
| Injured person in which vehicle?                    | SKA8823D |
| Were seat belts worn?                               | YES      |
| Was this injured conveyed to hospital by ambulance? | NO       |
| Address   |          |
| Postcode  |          |

#### DETAILS OF INJURED PERSON 3

|   |                             |
|---|-----------------------------|
| Name  | FIONA KOH PEI JU (XU PEIYU) |
| Approximate Age                                     |                             |
| Injuries Sustain                                    | SLIGHT INJURY               |
| Injured person in which vehicle?                    | SKA8823D                    |
| Were seat belts worn?                               | YES                         |
| Was this injured conveyed to hospital by ambulance? | NO                          |
| Address   |                             |
| Postcode  |                             |

#### DETAILS OF INJURED PERSON 4

|   |                                     |
|---|-------------------------------------|
| Name  | SHERLYN KOH LI JU (SHERLYN XU LIYU) |
| Approximate Age                                     |                                     |
| Injuries Sustain                                    | SLIGHT INJURY                       |
| Injured person in which vehicle?                    | SKA8823D                            |
| Were seat belts worn?                               | YES                                 |
| Was this injured conveyed to hospital by ambulance? | NO                                  |
| Address   |                                     |
| Postcode  |                                     |

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

|           |  |  |  |   |
|-----------|--|--|--|---|
| AYE       |  |  |  | D |
| Tina MCE  |  |  |  | C |
| Rita      |  |  |  |   |
| Alexandra |  |  |  | A |
| Kel       |  |  |  |   |
|           |  |  |  | B |

(A) SKA 8823D

(B) SJS 3740J

(C) SLI 6949X

(D) SMD4337T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.12.2019 at about 08.20hrs, I was travelling along AYE towards MCE After Alexander Rd. The road traffic was on slow moved. Ahead of there's a vehicle slow down, I follow suit. All of a sudden, I felt an hard impact from the rear. Then I realised a vehicle SSS 3740J had collided onto my car. Due to the hard impact, my vehicle had moved forward and collided with SLL 6946X. Total 4 vehicles involved in the accident.

Police Report 1/2019 0320/7009

## 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: Ed Norton  
NRIC/FIN No.:

NRIC/FIN No.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190320/7009

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

1 of 4

Report No. T/20190320/7009

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>20/03/2019 14:07 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars                  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>KOH BAK YONG       |            | Address:<br>APT BLK 692 JURONG WEST CENTRAL 1 #03-81<br>SINGAPORE 640692 |                              |
| ID Type / ID No.:<br>NRIC NO / S1331200A |            | Contact No.:<br>Home/Office: Mobile: 96893130                            |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:<br>rosalindchua@hotmail.com                                       |                              |
| Sex:<br>Male                             | Age:<br>61 | Date of Birth:<br>13/02/1958   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>PART TIME SALES           |            | Driving Licence Information:<br>Class: Date of Expiry:                   |                              |

| General Information of the Accident |                  |                       |   |                                    |
|-------------------------------------|------------------|-----------------------|---|------------------------------------|
| Type of Accident:                   | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>20/03/2019 08:20 | Type of Location:<br>Straight Road |
| Location:<br>AYER RAJAH EXPRESSWAY  |                  |                       |   |                                    |
| Weather:<br>Clear                   |                  | Road Surface:<br>Dry  | Road Speed Limit:                             |                                    |
| Traffic Flow:                       |                  | Traffic Control:      | Traffic Volume:                               |                                    |
| Type of Collision:                  |                  |                       | Anyone conveyed by<br>ambulance:<br>No        |                                    |

| Details of Vehicle Involved |      |        |  |        |           |                 |
|-----------------------------|------|--------|--|--------|-----------|-----------------|
| Vehicle No.                 | Type | Make   | Model                                    | Color  | Condition | No of Passenger |
| SJS3740J                    | Car  |        |  |        |           | 0               |
| SKA8823D                    | Car  | TOYOTA | TOYOTA%25252BCOROLLA%25252BALTIS%25252B1 | Silver |           | 3               |
| SLL6948X                    | Car  |        |  |        |           | 0               |
| SMD4337T                    | Car  |        |  |        |           | 0               |

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190320/7009

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

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Report No. T/20190320/7009

## CONTINUATION OF REPORT

| Details of Vehicle Insurance |                                      |               |            |             |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No  | Effective  | Expiry Date |
| SKA8823D                     | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100420192-03 | 02/07/2018 | 01/07/2019  |

| Details of Person Involved        |                         |  |                                   |  |
|-----------------------------------|-------------------------|--|-----------------------------------|--|
| Any Pedestrian Involved: No       |                         |  |                                   |  |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |  |
| Driver                            |                         |  |                                   |  |
| Name                              | KOH BAK YONG            | ID No.                                 | S1331200A                         |  |
| Related Vehicle                   | SKA8823D (Car)          | Contact No.                            | 96893130                          |  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | 20/03/2019              | Date Discharge                         | 20/03/2019                        |  |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                            |  |
| Passenger                         |                         |  |                                   |  |
| Name                              | FIONA KOH PEI JU        | ID No.                                 | S8728583I                         |  |
| Related Vehicle                   | SKA8823D (Car)          | Contact No.                            | 97602156                          |  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | 20/03/2019              | Date Discharge                         | 20/03/2019                        |  |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                            |  |
| Passenger                         |                         |  |                                   |  |
| Name                              | SHERLYN KOH LI JU       | ID No.                                 | S8428646Z                         |  |
| Related Vehicle                   | SKA8823D (Car)          | Contact No.                            | 98798570                          |  |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | 20/03/2019              | Date Discharge                         | 20/03/2019                        |  |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                            |  |



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190320/7009

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

3 of 4

Report No. T/20190320/7009

## CONTINUATION OF REPORT

| Passenger                         |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name                              | CHUA SWEE WAH           | ID No.                                 | S1425338F                         |
| Related Vehicle                   | SKA8823D (Car)          | Contact No.                            | 96989519                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 20/03/2019              | Date Discharge                         | 20/03/2019                        |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                            |

### Brief Details.

I was travelling along AYE towards MCE after Alexandra Road. The road traffic was on slow moved. Ahead of me there's vehicle slow down, I follow suit. All of a sudden, I felt an impact from the rear. Then I realised a vehicle SJJ3740J had collided onto my rear. Due to the hard impact, my vehicle had moved forward and collided with SLL6948X. Total 4 vehicles involved in this accident. My vehicle was the 3rd vehicle. I have 3 passengers on my car.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20190320/7009

4 of 4

Report No. T/20190320/7009

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/03/2019 14:07

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo





Accident Photo



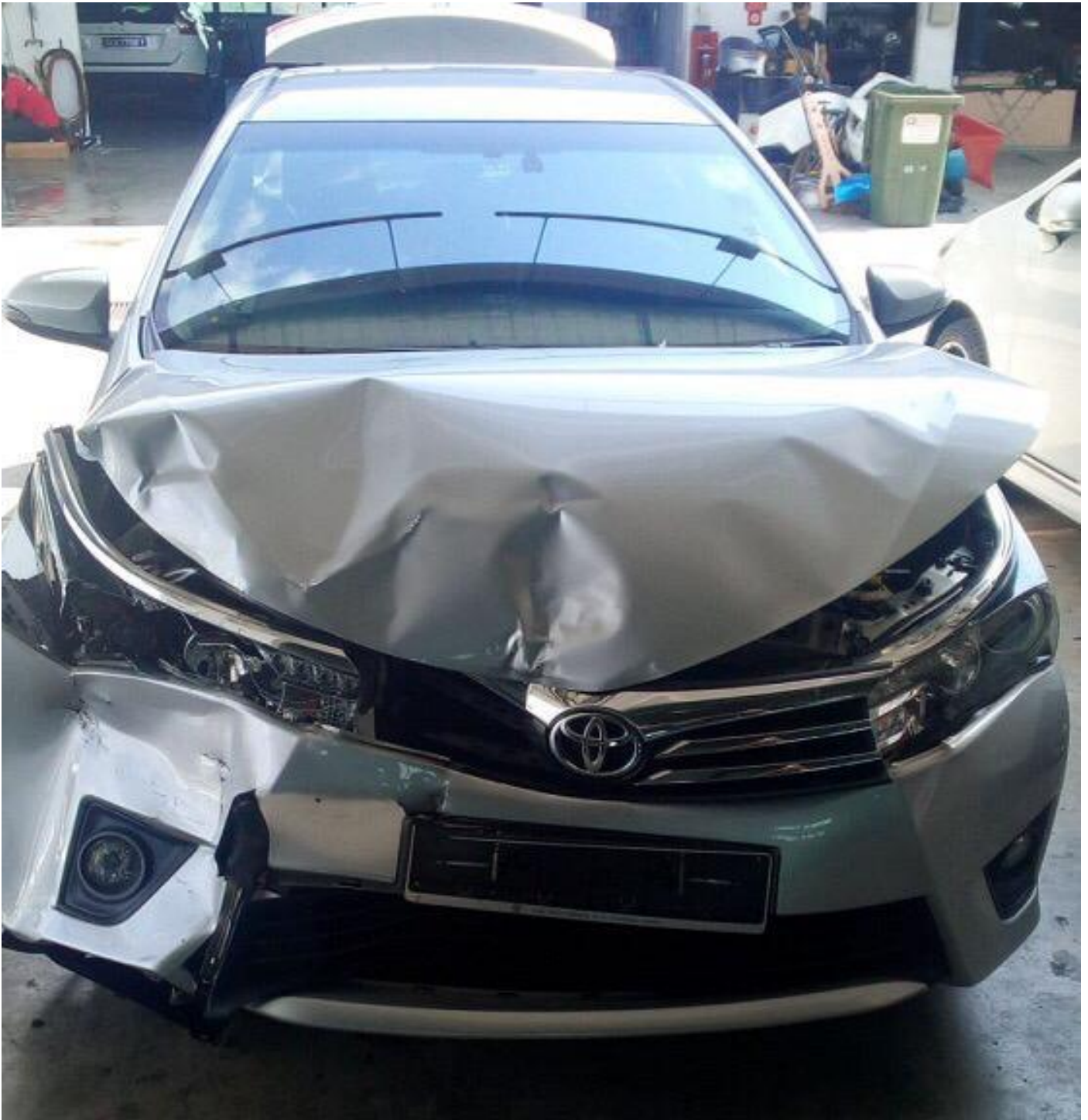
**Accident Photo**







Accident Photo



# Identification Card





## Driving License



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017785

**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 : MAA419037095 Vehicle Registration No: S&A 8823D  
 Name (as shown in NRIC) : Koh Bak Yone NRIC/FIN/Passport No : S1331 200A  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 692 Jurong West Central 1 #03-81 Singapore 640092  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9698 9519  
 Email Address : \_\_\_\_\_  
 Date of Accident : 20.03.2019 Time of Accident : 09:20 hrs  
 Place of Accident : A/E Tanjong Pagar  
 Insurance Company : ALG

**(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:

Attached Police Report: 7/20190320/7009  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

20/03/2019  
 Reporting Centre Personnel's Signature  
 Name: Koh Bak Yone  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_