

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	01/04/2019 16:48
Date Of Accident	29/03/2019 10:10
Exact Location Of Accident	UPPER THOMSON RD BESIDE THOMSON PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR9645S
Insured/Policyholder	
Name Of Registered Owner	JADEN KOH YANG PONG
NRIC No	S8204735B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98488878
Alternative Phone No	OFFICE-98488878

Vehicle Particulars

Manufacturer	KIA
Model	SPORTAGE 2.0L AT ABS D/AIRBAG 2WD 5DR
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT104780
Cover Note Number	-

Driver

Name of Driver	KOH MING CHEE
NRIC No	S1156242F
Date Of Birth	08/08/1955
Occupation	INDOOR
Date Of Driving Pass	31/05/1973
Driving Experience	45 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96660866
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 913 LORONG 1 TOA PAYOH #19-03
Postcode	319772
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : HANI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	SMD3339D
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 MING CHEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJR9645S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name HANI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJR9645S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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:

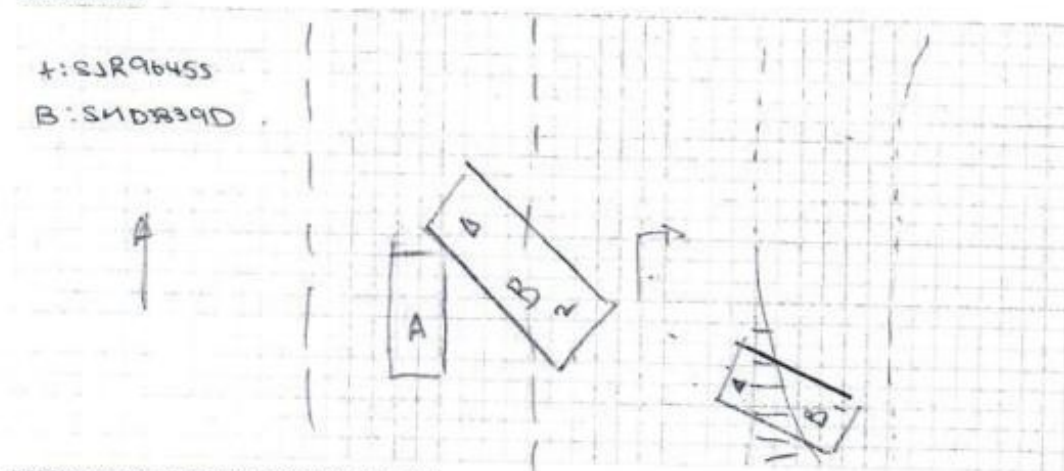
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

4: SJR96455

B: SMDB39D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police.

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/20190329/2214

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4
Report No. T/20190329/2214

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2019 21:32	Vide Report No.:	Station Diary No.: 171
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Informant's Particulars

Name of Informant: KOH MING CHEE			Address: APT BLK 913 LORONG 1 TOA PAYOH #19-03 SINGAPORE 319772		
ID Type / ID No.: NRIC NO / S1156242F			Contact No.: Home/Office: Mobile: 96660866		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/08/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/03/2019 10:10	Type of Location: Straight Road
Location: Along Road 1 UPPER THOMSON ROAD BESIDE THOMSON PLAZA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR9645S	Car	KIA		Silver	Slightly Damaged	1
SMD3339D	Car	VOLKSWAGO N		Red	Slightly Damaged	1

Details of Person Involved

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

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CONTINUATION OF REPORT

2 of 4
Report No. T/20190329/2214

Driver			
Name	KOH MING CHEE	ID No.	S1156242F
Related Vehicle	SJR9645S (Car)	Contact No.	96660866
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	HANI	ID No.	S2198040D
Related Vehicle	SJR9645S (Car)	Contact No.	98333995
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/03/2019	Date Discharge	29/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Fatal Slight

Brief Details.

On 29/3/19 at about 1005hrs, I am driving my car (SJR9645S) along Upper Thomson Road with my wife. When I was approaching Thomson plaza along Upper Thomson Road, suddenly a car (SMD3339D) made an abrupt left lane change, moving 2 lanes to the left from the turn right lane and appeared before my car and before continuing to drive past the double white line, and intending to turn left into Thomson Plaza. As a result, I was unable to brake my car on time, and had hit onto the left rear passenger door of her car.

I had alighted my car and took photo of both her car and my car, and noticed that my front bumper was cracked, while her left rear passenger door was dented. I also noticed the driver to be a female driver, however we didn't manage to exchange any particulars. I immediately called for ambulance, and was conveyed to Tan Tock Seng Hospital through the ambulance.

I felt pain on my neck and back, and was injected with painkiller by the doctor. My wife had strained her neck, and also felt pain on her back. She also felt giddy afterwards.

I am given 5 days of MC whereas my wife is giver 3 days of MC.

I doesn't have any in car camera, however I had my phone faced in front on the road on recording mode to record my whole driving journey.

POLICE REPORT



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T/20190329/2214

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

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3 of 4

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CONTINUATION OF REPORT



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CONTINUATION OF REPORT

4 of 4

Report No. T/20190329/2214

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/

Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:

Apr

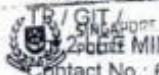
Signature Of Interpreter:

Not applicable

Date/Time:

29/03/2019 21:32

Officer In Charge Of Case:



2nd EDITION MING CAI

Contact No.: 65476960

SN 168

Authentication Stamp

NP1AR

SIGNATURE

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

