

## 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 16:03
Date Of Accident	17/03/2019 11:00
Exact Location Of Accident	HANDY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP314T
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#### Insured/Policyholder

Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	ACCOUNT5@ALLSWELLMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	Office-66791146

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 X (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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994370
Cover Note Number	06 NOV 2018 TO 05 NOV 2019

#### Driver

Name of Driver	DAVID KOH
NRIC No	S1523323J
Date Of Birth	25/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1980
Driving Experience	38 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87423772
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 373 HOUGANG ST 31 #05-63
Postcode	530373
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : PASSENGER Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20190319/2109

#### 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	SHD6074G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 91011145

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:



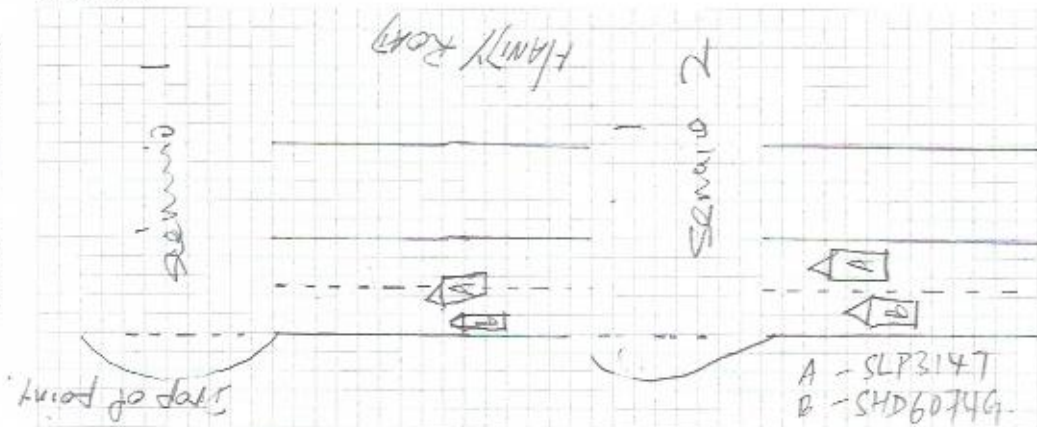
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

PLAZA SINGAPURA



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 170319 at about 1130hrs I send a passenger to Plaza Singapura at Flandy Road I put left signal upturned to inform to left lane to the drop of point, while I'm doing that a taxi (SHD60746) <sup>from</sup> ~~came~~ at me so I immediately swerved out to my right lane, I've ~~no~~ contact to his vehicle and my vehicle and my vehicle no ~~damage~~ damage at all.

## 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/HIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190319/2109

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

1 of 3

Report No. T/20190319/2109

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2019 16:51		Vide Report No.:	Station Diary No.: 16
<b>Informant's Particulars</b>			
Name of Informant: DAVID KOH		Address: APT BLK 373 HOUGANG STREET 31 #05-63 SINGAPORE 530373	
ID Type / ID No.: NRIC NO / S1523323J		Contact No.: Home/Office: Mobile: 87423772	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 25/07/1962	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: OTHERS	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

## General Information of the Accident

Type of Accident: Non-injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 HANDY ROAD Behind Plaza Singapura			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: No collision. Allegation by the other party.		Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD8074G	Car				Slightly Damaged	0
SLP314T	Car				No Damage	1

## Details of Person Involved

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

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Report No: T20190319/2109

CONTINUATION OF REPORT

<b>Driver</b>				
Name	DAVID KOH		ID No.	S1523323J
Related Vehicle	NIL		Contact No.	87423772
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Witness</b>				
Name	Unknown		ID No.	NIL
Related Vehicle	NIL		Contact No.	91011145
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 17/03/19 at about 11.30am, I was driving my vehicle, SHP314T, a grey color Toyota Wish and I was driving along Handy Rd, behind Plaza Singapura. I was traveling along the second lane, when I on my left signal and attempted to cut into the first lane slowly. I was slightly inside first lane when car sounded his horn. Immediately, I swerved back into my lane. I realized that it is a SMRT taxi, SHD8074G, a Toyota Prius that sounded his horn at me. He signaled for me to stop my vehicle which I do so after I dropped my customer at the drop off point of Plaza Singapura. The taxi driver confronted me and accused that I had collided onto his front right hand fender. I could see there were a few scratches but they were old marks. During the incident, I did not feel any form of contact with the other party. I also observed that there is totally no damages on my vehicle. We discussed about the matter and agreed to allow our insurance company to settle the matter. I had since reported the matter to my insurance company whom advised me to lodge a police report. That's all.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190319/2109

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

Report No. T/20190319/2109

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 /  
SI NG YUEBIN, ALAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
19/03/2019 16:51

Classification Of Case:



## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1523323J



Name

DAVID KOH

Race

CHINESE

Date of birth

25-07-1962

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving Licence  
No. S1523323J

DAVID KOH

Min. Date: 25 Jul 1962  
Issue Date: 05 Apr 2018

002790006J

Land Transport Authority



### VOCATIONAL LICENCE

Licence No : S1523323J

Name : DAVID KOH

Card Issue Date : 24/11/2017

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence

## Driving License

5822431



NRIC No: S1523323J



Date of Issue:  
01-11-2017

Address:

APT BLK 373 HOUGANG STREET 31  
#05-83  
SINGAPORE 530373

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

#### EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	22 Aug 1981
Class 2A	Motorcycles between 201 cc and 400 cc	22 Aug 1981
Class 3	Motor cars with unladen weight <= 2000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Sep 1983



NP 425A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
12	TAXI VL	11/08/1997
03	BUS VL	26/11/2008
04	BUS ATTENDANT	26/11/2008



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo





Accident Photo



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Accident Photo





Accident Photo

