

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	16/04/2019 11:48
Date Of Accident	13/04/2019 16:45
Exact Location Of Accident	TPE EXIT LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8573D
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Insured/Policyholder

Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	201611813C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97562856

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108546948
Cover Note Number	

Driver

Name of Driver	KOH AH BON
NRIC No	S0099563J
Date Of Birth	14/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97562856
Fax Number	
Contact Number	

Address	BLK 353 TAMPINES ST 33 #06-510 SINGAPORE
Postcode	520353
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	4
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : NA GENDER: : FEMALE
Passenger 3	NAME: : NA 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

REFER ATTACHED

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	GBD9757X
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Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANDRI DJONG
NRIC/Passport Number	
Contact Number	98487398
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH AH BON
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	SMJ8573D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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.

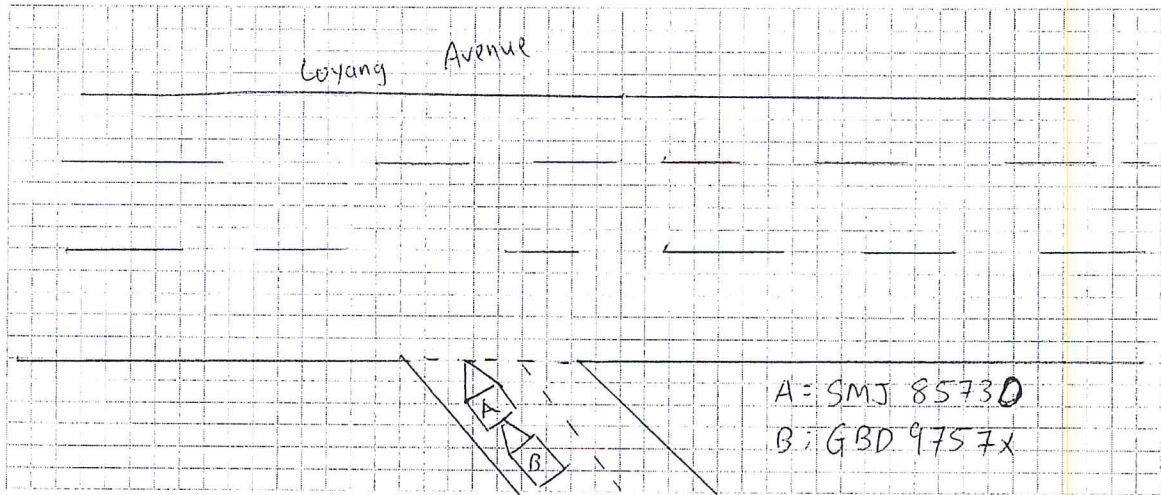


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was exiting TPE towards Loyang Avenue, I stopped at the stop line to check for traffic, vehicle B hit me from behind. Damages were seen at the back of my vehicle, we exchanged particulars and left the scene.

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.:



**SINGAPORE
POLICE FORCE**



T/20190415/2081

1 of 3

Report No T/20190415/2081

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 15/04/2019 13:38		Vide Report No		Station Diary No 93
Informant's Particulars				
Name of Informant KOH AH BON		Address APT BLK 353 TAMPINES STREET 33 #06-510 SINGAPORE 520353		
ID Type / ID No NRIC NO / S0099563J		Contact No. Home/Office Mobile 97562856		
Nationality SINGAPORE CITIZEN		Email		
Sex Male	Age 64	Date of Birth 14/12/1954	Type of Informant Driver	
Race Chinese		Language English	Institution / School Name	
Occupation GRAB DRIVER		Driving Licence Information Class 3,4,5 Date of Expiry		

General Information of the Accident				
Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 13/04/2019 16:45	Type of Location Bend
Location Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY LOYANG AVENUE Tampines Expressway(TPE) exit to slip road of Loyang Avenue				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow One Way		Traffic Control Not Controlled		Traffic Volume Light
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 Passengers
GBD9757X	Van				Slightly Damaged	0
SMJ8573D	Car				Slightly Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20100415/2081

Police Station Of Origin:

Ton Payoh N.P.C

93 Ton Payoh Central #01-02 Ton Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519090

2 of 3

Report No: T/20100415/2081

CONTINUATION OF REPORT

Driver			
Name	ANDRI DJONG		ID No. NIL
Related Vehicle	GBD9757X (Van)		Contact No. 98487398
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
Driver			
Name	KOH AH BON		ID No. S0099563J
Related Vehicle	SMJ8573D (Car)		Contact No. 97562856
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	14/04/2019		Date Discharge 14/04/2019
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

On 13/04/2019 at about 1645hrs, I was driving my car (SMJ8573D) along TPE and had exited at Loyang Avenue. I had three passengers at that time. As I exited and was along the slip road, I noticed another vehicle in front had proceeded to the main road, as such I moved forward, slowing down to a stop, to check for oncoming traffic however I suddenly felt an impact from my back. I checked with my passengers and they mentioned that they were not injured. I stepped out from my car to find out further. A van (GBD9757X) had hit onto my rear bumper, causing some dents and the car boot could not be locked after being opened. I exchanged particulars with the driver before heading off. I told him to call me after I send off my passengers however he did not call me. The next day, I felt pain and numbness on my neck and arm area. I proceeded to the nearest clinic to get treated and received 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190415/2081

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

3 of 3


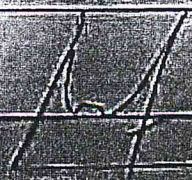
Report No T/20190415/2081

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: E/ Sgt 3 MUHAMMAD FAKHRUDDIN BIN SHAHRI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2019 13:38
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE MOHD SAID Contact No: 65476172 Authentication Stamp NP168	Classification Of Case:  SN 168