

## 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	09/05/2019 15:11
Date Of Accident	08/05/2019 06:50
Exact Location Of Accident	ALONG PIE TOWARDS TUAS GOING TO CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5494E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH TEE BENG CHRISTOPHER
NRIC No	S1737761B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91297179
Alternative Phone No	OTHERS-91297179

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS-1.5 CVT S/R (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	1800075032
Cover Note Number	

### Driver

Name of Driver	KOH TEE BENG CHRISTOPHER
NRIC No	S1737761B
Date Of Birth	08/08/1966
Occupation	INDOOR
Date Of Driving Pass	03/07/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91297179
Fax Number	
Contact Number	OTHERS-91297179
EEmail Address	NOEMAIL

Address	BLK 223 LORONG 8 TOA PAYOH #02-751
Postcode	310223
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTA879 (MOTORCYCLE)
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190508/2111

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTA879
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NAGARAJ MUTHUCUMARU
NRIC/Passport Number	A50451635
Contact Number	84114208
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH TEE BENG CHRISTOPHER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMC5494E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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.

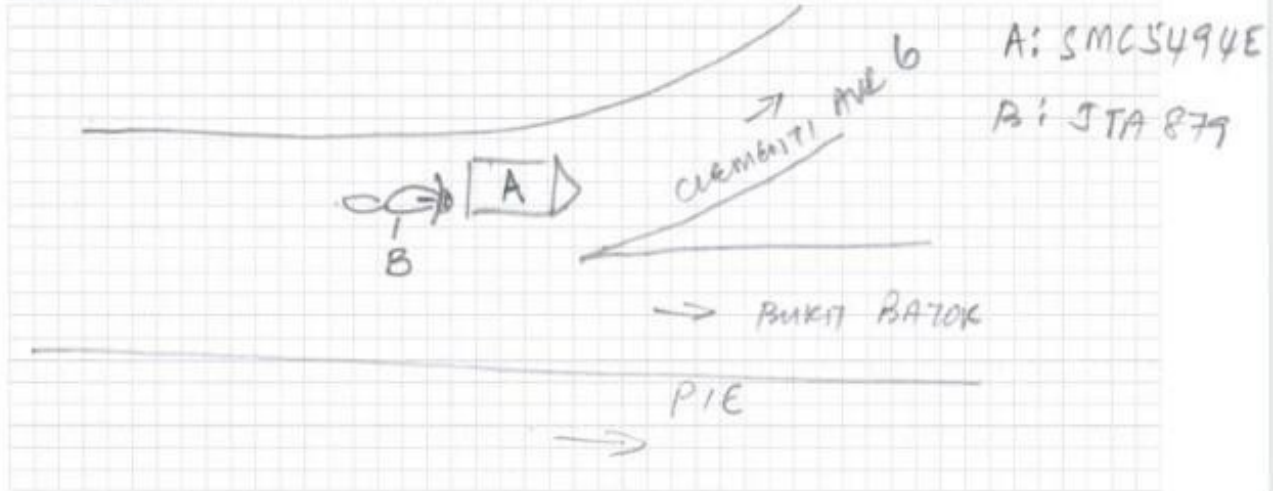
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20190508/2111

## 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/20190508/2111

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20190508/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 14:33	Vide Report No.:	Station Diary No.: 45
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### Informant's Particulars

Name of Informant: KOH TEE BENG CHRISTOPHER		Address: APT BLK 223 LORONG 8 TOA PAYOH #02-751 SINGAPORE 310223	
ID Type / ID No.: NRIC NO / S1737761B		Contact No.:	Mobile: 91297179
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 08/08/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Project Manager		Driving Licence Information: Class: 2A,2,3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/05/2019 06:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY CLEMENTI AVENUE 6 Along PIE towards Tuas, going to Clementi Avenue 6				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
JTA879	Motorcycle				Slightly Damaged	1
SMC5494E	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT SUNROOF	Brown	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190508/2111

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20190508/2111

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5494E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800075032	09/07/2018	08/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NAGARAJ MUTHUCUMARU		ID No.	A50451635
Related Vehicle	JTA879 (Motorcycle)		Contact No.	84114208
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 TEE BENG CHRISTOPHER		ID No.	S1737761B
Related Vehicle	SMC5494E (Car)		Contact No.	91297179
Hospital/Clinic	CHONG'S CLINIC		Class of Driving Licence & Expiry Date	Class: 2A,2,3 Date of Expiry: NIL
Date Treatment	08/05/2019		Date Discharge	08/05/2019
No. of Days granted Medical Leave		05	Degree of Injury	Slight

### Brief Details.

On 08/05/2019 at about 0650hrs, I was travelling along PIE towards Tuas on the leftmost lane of a 2 lane road going towards Clementi Avenue 6 in my vehicle(SMC5494E). Suddenly I felt an impact come from the rear of my vehicle and I thus exited to make a check. I thus discovered that a foreign motorcycle(JTA879) had collided into the rear right side of my vehicle causing damage, and its rider and pillion had fallen down. I exchanged particulars with the rider, who also declined for me to call for an ambulance, and thus left the scene. I do have in car camera, however it was not functioning at that point in time. I did feel pain on my neck and back, and subsequently sought medical attention at Chong's Clinic, and received 5 days of MC. I am lodging this report for insurance and police follow up actions.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190508/2111

3 of 3

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No: T/20190508/2111

## 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 2 LEE QI, THEODORE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2019 14:33
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Identification Card



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1737761B**  
Name: **KOH TEE BENG CHRISTOPHER**

Birth Date: **08 Aug 1966**  
Issue Date: **01 Jul 2013**



 **002196255B**



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

EFFECTIVE DATE

Class 2B	Motorcycles $\leq$ 200 cc	06 Apr 1987
Class 2A	Motorcycles between 201 cc and 400 cc	06 Apr 1987
Class 2	Motorcycles $>$ 400 cc	23 Dec 2008
Class 3	Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	03 Jul 1995

NP 428A

