

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	16/07/2019 11:46
Date Of Accident	13/07/2019 14:45
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7473S
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Insured/Policyholder

Name Of Registered Owner	KOH CONTRACTS & SERVICES PTE LTD
Co Reg No	200800806H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82189169
Alternative Phone No	OFFICE-82189169

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS002381
Cover Note Number	

Driver

Name of Driver	KOH BOON HEE AUGUSTINE
NRIC No	S1807148G
Date Of Birth	29/08/1967
Occupation	INDOOR
Date Of Driving Pass	22/04/1988
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82189169
Fax Number	
Contact Number	OFFICE-82189169
Email Address	NOEMAIL

Address	BLK 662 HOUGANG AVENUE 4 #02-407
Postcode	530662
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/2049.

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	GBD1148G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 2

Vehicle Registration Number	YP9466A
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

SHF5K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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 BOON HEE AUGUSTINE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7473S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.



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

Vehicle A - GIBF 74735

Vehicle B - GSD 1148 G

Vehicle C - YP 9466A

Vehicle D - SHF 5 R



STOP 10: 301 409

Bus Bay



Pushed
Punch

Macpherson Road towards
Bendemeer Direction.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20190715/2049

T/20190716/2044.

Vehicle A - GBF 7473 S

Vehicle B - GBD 1148 G

Vehicle C - YP 9466 A

Vehicle D - SHF 5 K

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

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/20190715/2049

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

1 of 3

Report No. T/20190715/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 12:44	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH BOON HEE AUGSTINE			Address: APT BLK 662 HOUGANG AVENUE 4 #02-407 SINGAPORE 530662		
ID Type / ID No.: NRIC NO / S1807148G			Contact No.: Home/Office: Mobile: 82189169		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/08/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF7473S	Lorry				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190715/2049

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

2 of 3

Report No. T/20190715/2049

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location

I was travelling along the said location. Approaching the traffic light, it emits red therefore I came to a stop. Suddenly, the involved vehicle collided onto the rear portion of my vehicle. At that point of time, I felt some pain around my chest area, and I was also feeling giddy. However, after I managed to grasp the situation, I immediately call police. shortly after, the ambulance came. The paramedics assess my condition, and deemed that my blood pressure was too high. Thence, I was conveyed to TTSH for further treatment. I was granted 3 days mc.

Police Report



SINGAPORE
POLICE FORCE



T/20190715/2049

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

3 of 3

Report No. T/20190715/2049

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2019 12:44

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: _____

Police Report



T/20190716/2044

1 of 3

Report No. T/20190716/2044

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190715/2049

Report Number T/20190716/2044

Vide Report Number

Date/Time of Report Made 16/07/2019 10:00

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant KOH BOON HEE AUGSTINE

ID Type / ID No. NRIC NO / S1807148G

Home/Office

Mobile 82189169

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 13/07/2019 14:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1148G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold		0
GBF7473S	Lorry				Slightly Damaged	0
SHF5K	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0

Police Report



T/20190716/2044

2 of 3

Report No. T/20190716/2044

Continuation of CSF For NP168

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP9466A	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN (CBU)	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH BOON HEE AUGSTINE		ID No. S1807148G
Related Vehicle	GBF7473S (Lorry)		Contact No. 82189169
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 Facts.

ON THE STATED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG TH SAID LOCATION. APPROACHING THE TRAFFIC LIGHT, IT EMIT RED THEREFORE ICAME TO A STOP. SUDDENLY, THE INVOLVED VEHICLE COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. AT THAT POINT OF TIME, I FELT SOME PAIN AROUND MY CHEST AREA, AND I WAS ALOS FEELING GIDDY. HOWEVER, AFTER I MANAGED TO GRASP THE SITUATION, I IMMEDIATELY CALL POLIC. SHORTLY AFTER, THE AMBULANCE CAM. THE PARAMEDICS ASSESS MY CONDITION AND DEEMED THAT MY BLOOD PRESSURE WAS TOO HIGH. THENCE, I WAS CONVEYED TO TTSH FOR FURTHER TREATMENT. I WAS GRANED 3 DAYS OF MC.

REFER TO REPORT NUMBER: T/20190715/2049

Police Report



T/20190716/2044

3 of 3

Report No. T/20190716/2044

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
 THABAGESH JEYATHESH

Classification of Case 1) INJURY / ATTENDED BY POLICE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

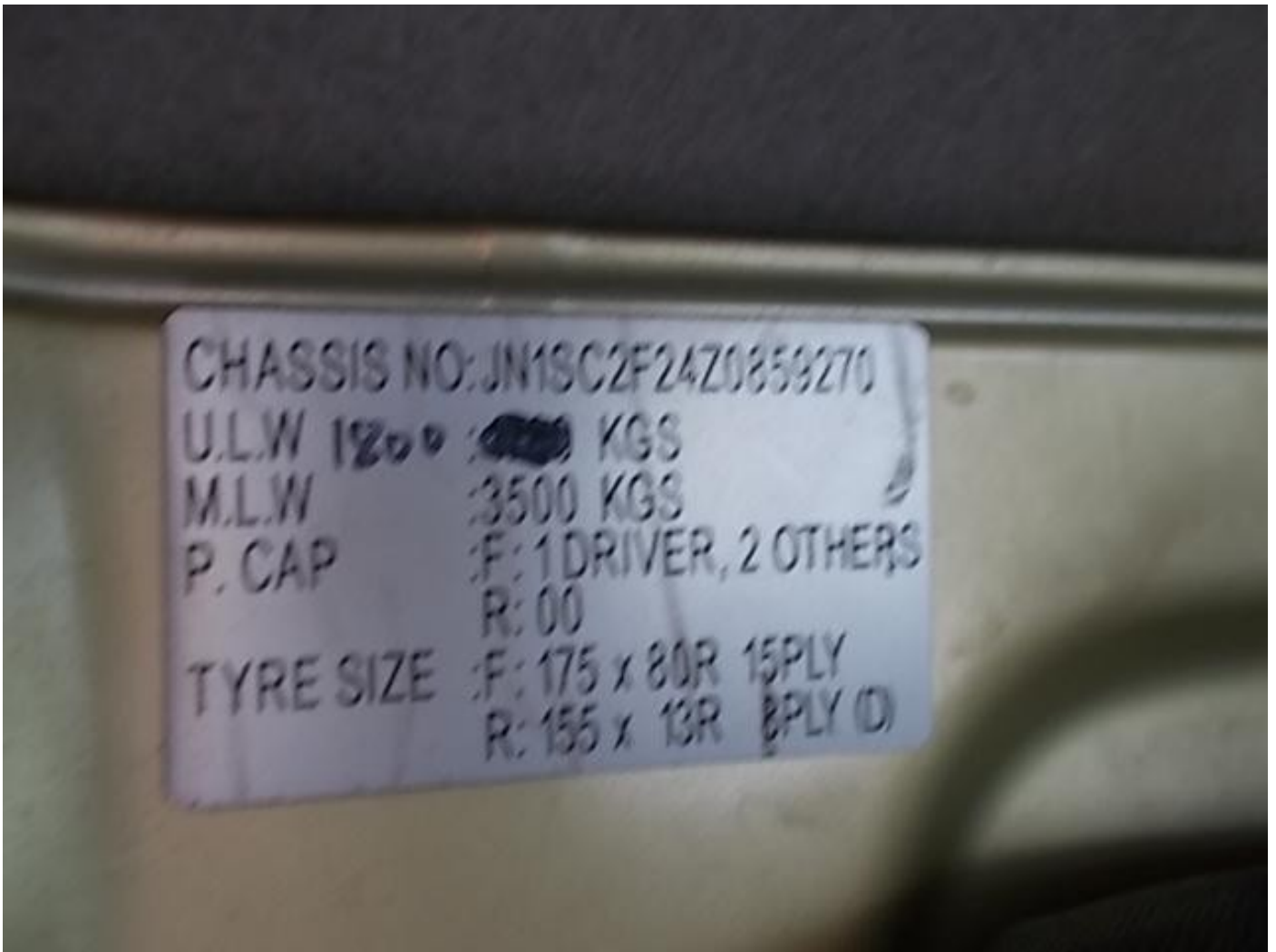


Accident Photo



Accident Photo





CHASSIS NO: JN1SC2F24Z0859270

U.L.W 12000 KGS

M.L.W : 3500 KGS

P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00

TYRE SIZE : F: 175 x 80R 15PLY
R: 155 x 13R 8PLY (D)

Accident Photo



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.: M400017735

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 : MNA119092858 Vehicle Registration No: GBF7473S
Name (as shown in NRIC) : KOH CONTRACTS & SERVICES PTE LTD NRIC/FIN/Passport No : 200800806H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82189169
Email Address : _____
Date of Accident : 13/07/2019 Time of Accident : 14:45
Place of Accident : MACPHERSON RD
Insurance Company : Tokio Marine Insurance Singapore Ltd

(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:

- 1) Amend vehicle registration number _____
- 2) Amend manufacturer & model _____
- 3) Amend policy number _____
- _____
- _____
- _____
- _____
- _____
- _____

Policyholder / Driver's Signature _____
Date: _____


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