

## 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	14/10/2019 15:29
Date Of Accident	12/10/2019 18:30
Exact Location Of Accident	ALONG 1092 WOODLANDS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6170A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KO PENG CHON
NRIC No	S0460388E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93822368
Alternative Phone No	OFFICE-93822368

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1511491904
Cover Note Number	

### Driver

Name of Driver	KO PENG CHON
NRIC No	S0460388E
Date Of Birth	20/03/1944
Occupation	INDOOR
Date Of Driving Pass	31/10/1964
Driving Experience	54 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822368
Fax Number	
Contact Number	OFFICE-93822368
EEmail Address	NOEMAIL

Address	BLK 155 SIMEI RD #10-204
Postcode	520155
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMS5609 (COMMERCIAL VEHICLE)
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?	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	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20191014/2124

#### 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	JMS5609
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIWAGURUBALAN A/L MUNUSAMY
NRIC/Passport Number	
Contact Number	0164729527
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:  
NRIC/FIN No.:

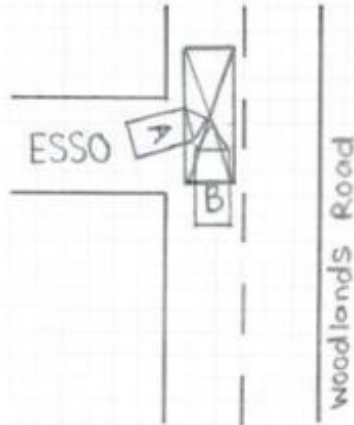
## Accident Sketch Plan

### SKETCH PLAN

Along 1092 Woodlands Road

Veh A → SJP6170A

Veh B → JMS5609



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the said location and timing, I was turning out from the petrol station after pumping petrol before going into Malaysia. As I saw that there was vehicle in front of the yellow box, I began to move out onto the road. Out of a sudden, vehicle B came dashing and hit onto my vehicle's right portion. We exchanged particulars and left.

## 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/20191014/2124

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

1 of 3

Report No. T/20191014/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 15:33	Vide Report No.:	Station Diary No.: 18
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### Informant's Particulars

Name of Informant: KO PENG CHON			Address: APT BLK 155 SIMEI ROAD #10-204 SINGAPORE 520155		
ID Type / ID No.: NRIC NO / S0460388E			Contact No.: Home/Office: Mobile: 93822368		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 75	Date of Birth: 20/03/1944	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONSTRUCTION SUPERVISOR			Driving Licence Information: Class: 2B,2A,2,3		
			Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/10/2019 18:00	Type of Location:
Location: Along Road 1 WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMS5609	Lorry					0
SJP6170A	Car	TOYOTA	ALLION 1.5 A	Silver	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP6170A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN15114919 04	25/03/2019	29/03/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191014/2124

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20191014/2124

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KO PENG CHON	ID No.	S0460388E
Related Vehicle	SJP6170A (Car)	Contact No.	93822368
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 12/10/2019 at about 1800hrs, while I was driving my car bearing registration number SJP6170A, I was involved in a traffic accident with a foreign vehicle bearing registration number JMS5609. Before the accident happened, I just exited the Esso petrol station.

I was turning out from the petrol station after pumping petrol before going into Malaysia. As I saw that there was a vehicle in front of the yellow box just outside the petrol kiosk, I began to move out onto the road. All of a sudden, the other vehicle (JMS5609) came dashing forward and hit onto my vehicle's right portion.

After the collision happened, both of us stopped our vehicles and we exchanged particulars. I have already reported the accident to my insurance company. But I was also advised by them to lodge a police report too as it involves a foreign vehicle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20191014/2124

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20191014/2124

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:

G /

Staff Sgt MUHAMMAD FARHAN BIN  
SAFARUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/10/2019 15:33

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



