

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	18/03/2020 13:18
Date Of Accident	25/11/2019 09:15
Exact Location Of Accident	BLK 504 YISHUN ST.51 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6274R
Insured/Policyholder	
Name Of Registered Owner	KOH CHWEE HEO
NRIC No	S0106210G
Email Address	JWKOH1986@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92317300
Alternative Phone No	OTHERS-92317300

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3027401900
Cover Note Number	12/04/19 - 11/04/20

Driver

Name of Driver	KOH CHWEE HEO
NRIC No	S0106210G
Date Of Birth	27/05/1954
Occupation	INDOOR
Date Of Driving Pass	11/05/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92317300
Fax Number	
Contact Number	
EEmail Address	JWKOH1986@GMAIL.COM

Address	BLK 755 YISHUN ST.72 #11-240
Postcode	760755
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	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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT 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	SKZ2568Z
Vehicle Make/Model/Colour	PARKED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

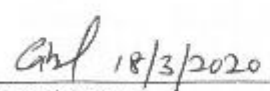
VEHICLE NO.: CB 6274R
INSURER : China Taiping
DATE & TIME: 25/11/19 @ 09:15am

IMPORTANT NOTICE


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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: 18/3/2020

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


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

BIK 504 Vishnu St. 51 MSCP

A = CB 6274 R
B = SKZ 2568 Z
(Parked)

hump

A

B

Refer to Police Report No: T/2019/248/2019

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

PR



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2019 09:40		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: KOH CHWEE HEO			Address: APT BLK 755 YISHUN STREET 72 #11-240 SINGAPORE 760755		
ID Type / ID No.: NRIC NO / S0106210G			Contact No.: Home/Office: Mobile: 92317300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 27/05/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2019 09:15	Type of Location: Car Park
Location: Along Road 1 YISHUN STREET 41 Blk 504 Yishun Street 11 MSCP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6274L	Bus/Coach/Minibus	TOYOTA		Silver	No Damage	0
CB6274R	Bus/Coach/Minibus	TOYOTA	HIACE 2.8 DX DIESEL TURBO AT 2WD	Silver	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20191218/2019

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191218/2019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB6274R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SN30274019 00	12/04/2019	11/04/2020

Details of Person involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHWEE HEO	ID No.	S0106210G
Related Vehicle	CB6274L (Bus/Coach/Minibus)	Contact No.	92317300
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 06 December 2019, I received TP letter reference TP/IP/75237/2019 about an accident involving CB6274R along Yishun Street 51 on 25 November 2019. However, on that day, I was reversing into a parking lot beside CB6274R. However, as I noticed that I was parking at the wrong level, I resume and drove to the next level. Two days later, the driver of the van suddenly look for me to tell me that I have hit his bus front left bumper. However, that day, I do not remember hitting onto his bus and there was no damage on my van as well. However, I was informed to make a report about this.



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20191218/2019

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:

L7

Sgt 3 OH HONG LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/12/2019 09:40

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Signature _____

SN 094

Singapore Police Force

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0106210G



Name

KOH CHWEE HEO



許敬業

Race

CHINESE

Date of Birth

27-05-1954

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S0106210G

Name

KOH CHWEE HEO



Birth Date: 27 May 1954

Issue Date: 11 Sep 2003



000820643E

2370633



NRIC No. S0106210G



Blood Group Date of issue

O+ 11-09-1994

Address

APT. BLK 755 YISHUN STREET 72
#11-240
SINGAPORE 2776

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	26 Oct 1976
Class 2A	Motorcycles between 201 cc and 400 cc	26 Oct 1976
Class 2	Motorcycles exceeding 400 cc	26 Oct 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 May 1977



Licence No: S0106210G

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

