#### 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 witholding 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/12/2019 17:31
Date Of Accident	16/12/2019 16:10
Exact Location Of Accident	TEMPLE ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX4277Z
Insured/Policyholder	
Name Of Registered Owner	KOH KOON HUAT
NRIC No	S1610802B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81393971
Alternative Phone No	OFFICE-81393971
Vehicle Particulars	
Manufacturer	CITROEN
Model	C4 PICASSO 1.6I EHDI ETG6 (NON P.ROOF)
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V13879/VPE/R00
Cover Note Number	
Driver	

### Driver

KOH HAN JIE Name of Driver NRIC No S9317429A Date Of Birth 19/05/1993 Occupation **INDOOR Date Of Driving Pass** 18/10/2013

**Driving Experience** 6 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81393971

Fax Number

Contact Number OFFICE-81393971

**EMail Address NOEMAIL** 

BLK 557 WOODLANDS DRIVE 53 Address

#11-65

Postcode 730557

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

**General Information of the Accident** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **DRIZZLING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

1

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20191217/7000.

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMM5760J

Vehicle Make/Model/Colour

**Details Of Properties** 

Remarks/ Reasons:

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (iii) 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:
  - 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 Signative (if driver is not the policyholder)

Date & Time:

Reporting Centre Personny Name:

NRIC/FIN No.:

's Signature

### **Accident Sketch Plan**

	versicle A	: Cum	1277 Z 5760J·				
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Type of Collision: Between Moving Vehicles - Head To Side 1 of 4 Report No. T/20191217/7000

REPORT	F A TRAFF	IC ACCIDENT					Ta Bi N	
Date/Time Report Made: 17/12/2019 01:02			Vide Report No.:				Station Diary No.:	
Informa	nt's Partic	ulars	(34)		10 Sec. 5	244(0000)	NAME OF PERSONS	
Name of KOH HA	Informant N JIE		Addre 557 V	ess: VOODLANI	OS DRIVE 5	3 #11-65 SIN	IGAPORE 730557	
ID Type NRIC NO	/ ID No.: 0 / S93174	29A		et No.: e/Office:		Mobile: 8	1393971	
Nationali SINGAP	ity: ORE CITIZ	ZEN	Email	l: e.khj@hotm	ail.com			
Sex: Male	Age: 26	Date of Birth: 19/05/1993	Type	of Informan				
Race: Chinese Occupation: Chef			English			Institution	ution / School Name:	
			Driving Licence Information: Class: 2B,2A,2,3 Date				of Expiry:	
General I		n of the Accident Non-Injury Hit and Run	NE 2011	Drink Drive:	Date/Tir Acciden	100000000000000000000000000000000000000	Type of Location Straight Road	
Location				_ No	116/12/20		oad Speed Limit:	
Weather: Drizzling			Dry	Surface:		1955	affic Volume:	
Traffic Flow: One Way				Traffic Control: Not Controlled			Heavy	

Details of V	ehicle Invo	ived	STATE OF THE PARTY	I was a second	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color	-	No of Fasserige
Venicle No.	Typo	Control of the Contro	O/ Disease		Slightly	1
SLX4277Z	Car	CITROEN	C4 Picasso		Damaged	,

Details of Vehicle Insurance		Transport No.	Effective	Expiry Date	
Mahiela Ma	Insurance Company	Insurance No			
Venicie No.	LIBERTY INSURANCE PTE LTD		21/11/2019	20/11/2020	

Anyone conveyed by ambulance: No



7/20191217/7000

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

2 of 4 Report No. T/20191217/7000

#### CONTINUATION OF REPORT

Details of Perso	on Involved	100 H 100 M 100 M	-	-	
Any Pedestrian	nvolved: No			-	
No. of Pedestria	ns Injured: NIL	Use of Pe	edestria	n Cross	ing: NA
Passenger		000011	odestria	Closs	sing. NA
Name	MAGDELINE NG SHI QI		ID No	),	S9310754C
Related Vehicle	SLX4277Z (Car)		Conta	act No.	96232903
Hospital/Clinic	NIL			of g ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree o			
Driver	1775	Dogree 0	n nijury	LAIF	
Name	KOH HAN JIE		ID No		S9317429A
Related Vehicle	SLX4277Z (Car)			ct No.	81393971
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree o	f Injury	NIL	

#### Brief Details.

I parked my car beside Lau Choy Seng (one of the shop along temple street in chinatown). I was packing my things that I bought from the shop. I was arranging it at the back of my car's boot. My girlfriend was inside the car waiting for me. While I was packing, I could hear car horn sound as the road was quite congested with a lot of cars. Suddenly, I felt a knock on my car left hand rear wheel while I was packing my things. A toyota corolla altis (SMM5760J) knocked onto my car left rear wheel. It was a female driver, she came down and have a look at her car and mine. We had a short conversation and she keep insisting that she did not knock onto my car. We had conversation arguing for about 10mins. As the road was quite congested, I asked the driver to drive infront of my car so that other car behind could pass. She then proceed to drive infront of me and we later had a conversation there. I asked her how does she want to proceed to drive infront of me and we later had a conversation there. I asked her how does she want to resolve this accident, she did not replied to my question and keep insisting that I was ridiculous. I was ver frustrated with the way she replied and I told her that I will report to the traffic police on this accident. I asked her for her particulars, she did not comply and give it to me. She then come down and took pictures of her car, my rear wheel and proceed to drive off. When the accident happened, I was right beside my car when she knocked onto my car's rear wheel. I immediately took photos of the damage on my car and her car. When she proceed to drive off, I took a picture of her car plate. I had 2 camera inside my car with car (SLX4277Z), the female driver that knocked onto me was (SMM5760J). The incident happend on

### Police Report



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



3 of 4 Report No. T/20191217/7000

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20191217/7000

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
17/12/2019 01:02

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp

















