MTE119169930 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 26/12/2019 17:45 SUBMITTED BY: Ng Pei Fang

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	26/12/2019 17:45
Date Of Accident	24/12/2019 23:55
Exact Location Of Accident	BETWEEN BLK 703 WDLS DR 40 & BLK 707 WDLS DR 40
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD7568H
Insured/Policyholder	
Name Of Registered Owner	KOH HAN BIN
NRIC No	S1791653Z
Email Address	GARETH@KBSGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-97398878
Alternative Phone No	Others-97398878
Vehicle Particulars	
Manufacturer	MAZDA
Model	CX5
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
lf 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	1800103974
Cover Note Number	
Driver	
Name of Driver	KOH HAN BIN
NRIC No	S1791653Z
Date Of Birth	27/01/1967

INDOOR

11/02/1985

34 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97398878

Fax Number

Contact Number OTHERS-97398878

EMail Address GARETH@KBSGROUP.COM.SG

BLK 85 TELOK BLANGAH HEIGHTS Address

#27-385

Postcode 100085 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 - OPENING DOOR OF VEHICLE**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident? NO

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) 5

Passenger 1 Name: : TEDRIC KOH ZHIYUAN

> Gender: : Male

Passenger 2 Name: : TEDMOND KOH ZHIXIANG

> Gender: : Male

Passenger 3 Name: : GO A MOI

Gender: : Female

Passenger 4 : TAN SEOK FEN Name:

> Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN AND STATEMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM3083E

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver NG SED CHENG
NRIC/Passport Number S1629257E
Contact Number 88220587

Address

Postcode

Insurance Company Name MSIG Insurance (Singapore) Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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;
 - (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.:

CETCH PLAN	7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					grosspooning.
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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT					
ACCIDENT DATE: 24	12/19		E PLATE NO:	9439	8878	
ACCIDENT TIME: \(\(\text{\text{\$\lambda\$}}\)		EMAIL	Baroth @	Kpagrau	P. Com. Se	3
	BIK 703 Woolands					
VB tried to VB was on h distance after	attempt overtake ingh speed, refer VB engaged en	to dash a	ofter ream , the	to sed hi ere wa ecdure	overtak	e
NOTE: PLEASE NOTE THAT YOUR I	ISURER MAY HAVE 14 DAYS TIME FRAME			CLAIMS UNDE	R YOUR OWN P	OLICY.
PLEASE STATE: () CLAI	PLEASE CHECK YOUR POL M OWN POLICY CLAIM THIS	03.004.7	PORTING ONLY			-
ECLARATION	culars are true in every respect.	()RE	CORTING ONLY	M	1	
olicyholder Signature ote & Time:	Driver's Signature (If driver is not the policyhol	der)	Reporting Centre Name:	re Personnel	's Signature	_

GIARMS SkepchPlanForm_V3

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

NOTICE OF REPORTING

This is to confirm that Koh Han Bin NRIC: S1791653Z, has reported to the Police a non-injury traffic accident which occurred in between Blk 703 Woodlands Drive 40 and Blk 707 Woodlands Drive 40, on 24/12/2019 at about 11.55pm involving the following vehicles:

V1) SMD7568H (Red color, Mazda CX5/ Koh Han Bin)

V2) SLM3083E (White color, Toyota Prius/ Ng Sed Cheng S1629257E)

On the 24/12/2019 about 11.55pm V1 came to a stop in between Blk 703 and 707 Woodlands Drive just after the sheltered area as V1 was dropping passenger. When the passenger opened the right rear passenger door V2 attempted to overtake and collided to V1 right passenger door.

Nobody was injured, no pedestrian/cyclist was involved, no foreign vehicle or driver involved and lastly no government property damaged.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T140385 Ong Jing Wei Wayne

Date: 25/12/2019 Time: 1326hrs

S/D Ref: 06 Telok Blangah

Neighbourhood Police Post

Police Post/Unit : Telok Blangah NPP Telok Blangah Drive #01-116/118

Singapore 100051

Original - to be issued to informant Tel: 1800-2729999

Duplicate - to be submitted to Traffic Police

















