

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	23/01/2020 11:10
Date Of Accident	20/01/2020 14:45
Exact Location Of Accident	TPE TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5626M
Insured/Policyholder	
Name Of Registered Owner	TRANS LEASING PTE LTD
Co Reg No	2XXXXX675K
Email Address	CANDY.KONG@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65552222

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AE IONIQ HEV 1.6 DCT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	M0015286
Cover Note Number	

Driver

Name of Driver	KOH BEE KUAN
NRIC No	SXXXX694E
Date Of Birth	18/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93685059
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 233A SUMANG LANE #11-331
Postcode	821233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : TAY BOON HEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20200121/2104.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO - TRANS CAB SERVICES PTE LTD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH8028Y
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name	KOH BEE KUAN
Approximate Age	51
Injuries Sustain	
Injured person in which vehicle?	SMR5626M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 233A SUMANG LANE #11-331
Postcode	821233

DETAILS OF INJURED PERSON 2

Name	TAY BOON LEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMR5626M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

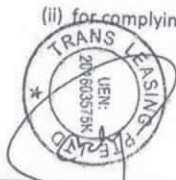
SKETCH PLAN

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. 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: [Signature]
Date & Time: 11:10am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11:10am

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN: [Blank]

Sketch Plan Pg. 2

SKETCH PLAN

TPC towards Airport

A = SMR 5626M
B = SMH 8028Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time: 23 JAN 2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23 JAN 2020

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200121/2104

1 of 4

Report No. T/20200121/2104

Police Station Of Origin:
Sengkang N.P.C
Sengkang Square #01-02 SINGAPORE
45025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
21/01/2020 15:32

Vide Report No.:

Station Diary No.:
68

Informant's Particulars

Name of Informant:
KOH BEE KUAN

ID Type / ID No.:
NRIC NO / S6811694E

Nationality:
SINGAPORE CITIZEN

Sex: Male Age: 51 Date of Birth: 18/03/1968

Race:
Chinese

Occupation:
Driver

Address:

APT BLK 233A SUMANG LANE #11-331 SINGAPORE 821233

Contact No.:

Mobile: 93685059

Home/Office:

Email:

Type of Informant:
Driver

Language:

Institution / School Name:

Driving Licence Information:
Class: 2B,2A,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
20/01/2020 14:45

Type of Location:
Expressway

Location:

TAMPINES EXPRESSWAY

TPE towards Airport

Weather:
Clear

Traffic Flow:

Road Surface:
Dry

Traffic Control:

Road Speed Limit:
70 Km/h

Traffic Volume:
Moderate

Anyone conveyed by
ambulance:
No

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH8028Y	Car				Slightly Damaged	0
SMR5626M	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20200121/2104

2 of 4

Report No. T/20200121/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver		ID No.	
Name	GOH LUAN FONG	ID No.	S1203384B
Related Vehicle	SMH8028Y (Car)	Contact No.	83398228
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
Driver		ID No.	
Name	KOH BEE KUAN	ID No.	S6811694E
Related Vehicle	SMR5626M (Car)	Contact No.	93685059
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger		ID No.	
Name	TAY BOON HEE	ID No.	S1715109F
Related Vehicle	SMR5626M (Car)	Contact No.	91708066
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/01/2020	Date Discharge	21/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 21/01/2020 at about 1445hrs, I was driving along TPE towards Changi Airport. As I was along the most left lane, a vehicle from the right side swiped on the right side of my vehicle. Subsequently, I followed his vehicle and asked him to stop his vehicle to exchange particulars. Due to the impact from the right, we both felt pain on our neck area. As such we proceeded to A Life Clinic Pte Ltd to seek treatment. I was given 5 days of MC dated from 21/01/2020 to 25/01/2020, while my passenger was given 7 days MC dated from 21/01/2020 to 27/01/2020. The right side of my vehicle was scratched and the right side mirror had fell off.



**SINGAPORE
POLICE FORCE**



T/20200121/2104

3 of 4

Report No. T/20200121/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343.8999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200121/2104

4 of 4

Report No. T/20200121/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /
Staff Sgt LOI SHI HUI

Signature Of Informant:

Kbl

Signature Of Interpreter:
Not applicable

Date/Time:
21/01/2020 15:32

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

SN085

Signature:

Singapore Police Force