

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	14/04/2020 11:33
Date Of Accident	14/04/2020 08:25
Exact Location Of Accident	ALONG NEW UPPER CHANGI ROAD OPPOSITE BLK 58
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5246L
Insured/Policyholder	
Name Of Registered Owner	KOH CHEONG KEUN TONY
NRIC No	SXXXX587J
Email Address	TONYKOH1966@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91474125
Alternative Phone No	OTHERS-91474125

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	BUYING FOOD AND SEND WIFE TO WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112962576
Cover Note Number	

Driver

Name of Driver	KOH CHEONG KEUN TONY
NRIC No	SXXXX587J
Date Of Birth	14/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91474125
Fax Number	
Contact Number	OTHERS-91474125
Email Address	TONYKOH1966@GMAIL.COM

Address	1 TANAH MERAH KECHIL ROAD #05-04
Postcode	
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 - HEAD TO REAR
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH CENTRAL
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - 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/20200401/2033

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	SKU3882K
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR FOO
NRIC/Passport Number	
Contact Number	97901760
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KOH CHEONG KEUN TONY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMP5246L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 14/4/2020
10-30 am

Driver's Signature

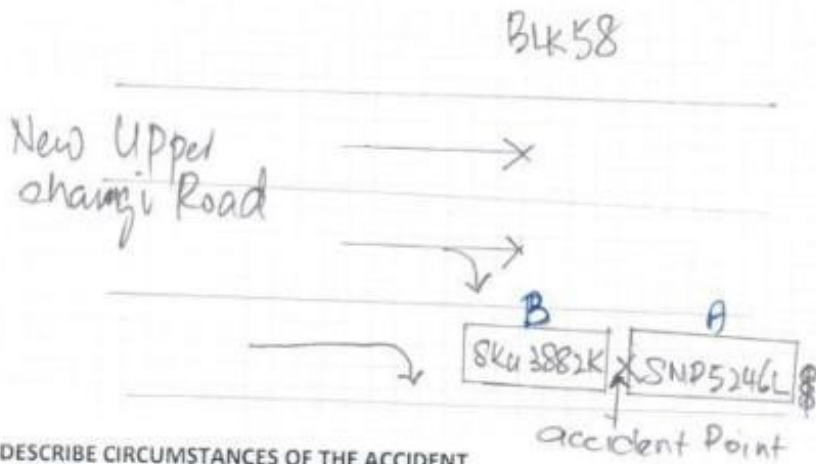
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: *Rosa*
NRIC/FIN No.: *14080200*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stop at traffic light waiting to do an U-Turn at New Upper Changi Road (BLK 58 Opposite). Suddenly, Vehicle SKU 3882K come from behind and being my car SNP 5246L.

Police Report 7/20200414/2020

DECLARATION

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

Policyholder's Signature

Date & Time: 14/4/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200414/2033

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No. 1800-2519999

1 of 3

Report No. T/20200414/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2020 13:47	Video Report No.:	Station Diary No.: 83
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Informant's Particulars

Name of Informant: KOH CHEONG KEUN TONY			Address: 1 TANAH MERAH KECHIL ROAD #05-04 SINGAPORE 466663	
ID Type / ID No.: NRIC NO / S1753587J			Contact No.: Home/Office: Mobile: 91474125	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 14/09/1966	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/04/2020 08:25	Type of Location: X-Junction
Location: Along Road 1 NEW UPPER CHANGI ROAD				
OPPOSITE BLK 58 NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU3882K	Car	MERCEDES BENZ	E 250 SEDAN (R17	Silver	Slightly Damaged	0
SMP5246L	Car	TOYOTA	SIENTA STANDARD (AUTO)	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200414/2033

Police Station Of Origin:
Toa Payoh N.P.C.

2 of 3

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20200414/2033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP5246L	NTUC Income Insurance Co-Operative Limited	5112962576	30/09/2019	29/09/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHEONG KEUN TONY	ID No.	S1753587J
Related Vehicle	SMP5246L (Car)	Contact No.	91474125
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/04/2020	Date Discharge	14/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	LIM SIOK HONG	ID No.	S1590474G
Related Vehicle	SMP5246L (Car)	Contact No.	98473599
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

Brief Details.

On 14/04/2020 at about 0825hrs, I was driving my vehicle (registration number: SMP5246L) along New Upper Changi Road with my wife and stopped at the traffic light opposite Blk 58 New Upper Changi Road. I was waiting for the traffic to be clear before making a U-turn. Out of a sudden, I felt an impact from the rear. I then alighted from my vehicle to make a check. The vehicle (registration number: SKU3882K) collided into my vehicle from behind. Due to the impact of the accident, my vehicle suffered dents on the boot area. Due to the accident, I suffered an injury such as a muscle pull on my right leg. I then took pictures of both vehicles and exchanged particulars with the other driver (Mr Foo, 97901760). Subsequently, I went to see the doctor and was given 4 days MC from the doctor.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200414/2033

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No. 1800-2519999

3 of 3

Report No. T/20200414/2033

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:

E /

Sgt 3 ESTHER CLARE KOH MEI CHIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/04/2020 13:47

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP156



Mount Alvernia Hospital
Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No. M20000040548

This is to certify that KOH CHEONG KEUN TONY, S1753587J, is granted Outpatient Sick Leave for 4 day(s) from
14-Apr-2020 to 17-Apr-2020.
Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Chai Jen
MCR: 089680

A&E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
830 Thomson Road
Singapore 534623
Tel: 63476210

14/04/2020

Date

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



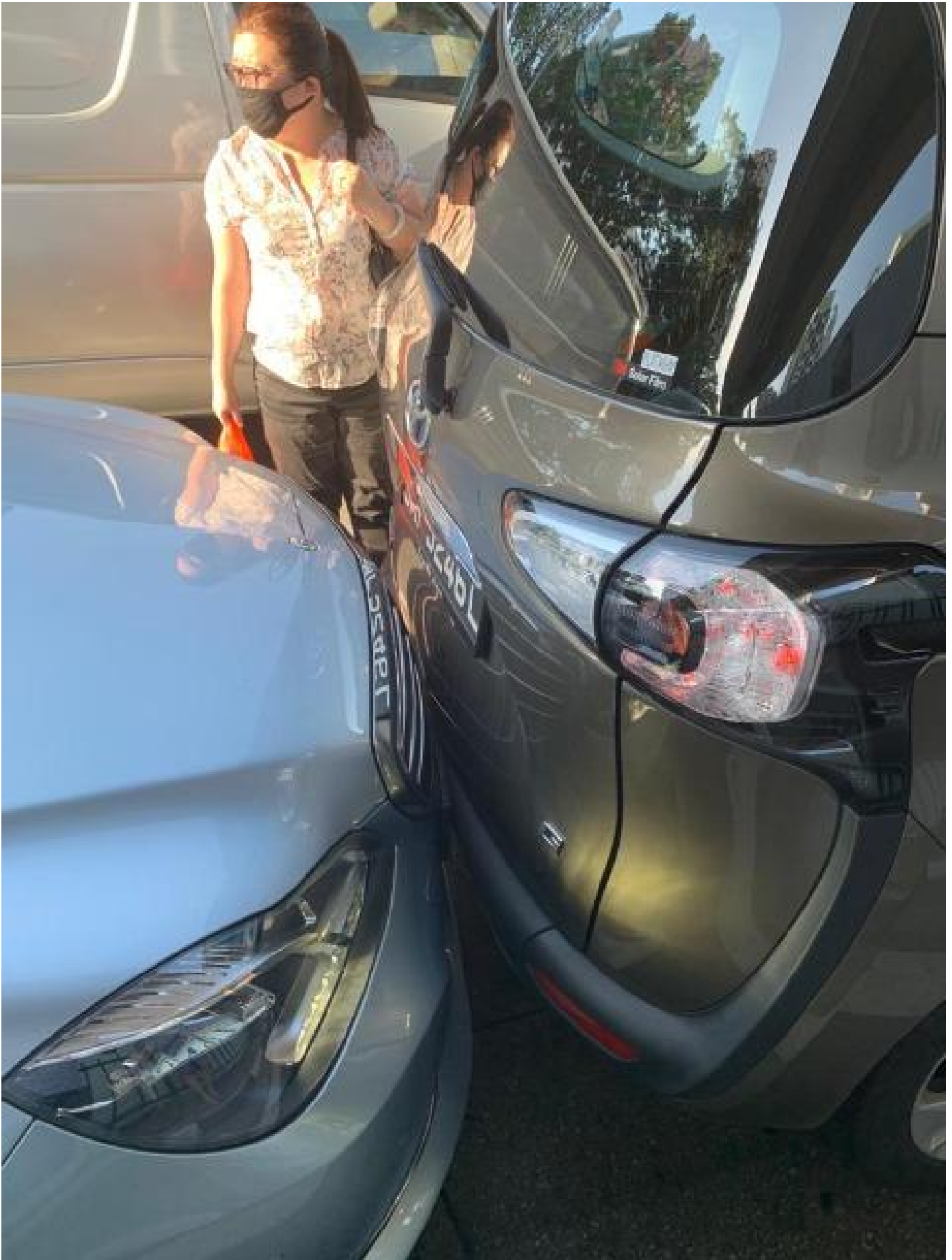
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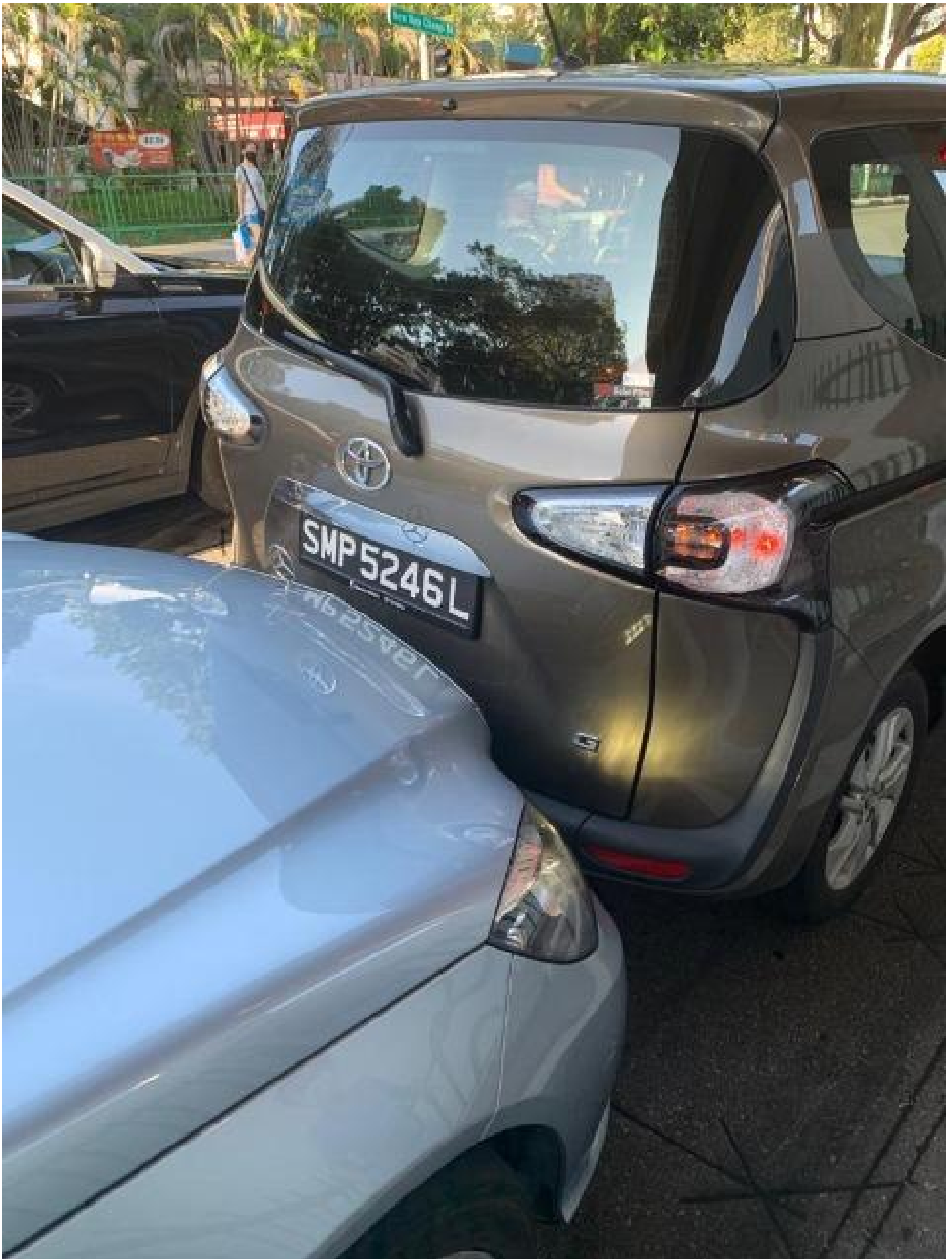
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