

## 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	14/09/2020 09:11
Date Of Accident	12/09/2020 09:20
Exact Location Of Accident	TPE TWDS PUNGGOL RD EXIT 9 L/P 80
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8179J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92323494

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993781
Cover Note Number	

### Driver

Name of Driver	KOH SIEW TECK GEORGIE (XU XIUDE GEORGIE)
NRIC No	SXXXX861E
Date Of Birth	27/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1993
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96833836
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 303C ANCHORVALE LINK #13-132
Postcode	543303
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 - 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200912/2025

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7604G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 SIEW TECK GEORGIE (XU XIUDE GEORGIE)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ8179J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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  
Date & Time:

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

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

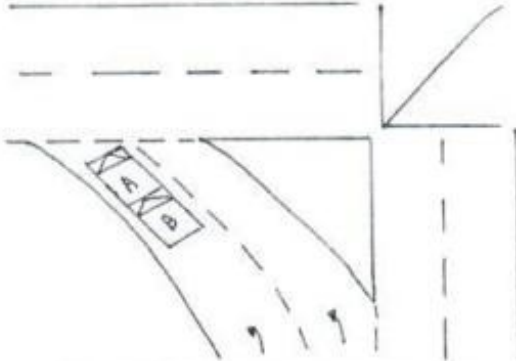
## Accident Sketch Plan

### SKETCH PLAN

TPE Two's Punggol Road (Exit 9, lamp post 80)

Vehicle A - SMJ 8179J

Vehicle B - GBF 7604G



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police report no. T/20200912/2025.

### DECLARATION

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



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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200912/2025

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200912/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 11:20	Vide Report No.:	Station Diary No.: 37
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### Informant's Particulars

Name of Informant: KOH SIEW TECK GEORGIE	Address: APT BLK 303C ANCHORVALE LINK #13-132 SINGAPORE 543303		
ID Type / ID No.: NRIC NO / S7102861E	Contact No.: Home/Office: Mobile: 96833836		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 49	Date of Birth: 27/01/1971	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 09:20	Type of Location: Flyover
Location:  TAMPINES EXPRESSWAY				
Lamp Post Number: 80				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
GBF7604G	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
SMJ8179J	Car	HONDA	FREED HYBRID 1.5G AUTO	Silver		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Police Report



SINGAPORE  
POLICE FORCE



T/20200912/2025

2 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200912/2025

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ8179J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999993781	31/07/2020	30/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH SIEW TECK GEORGIE	ID No.	S7102861E
Related Vehicle	SMJ8179J (Car)	Contact No.	96833836
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2020	Date Discharge	12/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

### Brief Details.

On 12th September 2020 at 9.20am, I was driving my vehicle registration number: SMJ8179J along TPE towards Punggol Road (Exit 9, lamp post: 80). While I was driving on the slip road towards to Punggol Road, there was another truck registration number: YJ7254 (V2) was driving on my right side then abruptly to my lane. It was so dangerous and I decided to apply emergency brake. While I was in the stationary position, there was an impact from my rear vehicle. Due to the impact, my vehicle moved forward. Before alighting, I was in pain and slowly alighted. I spotted that there was another vehicle registration number: GBF7604G (V3) had collided to my vehicle.

There was CCTV in my vehicle captured the occurrences. I managed to take the picture of V3 and requested to ask for driver's (V3) details however he don't wish too. He told me taking his registration number is enough.

I went to seek medical attention and was given 7 days MC. I am lodging this report for Police to look into the matter.

## Police Report



SINGAPORE  
POLICE FORCE



T/20200912/2025

3 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200912/2025

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/  
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/09/2020 11:20

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 JUREMAH BINTI AHMAD  
Contact No.: 65474885

Classification Of Case:  
SN 061

Authentication Stamp  
NP168

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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