

## 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	25/09/2020 17:03
Date Of Accident	24/09/2020 07:15
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8316H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOO SIEW LENG
NRIC No	SXXXX081E
Email Address	CHRISKOHTM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96334947
Alternative Phone No	OTHERS-97700130

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800053932-02
Cover Note Number	

### Driver

Name of Driver	KOH TAT MENG (XU DAMING)
NRIC No	SXXXX193B
Date Of Birth	18/03/1972
Occupation	INDOOR
Date Of Driving Pass	06/11/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96334947
Fax Number	
Contact Number	OTHERS-97700130
Email Address	CHRISKOHTM@YAHOO.COM

Address	BLK 114 ANG MO KIO AVENUE 4 #05-537
Postcode	560114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 ANG MO KIO AVENUE 4 , <b>POSTCODE:</b> 560111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4589999 - <b>FAX NO:</b> 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200924/2040

#### 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	SLK977G
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HORINOUCHI HIROTSUGU
NRIC/Passport Number	
Contact Number	85223100
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE2716K  
Vehicle Make/Model/Colour TOYOTA ALTIS  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX8747H  
Vehicle Make/Model/Colour CHEVROLET  
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMJ7247C  
Vehicle Make/Model/Colour HONDA HR-V  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LOW TENG WEI  
NRIC/Passport Number  
Contact Number 93377694  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KOH TAT MENG (XU DAMING)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLZ8316H  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address

Postcode

## Accident Sketch Plan

Vehicle No.: SLE8316H  
Insurer: AIG  
Date & time: \_\_\_\_\_

### SKETCH PLAN

#### IMPORTANT NOTICE

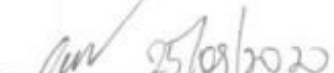
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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 the 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:

  
25/09/2020  
Reporting Centre Personnel's Signature  
Name: Kevin Wong  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Date: 24 Sep 2020 Time: 14.50PM Location: Ayer Rajah Expressway  
 Vehicle A: SLE8316H Vehicle B: SLK977G C: SJE2716K D: SLX8747H and E: SMJ7247C

A: SLE8316H  
 B: SLK977G  
 C: SJE2716K  
 D: SLX8747H  
 E: SMJ7247C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report T170200924/2020

( ) Claim OD / TP ☒ Claim OD ☒ TP at other workshop ( ) Reporting only


Remarks: Please forward a copy of my effie accident report to:  
 My workshop: Revol Carz Garage Pte Ltd  
 Email address: enquiry@revol.com.sg  
 My name: Woo Siew Leng  
 Email address: chriskohtm@yahoo.com


Note: Please take note that your Insurer have **14 days timeframe** for you to submit Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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: Wong Hui Jia  
 NRIC/FIN No: 9201 24 2200 1234 5678

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200924/2040

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20200924/2040

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2020 12:48		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: KOH TAT MENG			Address: 114 ANG MO KIO AVENUE 4 #05-357 SINGAPORE 560114		
ID Type / ID No.: NRIC NO / S7213193B			Contact No.: Home/Office: Mobile: 97700130		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 18/03/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			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: 24/09/2020 07:15	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJE2716K	Car					0
SLK977G	Car					0
SLX8747H	Car					0
SLZ8316H	Car					0
SMJ7247C	Car					0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200924/2040

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20200924/2040

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HORINOUCI HIROTSUGU	ID No.	NIL
Related Vehicle	SLK977G (Car)	Contact No.	85223100
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
<b>Driver</b>			
Name	KOH TAT MENG	ID No.	S7213193B
Related Vehicle	SLZ8316H (Car)	Contact No.	97700130
Hospital/Clinic	JJ CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	LOW TENG HUI	ID No.	NIL
Related Vehicle	SMJ7247C (Car)	Contact No.	93377694
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 24/9/2020 at about 7.15am, I was driving my vehicle (SLZ8316H) along AYE towards Jurong on Lane 1. The traffic was heavy and the road was wet as it had just stopped raining. Suddenly, a car (SLK977G) collided onto the rear of my car. I felt the bump more than once which suggested that a few other cars might have been involved in the accident.

When I alighted I discovered that following cars which were involved in the accident. The cars involved are SJE2716K, SLX8747H and SMJ7247C. All the drivers exchanged particulars. After the accident, I felt my neck was in pain and as such, I went to seek medical assistance and was given 3 days MC.



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200924/2040

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Report No. T/20200924/2040

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200924/2040

Police Station Of Origin:  
Kebun Baru NPP  
111 Ang Mo Kio Avenue 4 SINGAPORE  
560111  
Tel No: 1800-4589999

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Report No. T/20200924/2040

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 / Sr Staff Sgt MUHAMMAD YUNOS BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2020 12:48
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case: 30 0.5
Authentication Stamp NP168 	

Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

