

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	09/10/2020 10:51
Date Of Accident	07/10/2020 15:25
Exact Location Of Accident	ALONG JOO CHIAT ROAD NEAR UNIT 333
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6499R
Insured/Policyholder	
Name Of Registered Owner	KH LEASING PTE. LTD.
Co Reg No	2XXXXX813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64589997
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5118778961
Cover Note Number	
Driver	
Name of Driver	KOO KIN LEONG (GU JIANLIANG)
NRIC No	SXXXX214F
Date Of Birth	02/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96940506
Fax Number	
Contact Number	OFFICE 66040506

Address	APT BLK 128B CANBERRA STREET #13-530 SINGAPORE
Postcode	752128
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE SENT TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE3962D
Vehicle Make/Model/Colour	TOYOTA / DYNA / SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UDDIN JASIM
NRIC/Passport Number	GXXXX592N
Contact Number	
Address	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KOO KIN LEONG (GU JIANLIANG)
Approximate Age	43
Injuries Sustain	REFER POLICE REPORT (7 DAYS MC)
Injured person in which vehicle?	SMU6499R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 128B CANBERRA STREET #13-530 SINGAPORE
Postcode	752128

Sketch Plan

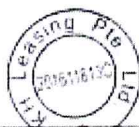
SKETCH PLAN

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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:

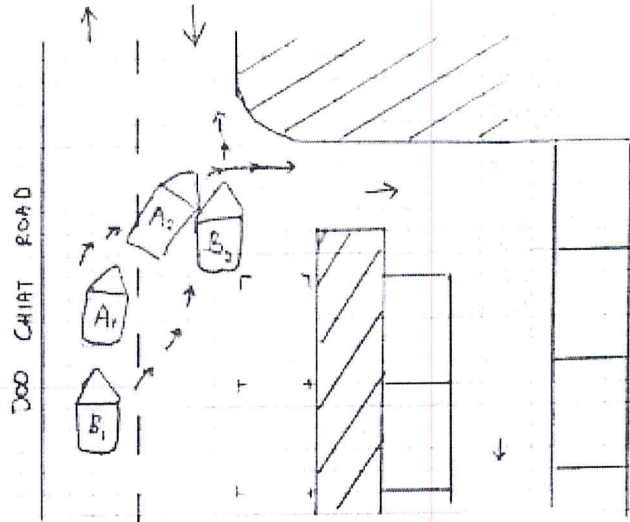
Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN

A: SMU6499R

B: GBE3962D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Jooh Chiat Road. I ~~slow~~ slow down and signal right to make a right turn into the car park. When I was started to make the ^{turn} a lorry from ~~overtake me~~ behind overtake me and hit onto the ^{left} right side of my vehicle.

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.

Common Statement



**SINGAPORE
POLICE FORCE**



T:20201008/7029

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T:20201008/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/10/2020 19:05

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant: KOO KIN LEONG			Address: 128B CANBERRA STREET #13-530 SINGAPORE 752128	
ID Type / ID No.: NRIC NO / S7700214F			Contact No.: Home/Office:	Mobile: 96940506
Nationality: SINGAPORE CITIZEN			Email: WILSONKKL@YMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 02/01/1977	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class: 3	Date of Expiry: 08/10/2020

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2020 15:30	Type of Location: Straight Road
Location: JOO CHIAT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE3962D	Lorry	TOYOTA	Dyna	Silver	Slightly Damaged	3
SMU6499R	Car	TOYOTA	Altis	Silver	Seriously Damaged	0

Common Statement



**SINGAPORE
POLICE FORCE**



T/20201008/7029

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20201008/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU6499R	NTUC Income Insurance Co-Operative Limited	5118778961	27/08/2020	25/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	UDDIN JASIM		ID No.	G7242592N
Related Vehicle	GBE3962D (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	KOO KIN LEONG		ID No.	S7700214F
Related Vehicle	SMU6499R (Car)		Contact No.	96940506
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 08/10/2020
Date	08/10/2020		Date	08/10/2020
No. of Days granted Medical Leave	07		Degree of	Slight

Brief Details.

i was driving my vehicle SMU6499R along joo chiat road at about 3.30pm, the opposite direction is clear traffic and i slowed down my vehicle and make a signalled right to make a right turn into the carpark, suddenly this lorry GBE3962D overtake me from my right on the opposite flow of traffic at a high speed resulting the accident. my car front right was badly damaged with a big dent bend in and his lorry only has very minimal damage. we exchange contact and details as there is no injuries and damage to government properties. and i proceeded to make my car accident report at the accident report center at sin ming. the next day on 8/10/2020, upon waking up i developed pains and numbs on my neck, lower spine and left arm. i took a car and went into A&E in SGH at about 12noon and was admitted there for checking and X ray. i was blessed as X ray show no cracks of bones but still i could not move my neck. i was discharged at 530pm and given 3 types of pain killer and 7days outpatient leave. after that i went over to Cantomment police center to make this report. I wish to state that i have photos and dash cam footage of the accident.

Common Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201008/7029

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Report No: T/20201008/7029

CONTINUATION OF REPORT

Common Statement



**SINGAPORE
POLICE FORCE**



T/20201008/7029

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Report No: T/20201008/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/10/2020 19:05

Classification Of Case: