

# 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 Submission ..... 14/12/2020 14:23 (SGT)  
Date of Accident ..... 11/12/2020 17:05 (SGT)  
Exact Location of Accident ..... Science Park Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGL8792Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... VINCENT KOH  
NRIC No ..... SXXXX016D  
Email Address ..... VINCENTKOH\_88@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-97616633  
Alternative Phone No ..... +65-97616633

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... PNPV2017-00006874-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... VINCENT KOH  
NRIC No ..... SXXXX016D  
Date Of Birth ..... 24/05/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	24/03/1995
Driving experience .....	25 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97616633
Alt. Phone Number .....	+65-97616633
Email Address .....	VINCENTKOH_88@YAHOO.COM.SG
Address .....	BLK 530C PASIR RIS DR 1 #11-402
Address complement .....	-
Postcode .....	513530
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

#### 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 .....	SMK3378D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	VINCENT KOH
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SGL8792Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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)**

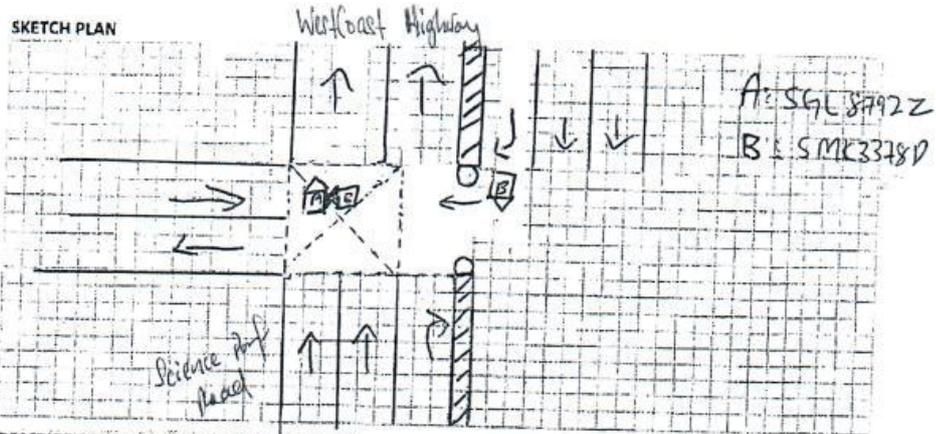
I understand, acknowledge, agree and consent that:

- (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:

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

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on SCIENCE PARK ROAD HEADING STRAIGHT TOWARDS WEST COAST HIGHWAY on the third lane. The traffic light was in my favour therefore I proceeded to go straight. Suddenly vehicle B made an abrupt right turn without looking for oncoming traffic and hit onto the driver side door of my vehicle, causing me to lose control of my vehicle and mounting up the kerb.

refer to TP Report

T/2020211/2147

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
DATE: / / TIME: :

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

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







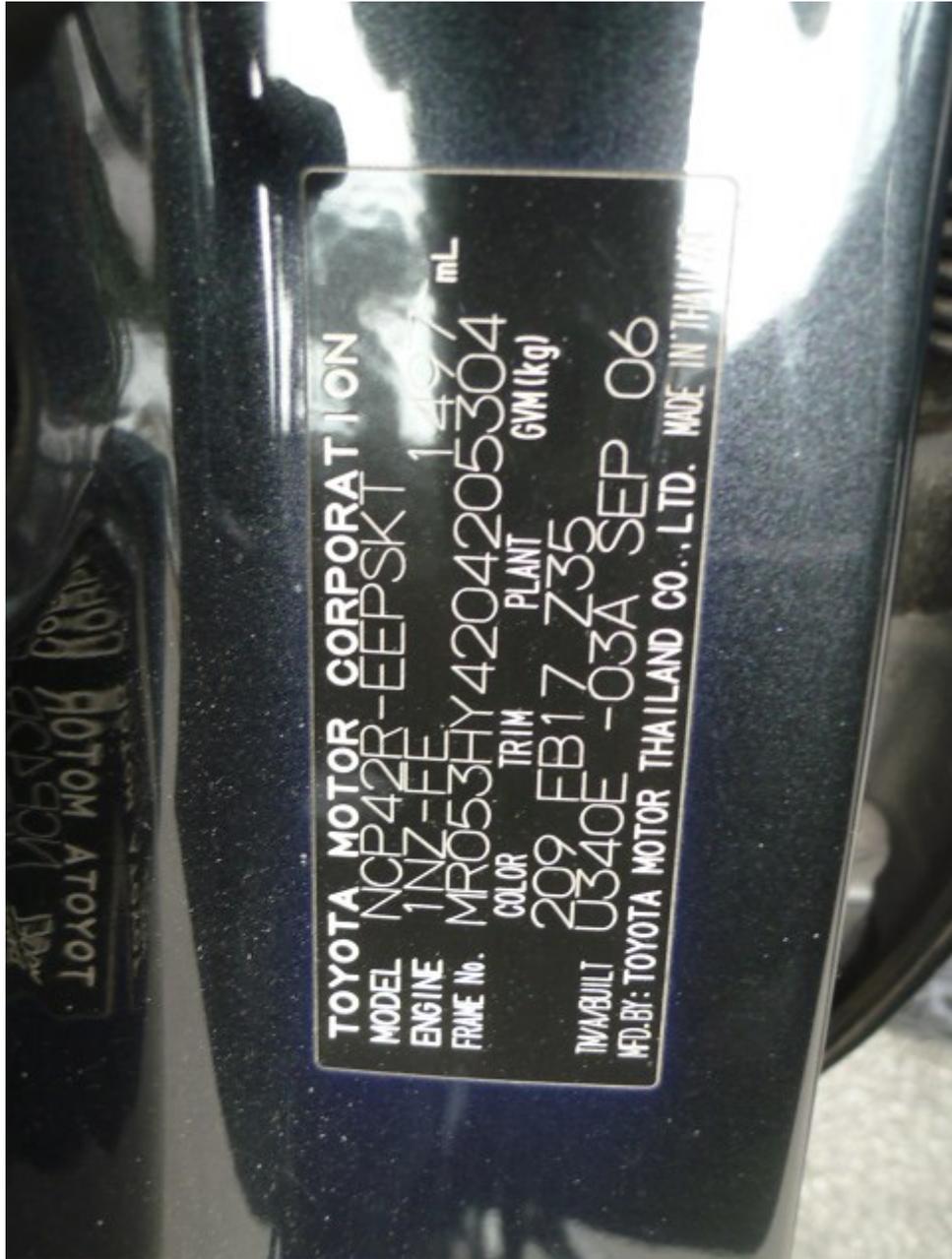















**SINGAPORE  
POLICE FORCE**


T/20201211/2147

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20201211/2147

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/12/2020 22:32	Vide Report No.: D/20201211/0090	Station Diary No.: 79
<b>Informant's Particulars</b>		
Name of Informant: VINCENT KOH	Address: APT BLK 530C PASIR RIS DRIVE 1 #11-402 SINGAPORE 513530	
ID Type / ID No.: NRIC NO / S7217016D	Contact No.: Home/Office:	Mobile: 97616633
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 48	Date of Birth: 24/05/1972
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: DELIVERY DRIVER	Driving Licence Information: Class: 2B,3,4	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2020 17:05	Type of Location: X-Junction
Location:  SCIENCE PARK ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGL8792Z	Car	TOYOTA	VIOS 1.5E A	Black	Seriously Damaged	1
SMK3378D	Car	HONDA	FREED	Silver	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL8792Z	FWD Singapore Pte. Ltd	PNPV2017- 00006874-03	29/09/2020	28/09/2021



**SINGAPORE  
POLICE FORCE**



T/20201211/2147

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3  
Report No. T/20201211/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VINCENT KOH	ID No.	S7217016D
Related Vehicle	SGL8792Z (Car)	Contact No.	97616633
Hospital/Clinic	SIMEI CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	11/12/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On 11/12/2020 at around 1702hrs, I was driving my Black color Toyota car bearing registration plate number SGL8792Z along Science park road. At that point of time the traffic light was green and I was driving straight on the left-most lane. Later, one silver Honda Freed car, bearing the registration plate number SMK3378D was making a right turn from the opposite side of Science Park Road into Pasir Panjang Road. The silver coloured car collided onto my car's front right portion, with the front portion of his car. Later on the traffic police and ambulance came, and the other driver was conveyed to the hospital. At that point of time I had 1 passenger on-board my car while I was sending him to Joo Chiat Road via a Grab Hitch booking. My passenger informed that he was not injured and left.

The damages suffered by my car was : Heavy scratches and dents on the front right portion of my car. Due to the collision, it resulted to my car skidding to the left side and hit a lamp post near the traffic light and causing a dent on the left portion of my car.

Due to the collision, I felt a strain at my neck and my shoulder area and was given 4 days MC.

My in-car camera was not working at that point of time.



**SINGAPORE  
POLICE FORCE**



T/20201211/2147

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Tel No: 1800-5872999

3 of 3

Report No. T/20201211/2147

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:

G /  
Sgt 3 ALVIN TAY MING WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/12/2020 22:32

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

Classification Of Case:

Authentication Stamp  
NP168 POLICE FORCE

