

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	04/01/2021 15:56 (SGT)
Date of Accident	02/01/2021 12:00 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	twds sle before dairy farm exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY4711R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XIN LAI XIN COMPLETE FUNERAL SERVICES
Company Reg No	5XXXX673C
Email Address	kohcoffin@gmail.com
Mobile Phone No	(Phone) +65-94514850
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5117907726
Cover Note Number	-

DRIVER

Name of Driver	KOH HWEE MENG
NRIC No	SXXXX267G
Date Of Birth	27/11/1967
Occupation	Outdoor

Date Of Driving Pass	04/01/1989
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-86895575
Alt. Phone Number	-
Email Address	kohcoffin@gmail.com
Address	BLK 31 LORONG 5 TOA PAYOH
Address complement	#09-689
Postcode	310031
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	TOH LAY KHENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210104/7000.

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	GBH8390E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA3109Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	KOH HWEE MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST, BACK, NACK, LEG
Injured person in which vehicle?	GY4711R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	TOH LAY KHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG, CHEST & NECK
Injured person in which vehicle?	GY4711R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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, regulatory, 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.

**XIN LAI XIN COMPLETE
FUNERAL SERVICES**

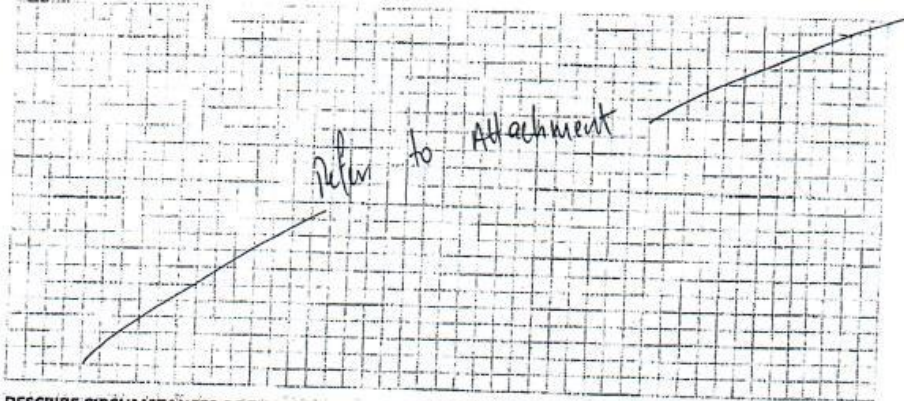
Policyholder's Signature
Date & Time:

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

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

STANDARD REPORT FORM - V01

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description box: "REF to police Report"

DECLARATION

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

XIN LAI XIN COMPLETE FUNERAL SERVICES

Policyholder's Signature
Date & Time:

Signature of Policyholder

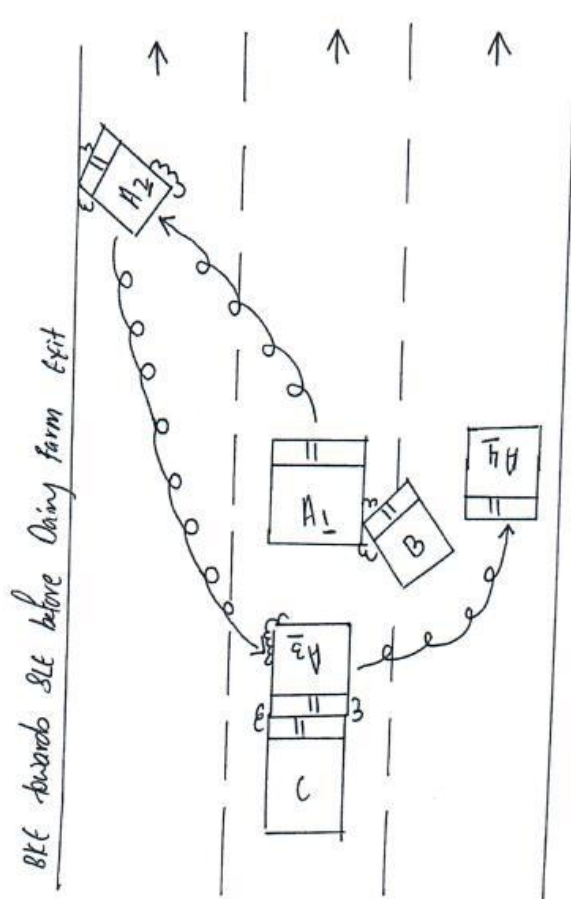
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature of Driver

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

Signature of Reporting Centre Personnel

XIN LAI XIN COMPLETE
FUNERAL SERVICES



A: 6Y4711R

B: 6BH 8390E

C: 6BA 3109Y

























SINGAPORE POLICE FORCE



T/20210104/7000

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

1 of 3

Report No. T/20210104/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2021 10:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH HWEE MENG			Address: 31 LORONG 5 TOA PAYOH #09-689 SINGAPORE 310031		
ID Type / ID No.: NRIC NO / S1801267G			Contact No.: Home/Office: Mobile: 86895575		
Nationality: SINGAPORE CITIZEN			Email: kohcoffin@gmail.com		
Sex: Male	Age: 53	Date of Birth: 27/11/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2021 12:00	Type of Location: Bend
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBA3109Y	Lorry					0
GBH8390E	Van					0
GY4711R	Van					0



**SINGAPORE
POLICE FORCE**



T/20210104/7000

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

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Report No. T/20210104/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	TOH LAY KHENG	ID No.	S7837742I
Related Vehicle	GY4711R (Van)	Contact No.	86474733
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/01/2021	Date	02/01/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	KOH HWEE MENG	ID No.	S1801267G
Related Vehicle	GY4711R (Van)	Contact No.	86895575
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/01/2021	Date	02/01/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was traveling along bke towards sle before dairy farm exit. I was traveling on the second lane, suddenly vehicle b(GBH8390E) who was traveling on the fist lane suddenly self ski and hit onto the right rear of my vehicle. The impact was so big causing my vehicle to lost control and hit onto the concrete barrier. After hitting onto the concrete barrier, I was hit by vehicle c(GBA3109Y) again. The ambulance and traffic police was at the scene. Me and my passenger were then convey to Ng Teng Fong hospital. I was given 5 days Of mc and my passenger was given 3 days of my. This was my second police report made as the first police report does not include the third vehicle Carplate and the statement they wrote was not clear. The report number of my first report is(T/20210103/2012)

**SINGAPORE
POLICE FORCE**

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



T/20210104/7000

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Report No. T/20210104/7000

CONTINUATION OF REPORTSketch 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 /
THABAGESH JEYATHESH
Contact No.: 65476178

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:
04/01/2021 10:30

Classification Of Case: