

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 08/04/2021 17:14 (SGT)
Date of Accident 05/04/2021 06:20 (SGT)
Exact Location of Accident Jln Membina, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR9562L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALPINE CAR RENTAL PTE LTD
Company Reg No 1XXXXX483E
Email Address X543210H@GMAIL.COM
Mobile Phone No (Phone) +65-88181638
Alternative Phone No (Home) +65-88181638

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5112296399-01
Cover Note Number -

DRIVER

Name of Driver KOH BOCK HWA
NRIC No SXXXX632B

| | |
|--|-----------------------------------|
| Date Of Birth | 26/03/1960 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/08/1977 |
| Driving experience | 43 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88181638 |
| Alt. Phone Number | - |
| Email Address | X543210H@GMAIL.COM |
| Address | APT BLK 478C YISHUN ST 44 #08-171 |
| Address complement | - |
| Postcode | 763478 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 - Head to Rear |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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 ATTACHED

ATTACHMENT(S)

| | |
|---|-------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH DRIVER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKZ1976K |
| 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 | KOH BOCK HWA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SMR9562L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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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:

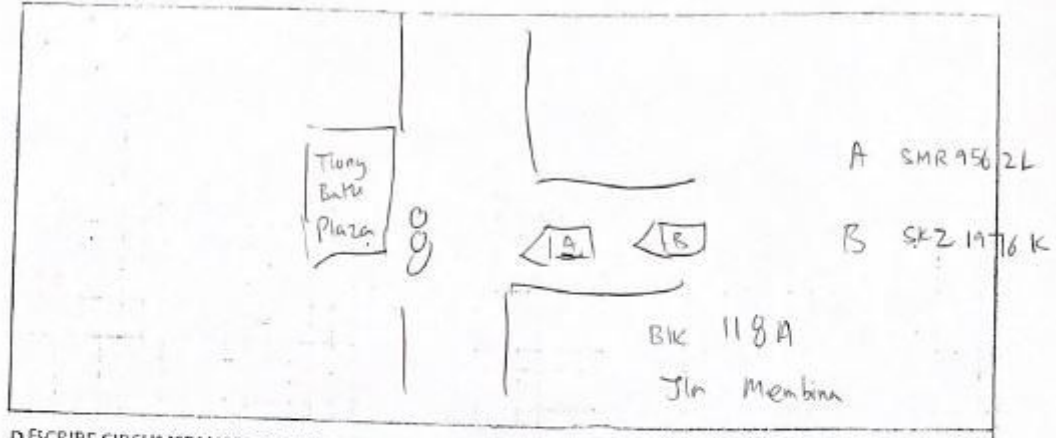
[Signature]

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

MAY

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report: T/20210406/2112

2L

DECLARATION

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

Policyholder's Signature
Date & Time:

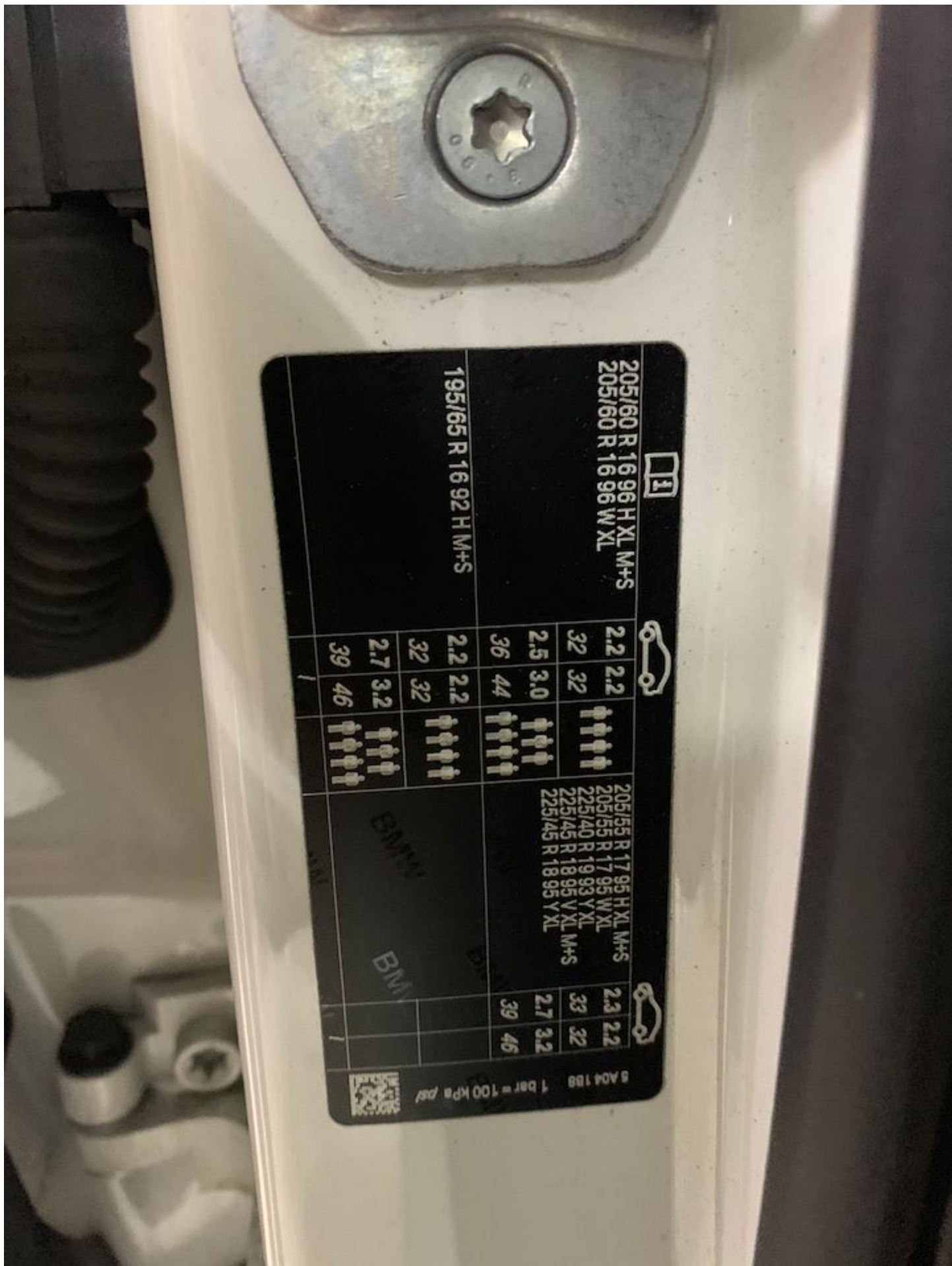
Driver's Signature
(If driver is not the policyholder)
Date & Time

MAY

Reporting Centre Personnel's Signature
Name:
ID No./Date:


















**SINGAPORE
POLICE FORCE**


T/20210406/2112

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

1 of 3

Report No. T/20210406/2112

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 06/04/2021 17:11 | | Vide Report No.: | | Station Diary No.: 55 | |
| Informant's Particulars | | | | | |
| Name of Informant: KOH BOCK HWA | | | Address: APT BLK 478C YISHUN STREET 44 #08-171 SINGAPORE 763478 | | |
| ID Type / ID No.: NRIC NO / S1428632B | | | Contact No.: Home/Office: Mobile: 96157197 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 61 | Date of Birth: 26/03/1960 | 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: 06/04/2021 06:20 | Type of Location: Straight Road |
| Location: JALAN MEMBINA | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| 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 |
|-------------|------|--------|-------|-------|---------------------|-----------------|
| SKZ1976K | Car | TOYOTA | | Blue | | 0 |
| SMR9562L | Car | BMW | | White | Slightly Damaged | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
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T/20210406/2112

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

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Report No. T/20210406/2112

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|---------------------------------|--|--|-----------------------------------|
| Name | Unknown | | ID No. | NIL |
| Related Vehicle | SKZ1976K (Car) | | Contact No. | NIL |
| 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 |
| Driver | | | | |
| Name | KOH BOCK HWA | | ID No. | S1428632B |
| Related Vehicle | SMR9562L (Car) | | Contact No. | 96157197 |
| Hospital/Clinic | Central 24-hr clinic (Tampines) | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/04/2021 | | Date Discharge | 06/04/2021 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |

Brief Details.

On the 06/04/2021 at 0620hrs, I was travelling along a single lane road of Jalan Membina towards Tiong Bharu Road. I then stopped at the junction of Jalan Membina and Tiong Bahru Road as I wanted to turn left and the traffic light was red. After I came to a complete stop, I felt a impact from the rear after a few seconds. I made a check and discovered that a blue Toyota had collided into the rear of my car. There was no Police or ambulance at the scene. As I was in a hurry both parties forgot to exchange particulars. I only managed to take pictures of the accident. My car has in-built recording which managed to capture the accident.



**SINGAPORE
POLICE FORCE**



T/20210406/2112

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

3 of 3

Report No. T/20210406/2112

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 /
Staff Sgt SIVA BALAN S/O CHINNAPAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2021 17:11

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168

