

# 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 ..... 30/04/2021 14:39 (SGT)  
Date of Accident ..... 29/04/2021 21:59 (SGT)  
Exact Location of Accident ..... 12 Pasir Ris Drive 6, Singapore  
Additional Location Information ..... BFR TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJL9292H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KARKOOL LIMOUSINE  
Company Reg No ..... -  
Email Address ..... JACOB BISCURT8@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98994499  
Alternative Phone No ..... +65-98994499

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MR003334  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH TECK SOON (XU DESHUN)  
NRIC No ..... SXXXX332C

Date Of Birth .....	20/10/1978
Occupation .....	Outdoor
Date Of Driving Pass .....	30/10/1996
Driving experience .....	24 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97366672
Alt. Phone Number .....	-
Email Address .....	JACOBBISSCURT8@GMAIL.COM
Address .....	BLK 326A SUMANG WALK #12-996
Address complement .....	-
Postcode .....	821326
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? .....	Yes
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 .....	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 REPT T/2021043017013

#### 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 .....	VIDEO WITH TP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBH9055S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
Name of Driver .....	ESHERDAD BIN AHMAD
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 TECK SOON (XU DESHUN)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJL9292H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2



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

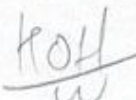
Describe Circumstances of the Accident


~~Acc Vehicle A~~ refer to state police report T/20210430/7013

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

  
Witnessed by Reporting Centre Personnel

SKETCH PLAN

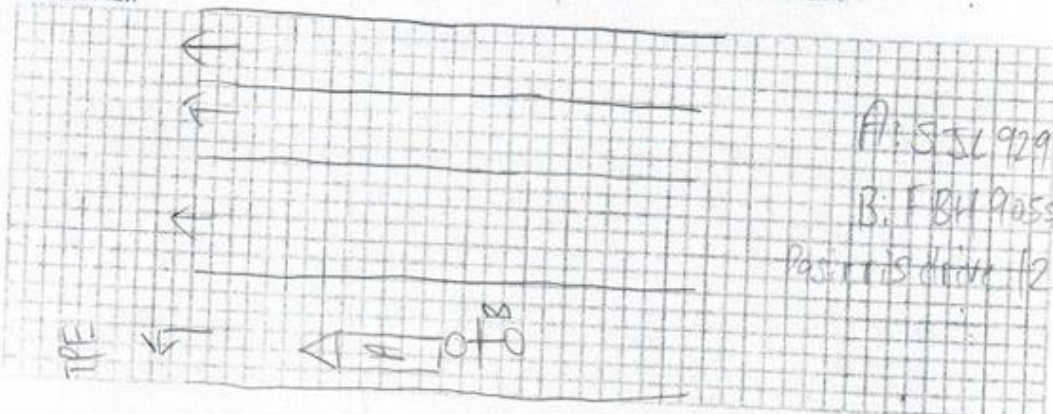
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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 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.

Policyholder's Signature / Date & Time \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan













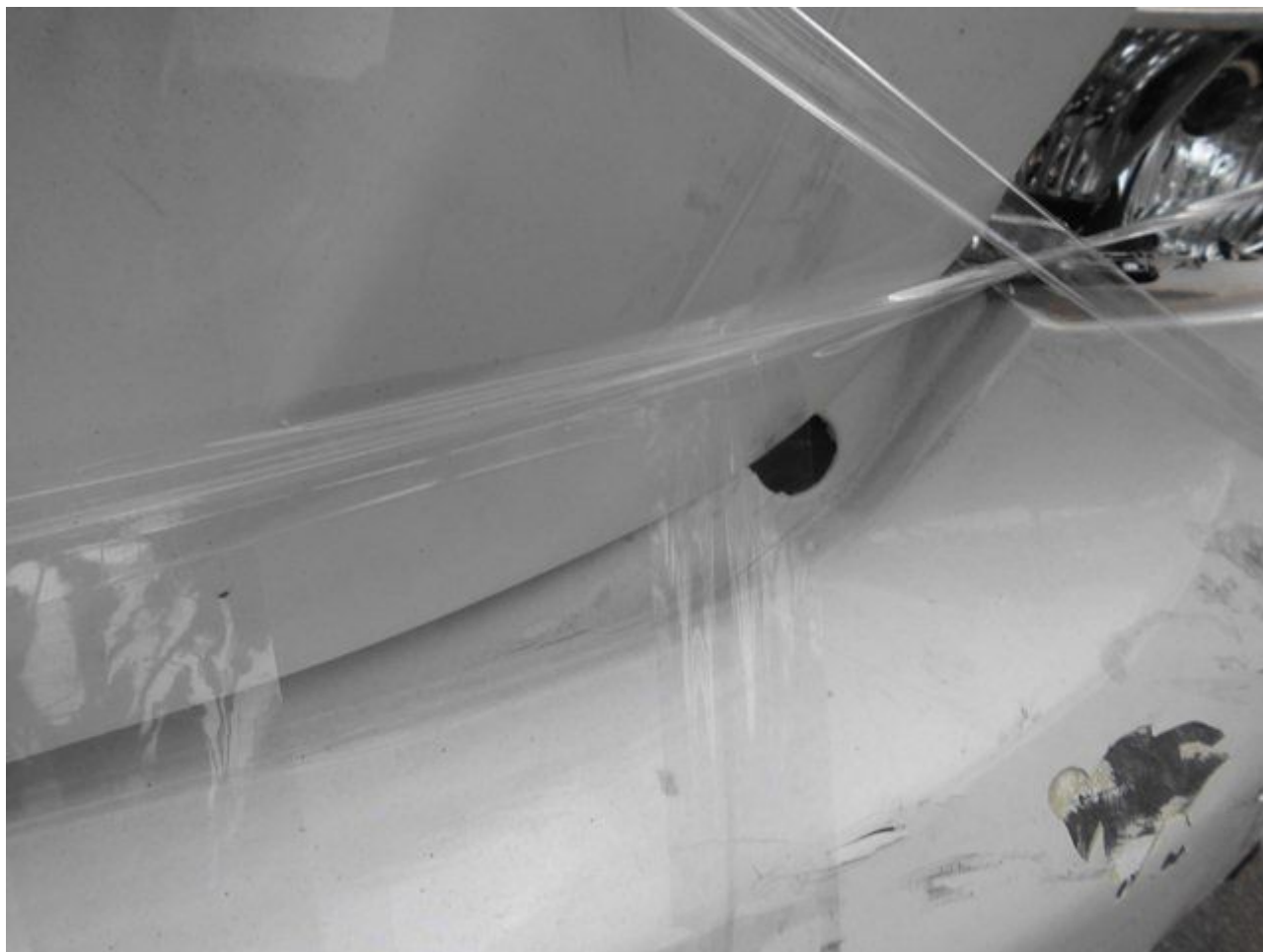












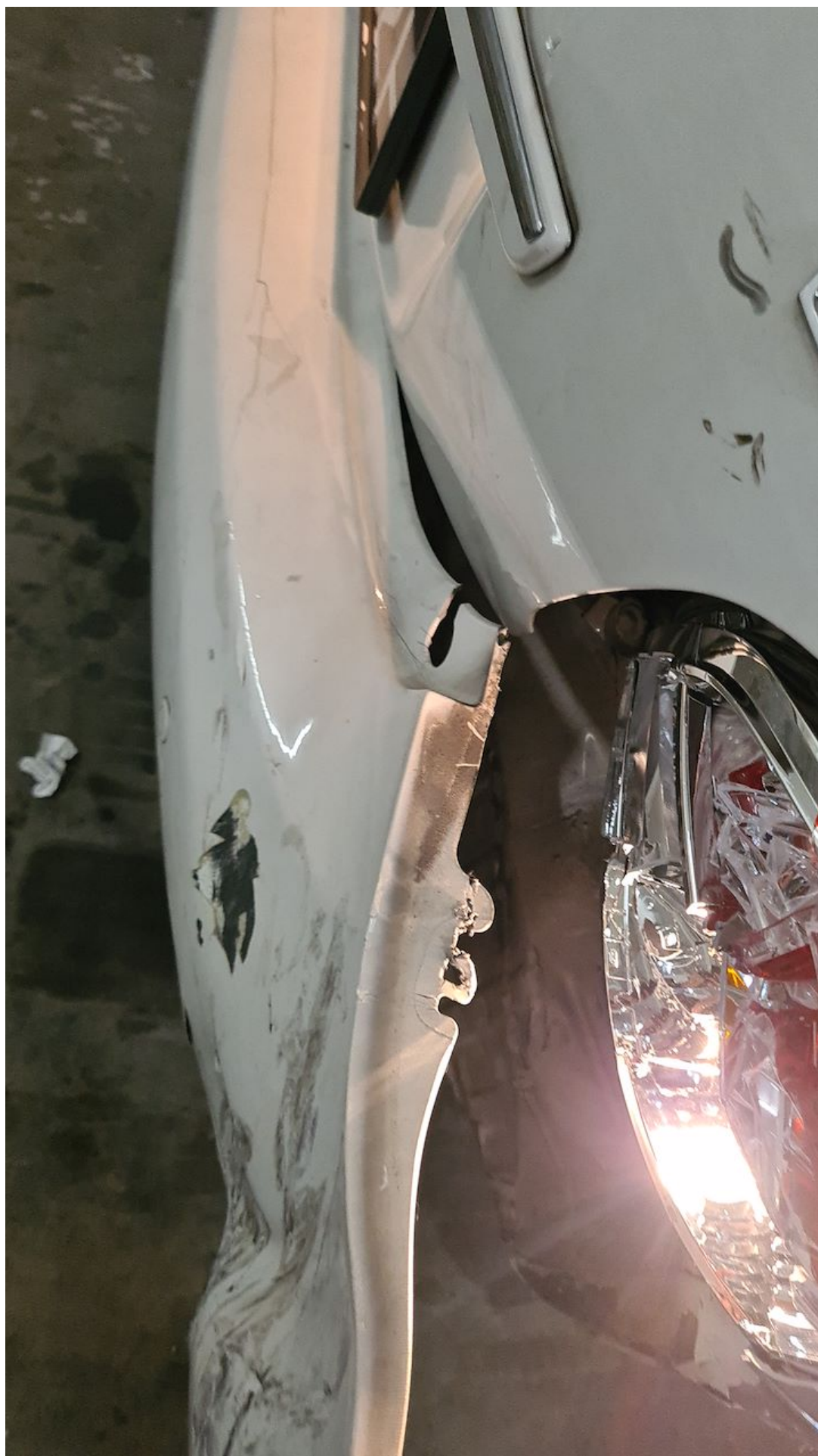






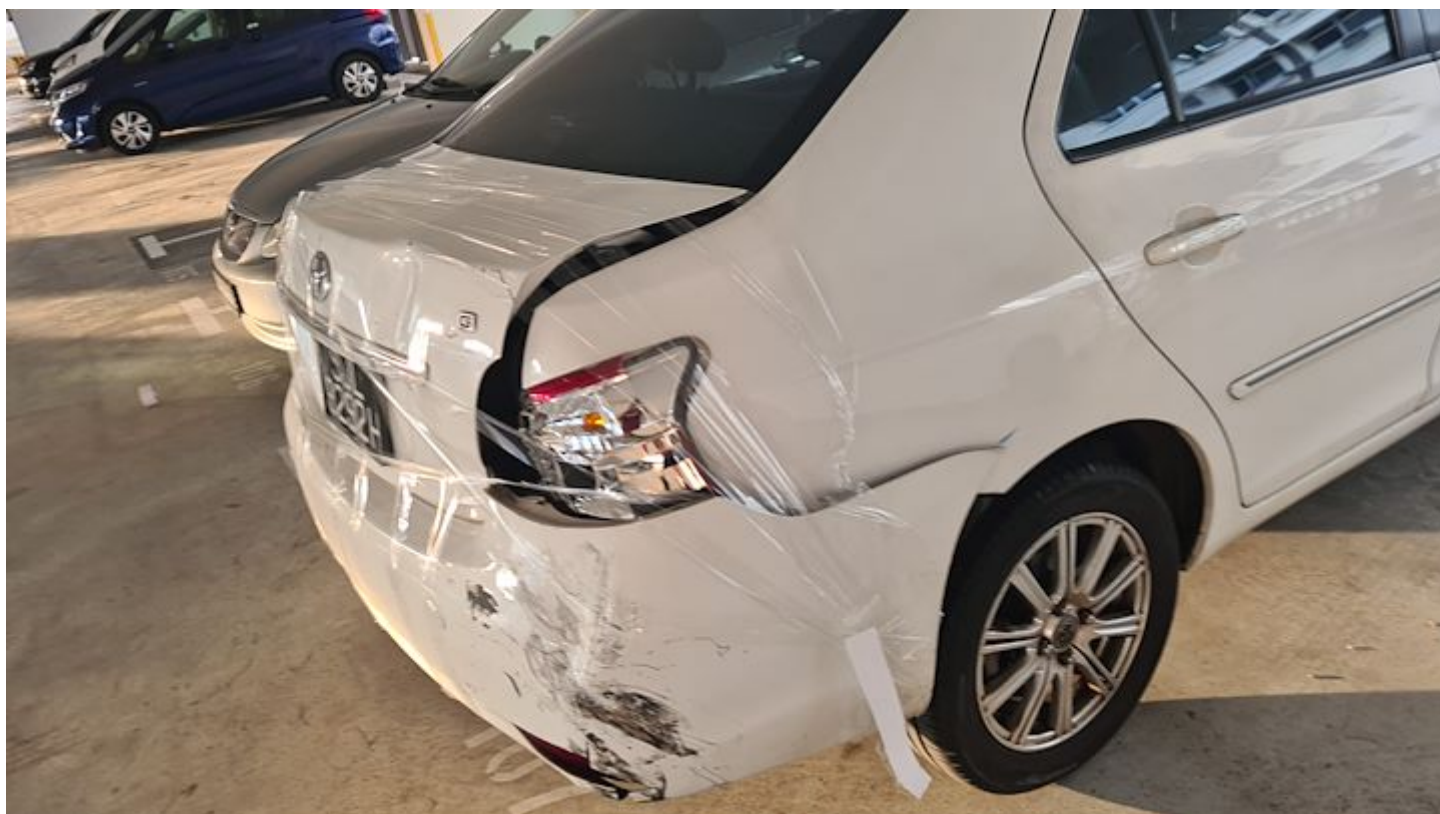
















**SINGAPORE  
POLICE FORCE**



T/20210430/7013

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

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Report No. T/20210430/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/04/2021 13:06	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: KOH TECK SOON		Address: 326A SUMANG WALK #12-996 SINGAPORE 821326		
ID Type / ID No.: NRIC NO / S7831332C		Contact No.: Home/Office: Mobile: 97366672		
Nationality: SINGAPORE CITIZEN		Email: JACOBBISSUIT8@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 20/10/1978	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Gojek driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/04/2021 21:50	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBH9055S	Motorcycle				Slightly Damaged	0
SJL9292H	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210430/7013

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

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Report No. T/20210430/7013

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH TECK SOON	ID No.	S7831332C
Related Vehicle	SJL9292H (Car)	Contact No.	97366672
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	30/04/2021	Date	30/04/2021
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

While i was driving halfway i smelled something wrong with the vehicle and i went to stop by the roadside to check what happen to the car. After 3 to 5 mins i received a big impact on my rear of the vehicle and i alighted i saw the motor(FBH9055S) collided into me(SH JL9292H).

**SINGAPORE  
POLICE FORCE**

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



T/20210430/7013

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Report No. T/20210430/7013

**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 /  
MUHAMMAD FARHAN BIN SAIRI  
Contact No.: 65476224

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:  
30/04/2021 13:06

Classification Of Case:

