

# 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 ..... 15/06/2021 16:03 (SGT)  
Date of Accident ..... 12/06/2021 20:15 (SGT)  
Exact Location of Accident ..... Ang Mo Kio, Singapore  
Additional Location Information ..... CTE angmo kio avenue 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKK1511Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Allswell Leasing & Limousine Pte Ltd  
Company Reg No ..... 201432541Z  
Email Address ..... ben@allswellmotor.com.sg  
Mobile Phone No ..... (Phone) +65-91478545  
Alternative Phone No ..... (Office) +65-66791146

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 528i  
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? ..... Yes  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... koh kai tah  
NRIC No ..... S8240872Z

Date Of Birth .....	20/12/1982
Occupation .....	Outdoor
Date Of Driving Pass .....	14/10/2008
Driving experience .....	12 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81385931
Alt. Phone Number .....	-
Email Address .....	tekgou80@yahoo.com.sg
Address .....	4 sin ming road. #04-03
Address complement .....	-
Postcode .....	575584
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Marina Bay Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002229999
Alt. Police Station Phone No .....	(Fax) +65-64359276
Police Station Address .....	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer to sketch / police report

#### 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 .....	SLM1263R
Vehicle Manufacturer .....	Subaru

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-90087992
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN****IMPORTANT NOTICE**

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6. The 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 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.

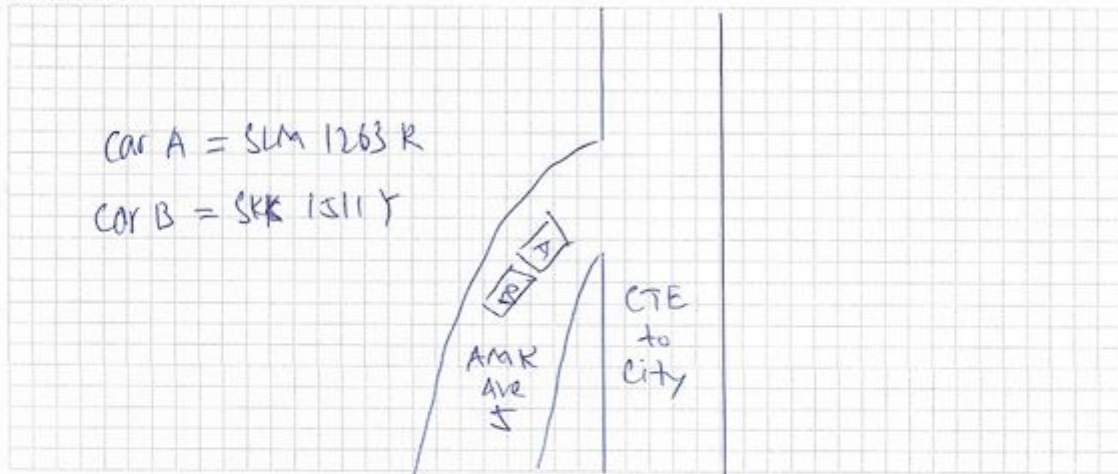
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time:

*[Signature]*

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 14/6/2021



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

DIARMC SketchPlanForm\_V3

















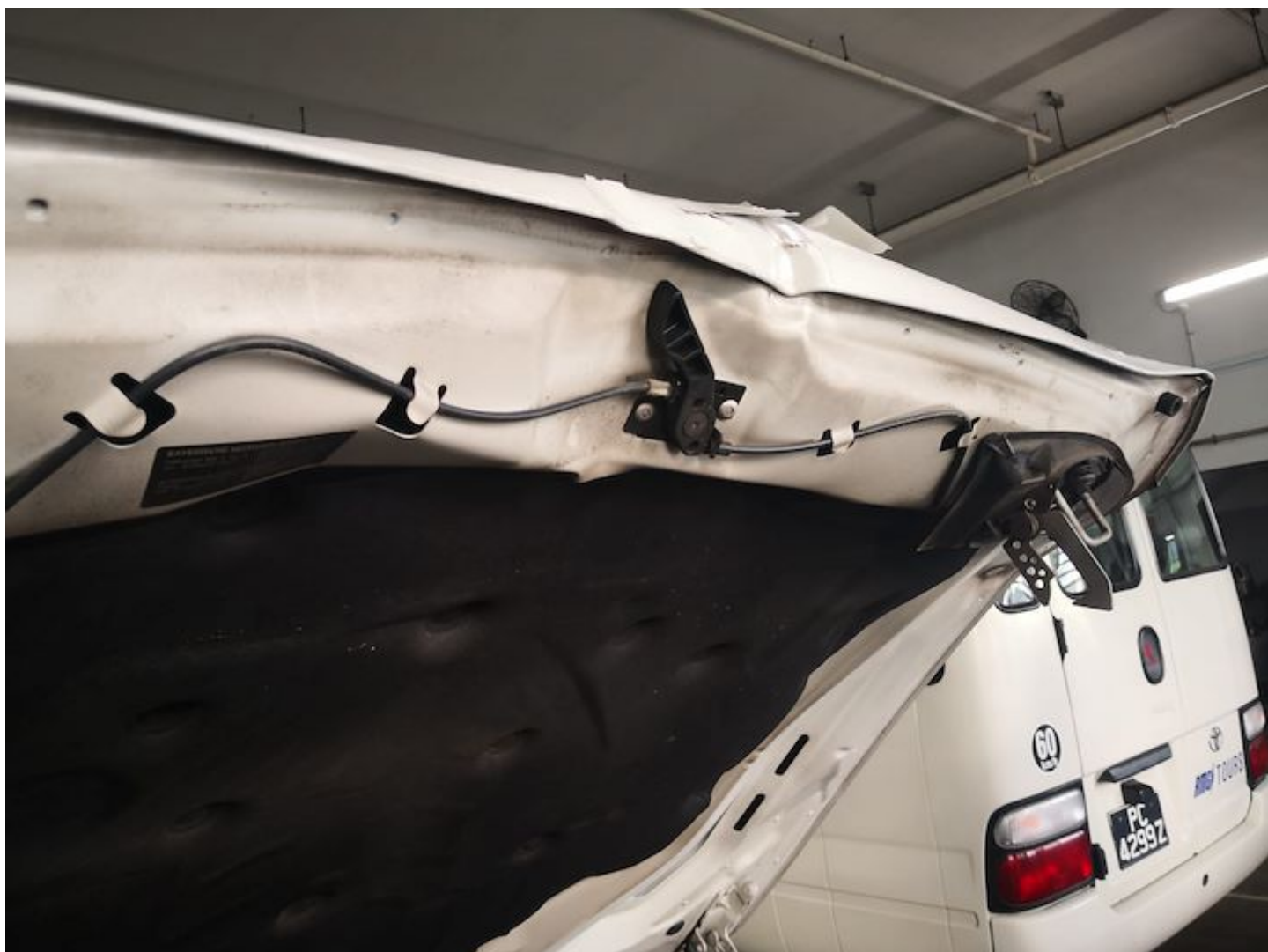






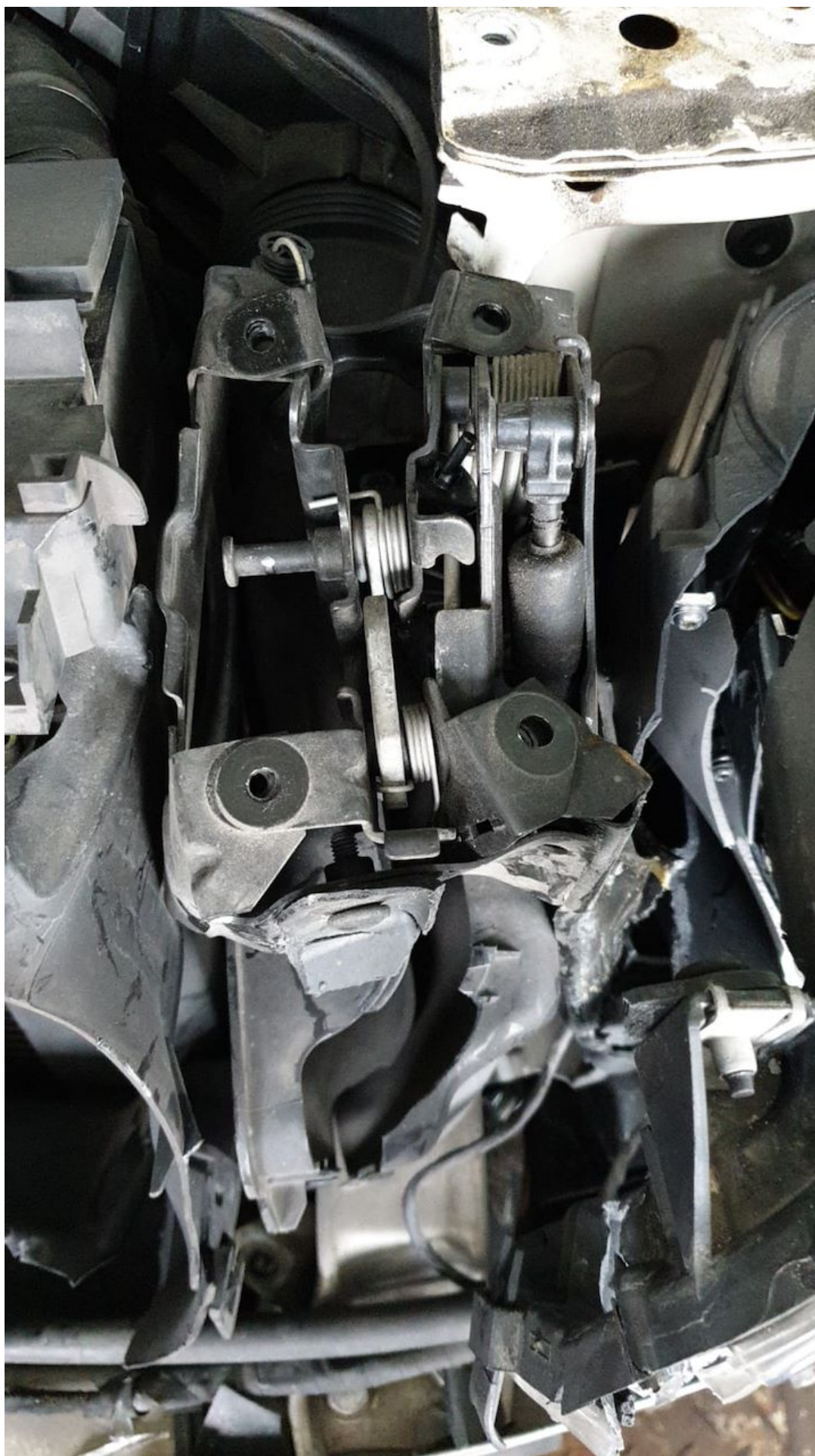






















**SINGAPORE  
POLICE FORCE**



T/20210613/2022

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

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Report No. T/20210613/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2021 13:17		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: KOH KAI TAH			Address: 4 SIN MING ROAD #04-03 SINGAPORE 575584		
ID Type / ID No.: NRIC NO / S8240872Z			Contact No.: Home/Office:                      Mobile: 81385931		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 20/12/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2021 20:15	Type of Location: Slip road from CTE towards city at Ang Mo Kio Ave 5 exit
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SKK1511Y	Car	BMW	528i	White	Slightly Damaged	1
SLM1263R	Car	SUBARU	Forester	Grey	Slightly Damaged	0

**Details of Person Involved**

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





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T/20210613/2022

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70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

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Report No. T/20210613/2022

## CONTINUATION OF REPORT

Driver			
Name	KOH KAI TAH	ID No.	S8240872Z
Related Vehicle	NIL	Contact No.	81385931
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/06/2021 at around 2015hrs, I was travelling on Ang Mo Kio Ave 5 and was making a right turn into the slip road to CTE expressway to go to my destination at MBS as I had a staycation there. While performing the right turn, a Subaru Forester bearing carplate number SLM1263R suddenly jammed his break and made his vehicle came to an abrupt stop. I was unable to stop in time and my vehicle bearing carplate number SKK1511Y then collided into the vehicle in front. There were no injuries suffered and no one was conveyed to the hospital. I then exchanged phone number with the owner and we contacted each other through SMS messages.

I also wish to state that my vehicle was a leased vehicle from Allwell Leasing & Limousine Pte Ltd.. I had started leasing the the vehicle from October 2020.

I am lodging this report for insurance claim and record purpose.



**SINGAPORE  
POLICE FORCE**



T/20210613/2022

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Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

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Report No. T/20210613/2022

**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:  
A /  
Sgt 2 POH YONG BENG, JOEY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/06/2021 13:17

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE

