

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 Report	16/07/2019 11:46
Date Of Accident	13/07/2019 14:45
Exact Location Of Accident	MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7473S
Insured/Policyholder	
Name Of Registered Owner	KOH CONTRACTS & SERVICES PTE LTD
Co Reg No	200800806H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82189169
Alternative Phone No	OFFICE-82189169

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS002381
Cover Note Number	

Driver

Name of Driver	KOH BOON HEE AUGUSTINE
NRIC No	S1807148G
Date Of Birth	29/08/1967
Occupation	INDOOR
Date Of Driving Pass	22/04/1988
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82189169
Fax Number	
Contact Number	OFFICE-82189169
Email Address	NOEMAIL

BLK 662 HOUGANG AVENUE 4
#02-407

530662

NO

OWNER

-

-

-

-

-

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 4
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/2049.

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 GBD1148G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP9466A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHF5K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KOH BOON HEE AUGUSTINE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7473S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.



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

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

Police Report



SINGAPORE
POLICE FORCE



T/20190715/2049

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

2 of 3

Report No. T/20190715/2049

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location
I was travelling along the said location. Approaching the traffic light, it emits red therefore I came to a stop. Suddenly, the involved vehicle collided onto the rear portion of my vehicle. At that point of time, I felt some pain around my chest area, and I was also feeling giddy. However, after I managed to grasp the situation, I immediately call police, shortly after, the ambulance came. The paramedics assess my condition, and deemed that my blood pressure was too high. Thence, I was conveyed to TTSH for further treatment. I was granted 3 days mc.

Police Report



SINGAPORE
POLICE FORCE



T/20190715/2049

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

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Report No. T/20190715/2049

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2019 12:44

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP188

Signature: _____

Police Report



T/20190716/2044

1 of 3

Report No. T/20190716/2044

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190715/2049
Report Number T/20190716/2044
Vide Report Number
Date/Time of Report Made 16/07/2019 10:00
Place Report Lodged Traffic Police
Type of Informant Driver
Name of Informant KOH BOON HEE AUGSTINE
ID Type / ID No. NRIC NO / S1807148G
Home/Office
Mobile 82189169
Email
Type of Accident Injury / Attended by Police
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 13/07/2019 14:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD1148G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold		0
GBF7473S	Lorry				Slightly Damaged	0
SHF5K	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon		0

Police Report



T/20190715/2044

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Report No. T/20190715/2044

Continuation of CSF For NP168

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP0466A	Lorry	MITSUBISHI	CANTER FEB21ER4S DEN (CBU)	White		0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH BOON HEE AUGSTINE	ID No.	S1807148G
Related Vehicle	GBF7473S (Lorry)	Contact No.	82189169
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

Brief Facts.

ON THE STATED DATE, TIME AND LOCATION I WAS TRAVELLING ALONG TH SAID LOCATION. APPROACHING THE TRAFFIC LIGHT, IT EMIT RED THEREFORE ICAME TO A STOP. SUDDENLY, THE INVOLVED VEHICLE COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. AT THAT POINT OF TIME, I FELT SOME PAIN AROUND MY CHEST AREA, AND I WAS ALOS FEELING GIDDY. HOWEVER, AFTER I MANAGED TO GRASP THE SITUATION, I IMMEDIATELY CALL POLIC. SHORTLY AFTER, THE AMBULANCE CAM. THE PARAMEDICS ASSESS MY CONDITION AND DEEMED THAT MY BLOOD PRESSURE WAS TOO HIGH. THENCE, I WAS CONVEYED TO TTSH FOR FURTHER TREATMENT. I WAS GRANED 3 DAYS OF MC.

REFER TO REPORT NUMBER: T/20190715/2049

Police Report



T/20190716/2044

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Report No. T/20190716/2044

Continuation of CSF For NP168

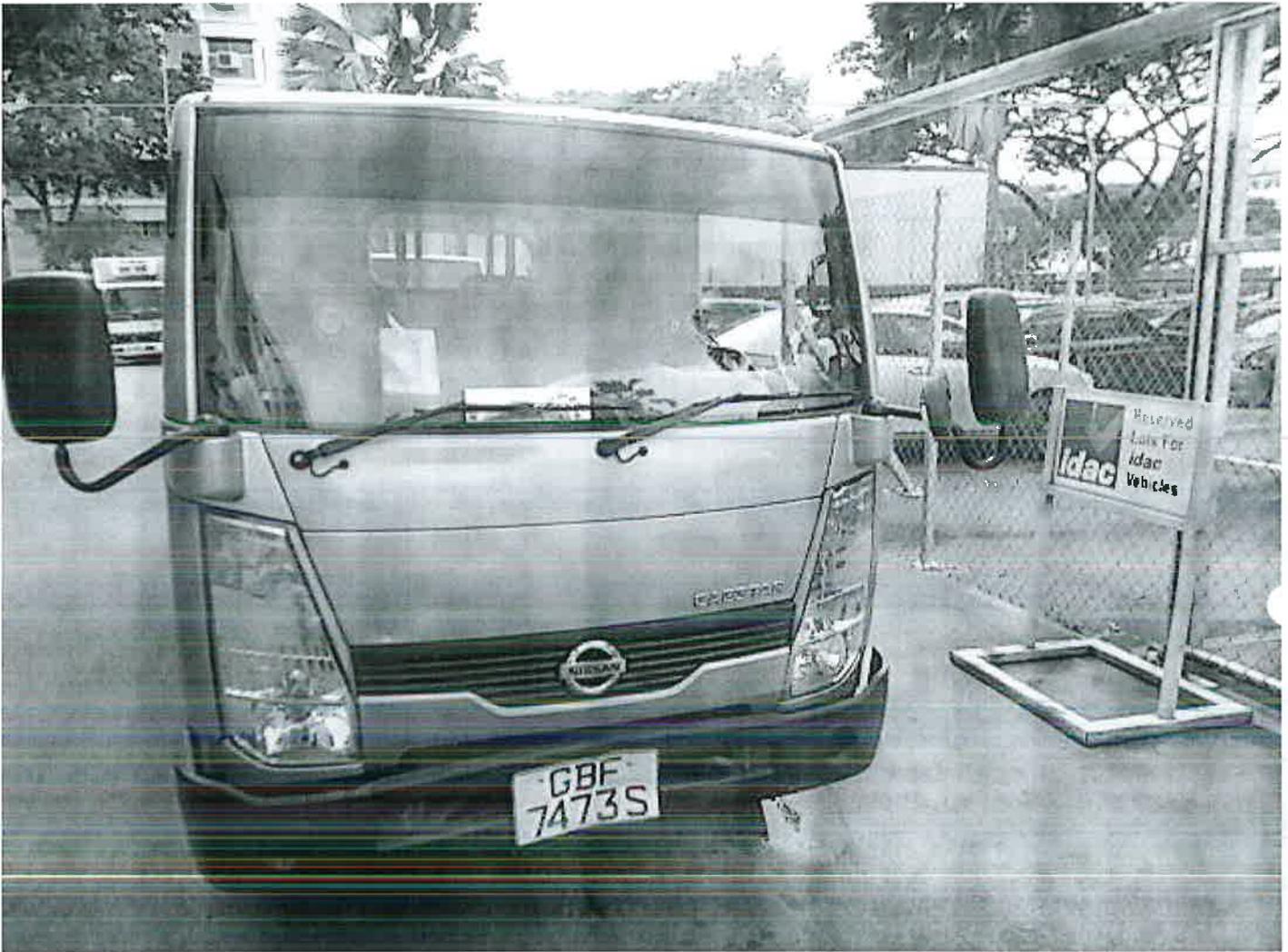
Sketch Plan

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / THABAGESH JEYATHESH
Classification of Case	1) INJURY / ATTENDED BY POLICE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



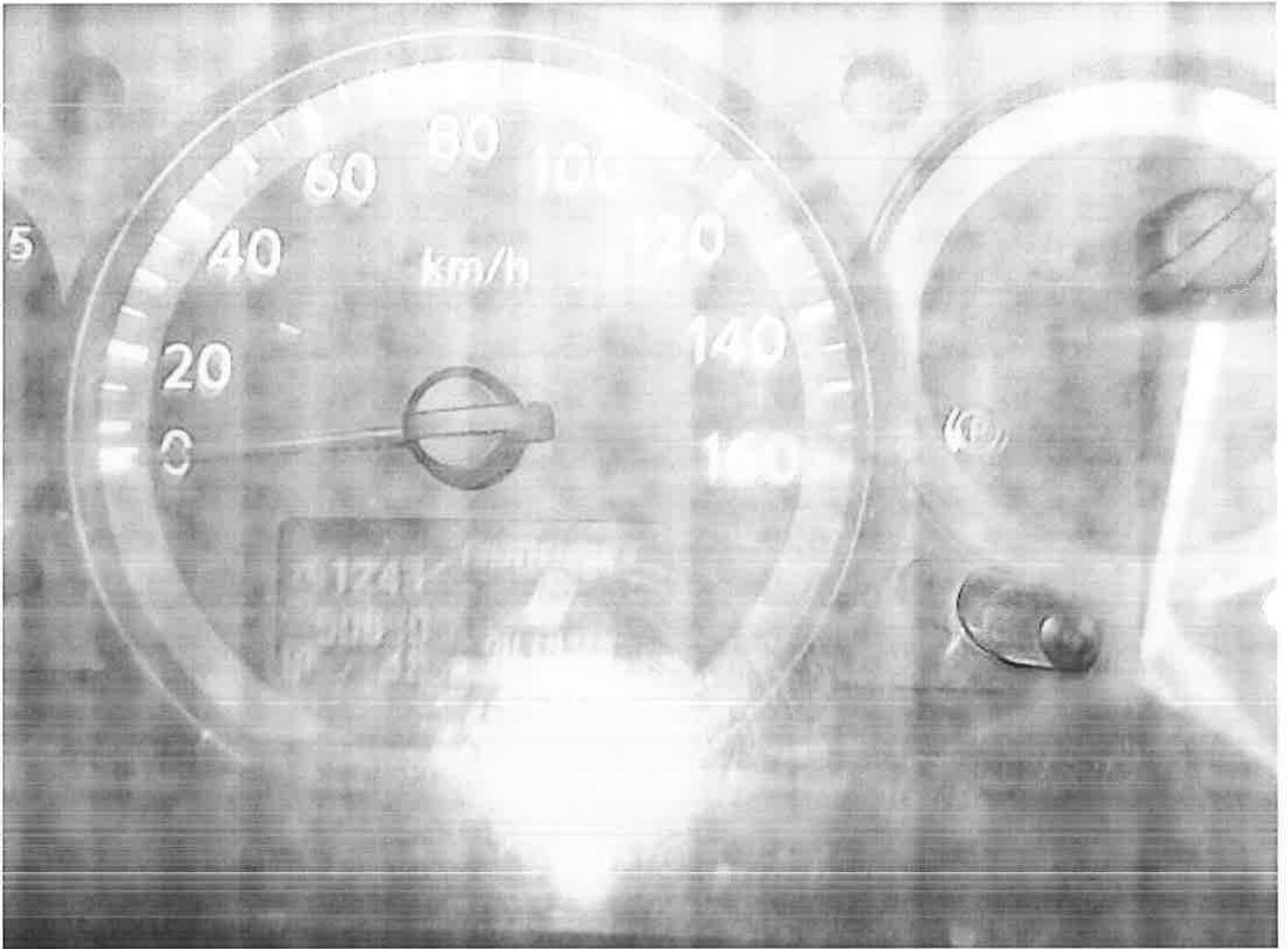
Accident Photo



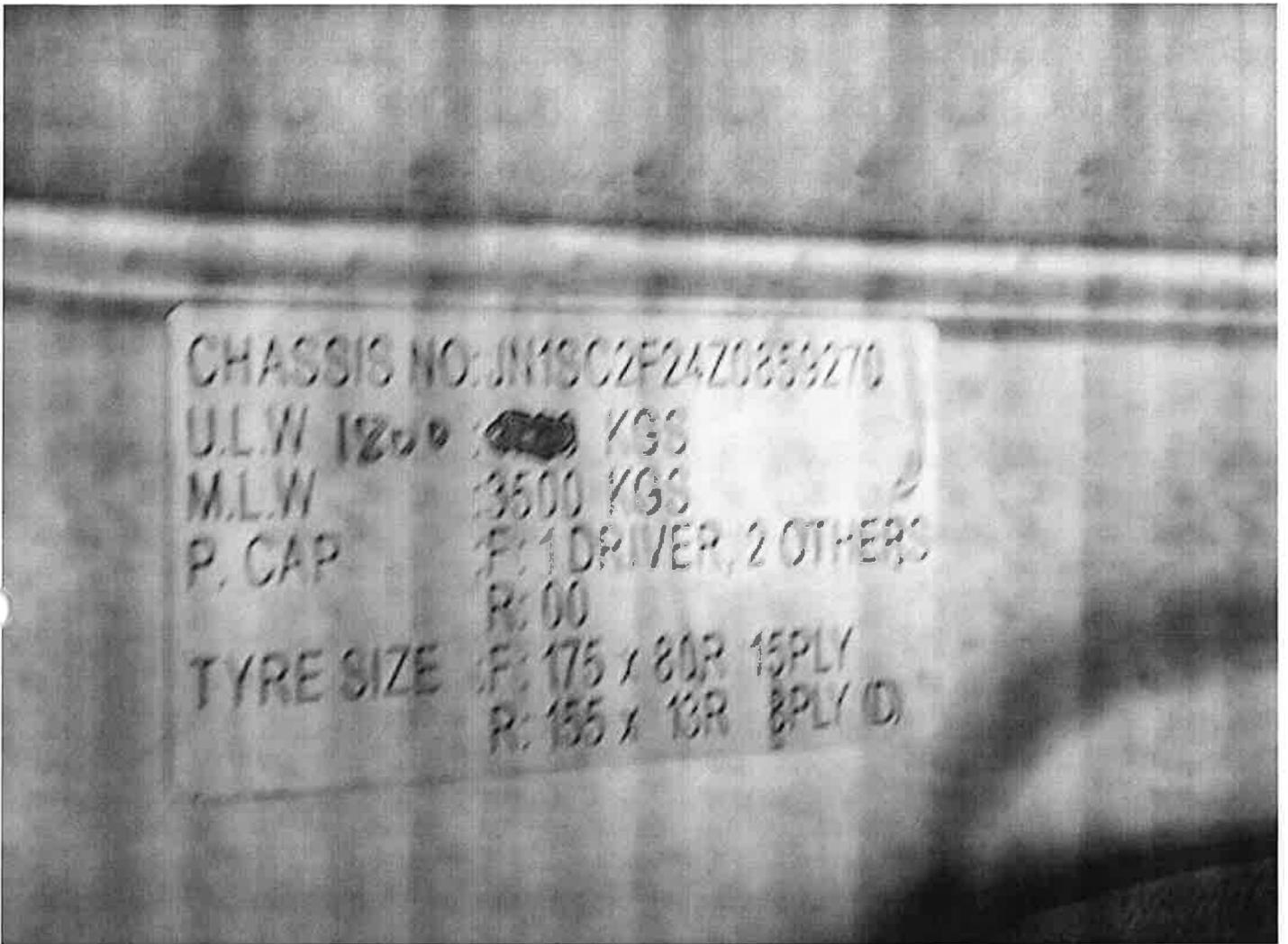
Accident Photo



Accident Photo



Accident Photo



Accident Photo

