

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	13/07/2021 14:52 (SGT)
Date of Accident	12/07/2021 19:10 (SGT)
Exact Location of Accident	3 Clementi Ave 3, Singapore
Additional Location Information	T-JUNCTION OF CLEMENTI AVE 3 & SERVICE ROAD INTO CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCG607C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH HWAI TONG
NRIC No	S1768852I
Email Address	KOHHWAITONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96503806
Alternative Phone No	+65-96503806

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Sorento
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 car
Transmission	Auto
CC	2199

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700060261-03
Cover Note Number	-

DRIVER

Name of Driver	KOH HWAI TONG
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NRIC No	S1768852I
Date Of Birth	01/02/1966
Occupation	Indoor
Date Of Driving Pass	18/08/1989
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96503806
Alt. Phone Number	+65-96503806
Email Address	KOHHWAITONG@GMAIL.COM
Address	BLK 28D DOVER CRESCENT #17-73.
Address complement	-
Postcode	134028
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Motorcyclist
Weather Conditions	Raining
Road Surface	Wet

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 vehicle 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

AS I WAS SLOWING DOWN TO STOP BEHIND A MOTORCYCLE AT CLEMENTI AVE 3 JUNCTION, SUDDENLY THE VEHICLE HIT SOMETHING ON THE LEFT AND I REALIZED A MOTORCYCLE FGJ 9198C WAS TRYING TO BALANCE HIMSELF AND LATER FALL TO THE LEFT. I WENT OUT TO CHECK AND THE MOTORCYCLIST WAS TRYING TO GET UP. AS IT WAS RAINING VERY HEAVY, WE BOTH DROVE AND RIDE (MOTORCYCLIST) INTO THE CLEMENTI CARPARK TO EXCHANGE PARTICULARS. THE MOTORCYCLIST CLAIMED SHIN AREA PAIN BUT THERE WAS NO BLEEDING OR BRUISED.

AS I AM GOING OVERSEAS FROM 16 JUL'21 TO 29 AUG'21, I CAN ONLY SENT MY CAR FOR REPAIR IN SEP 2021.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

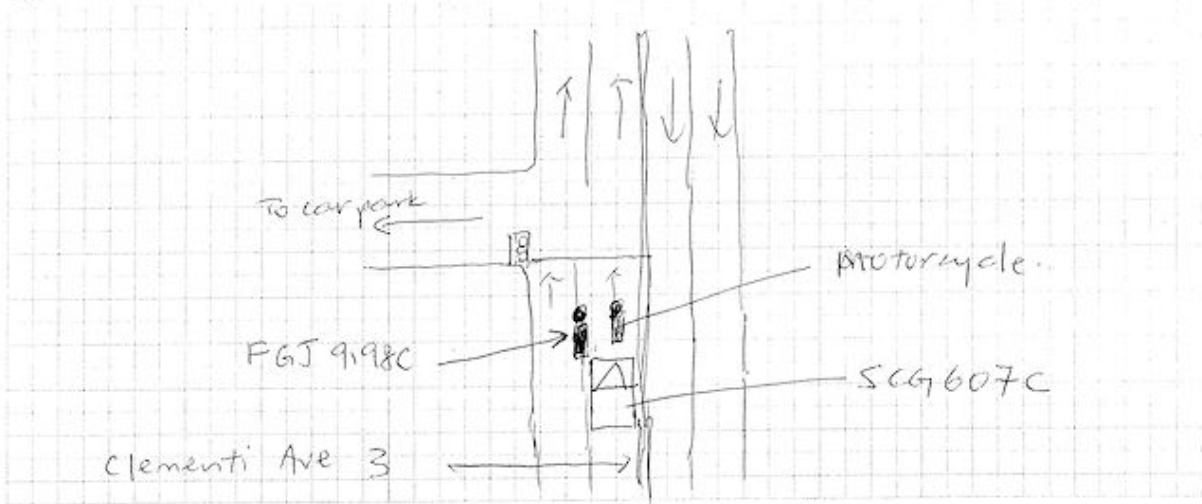
Vehicle Registration Number	FGJ9198C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN
NRIC No	S9609811A
Contact Number	(Phone) +65-93201296
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	LEFT HANDLE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHIN AREA PAIN
Injured person in which vehicle?	FGJ9198C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was slowing down to stop behind a motorcycle at Clementi Ave 3 junction, suddenly the vehicle hit something on the left and I realized a motor cycle FGJ 9198 was trying to balance himself and later fall to the left. I went out to check and the motorcyclist was trying to get up. As it was raining very heavy, we both drove and ride (motorcyclist) into the Clementi carpark to exchange particulars. The motorcyclist claimed shin area pain but there was not bleeding or bruised.

As I am going overseas from 16 Jul 21 to 29 Aug 21, I can only sent my car for repair in Sep 2021.

DECLARATION

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

Policyholder's Signature
Date & Time: 13/07/2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/07/2021

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



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, 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.:




















**SINGAPORE
POLICE FORCE**


T/20210713/7018

1 of 3

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

Report No. T/20210713/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 13:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH HWAI TONG			Address: 28D DOVER CRESCENT #17-73 SINGAPORE 134028		
ID Type / ID No.: NRIC NO / S17688521			Contact No.: Home/Office: Mobile: 96503806		
Nationality: SINGAPORE CITIZEN			Email: kohhwaitong@gmail.com		
Sex: Male	Age: 55	Date of Birth: 01/02/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: army officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 19:10	Type of Location: T-Junction
Location: T-junction of Clementi Ave 3 and Service Road to Central Car park				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: moving vehicle against motorcycle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FGJ9198C	Motorcycle			Red	Slightly Damaged	0
SCG607C	Car	KIA	Sorento	Grey	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210713/7018

2 of 3

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

Report No. T/20210713/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FGJ9198C	NTUC Income Insurance Co-Operative Limited			
SCG607C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700060261-03	05/10/2020	04/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH HWAI TONG	ID No.	S1768852I
Related Vehicle	SCG607C (Car)	Contact No.	96503806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	GENERAL SRI GNANA VEL S/O RAMAHCHANDRAN	ID No.	S9609811A
Related Vehicle	NIL	Contact No.	93201296
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

As I was slowing down to stop behind a motorcycle at Clementi Ave 3 junction, suddenly my vehicle hit something on the left and I realised a motor cycle FGJ 9198 was trying to balance himself and later fall to the left. I went out to check and the motorcyclist was trying to get up. As it was raining heavily, I drove while he ride his motorcycle into the Clementi carpark to exchange particulars. The motorcyclist claimed shin area pain on one of the legs but there was not bleeding or bruises.



SINGAPORE POLICE FORCE

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



T/20210713/7018

3 of 3

Report No. T/20210713/7018

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
13/07/2021 13:15

Classification Of Case:



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H**Accident Statement**
☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)
Motor Accident Repair Basic Information

Date of Accident	12/07/2021
Time of Accident (24hr format)	7pm 1910 hrs
Exact Location of Accident	T-junction of Clementi Ave 3 & Serive Road into carpark

Own Vehicle Details

Vehicle Registration Number	SCG 607C
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company KOH HWA TONG
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1768852I

Vehicle Particulars (Own Vehicle)


Model	KIA SORENTO 2.2A.D
Exact purpose for which vehicle was being used at the time of accident	Personal use
Are you claiming under your own Ins. Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1700060261-03

Driver

Name of Driver	KOH HWA TONG
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1768852I
Date of Birth	01/02/1966
Occupation	Indoor / Outdoor
Driving Pass Date	25/05/2003
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	96503806
Office / Home / Other Numbers	-
Home Address	BLK 28D, Dover Crescent #17-73, S(134028)
Email Address	kehwaitong@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: N.A.
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:  13/07/2021

Ver. Jun 2018/85P

General Information Of The Accident

Type Of Accident	
Weather Condition	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	N.A.
Foreign Vehicle Category	N.A.
Number of vehicles involved in the accident	02
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was the accident reported to the police?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	01
Passenger (Name and Gender)	N.A.
Circumstances of Accident	
Refer attachment	


Third Party Vehicle Detail

Details of Other Vehicle / Property			
Vehicle Registration No.	FGJ 9198C		
Vehicle Make/ Model/ Colour	RED		
Details of Property Damaged in Accident	Handle Ramahchandran		
Vehicle Category	Motorcycle		
Name Of Driver	General Sri Gnana vel s/o		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	S9609811A 93201296		
Name of Insurance Company	NTUC		
Nature of Damage	LEFT Handle		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
	NIL		

Details of Injured Person

Name	NIL
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:

 13/07/2021