

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	20/09/2021 17:40 (SGT)
Date of Accident	17/09/2021 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI AIRPORT AT TOA PAYOH LORONG 1 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY4018M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH SENG KWEE MATTHEW
NRIC No	SXXXX035C
Email Address	MATTHEWKOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91088321
Alternative Phone No	(Home) +65-91088321

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122919621
Cover Note Number	-

DRIVER

Name of Driver KOH SENG KWEE MATTHEW

NRIC No	SXXXX035C
Date Of Birth	23/04/1981
Occupation	Indoor
Date Of Driving Pass	28/10/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91088321
Alt. Phone Number	(Home) +65-91088321
Email Address	MATTHEWKOH@HOTMAIL.COM
Address	APT BLK 28 GHIM MOH LINK #10-272
Address complement	-
Postcode	270028
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	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 vehicle 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	ROSANNE HO WING SEE
Gender	Female

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 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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG1297M
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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	ROSANNE HO WING SEE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY4018M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KOH SENG KWEE MATTHEW
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY4018M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

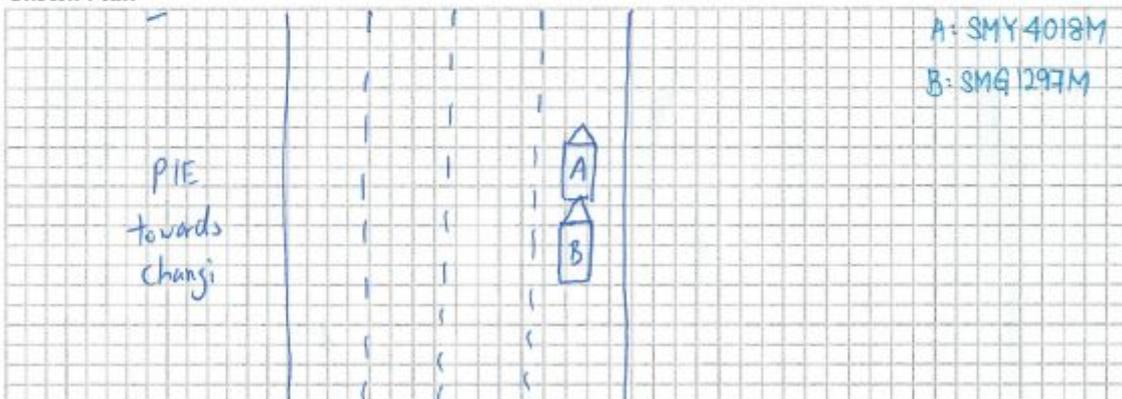
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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/20210917/7035

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

1 of 3

Report No. T/20210917/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2021 21:57		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: KOH SENG KWEE, MATTHEW		Address: 28 GHIM MOH LINK #10-272 SINGAPORE 270028	
ID Type / ID No.: NRIC NO / S8113035C		Contact No.:	Mobile: 91088321
Nationality: SINGAPORE CITIZEN		Email: MATTHEWKOH@HOTMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 23/04/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Despatch worker		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2021 14:30	Type of Location: Straight Road
Location: PIE towards Changi Airport at Toa payoh Lorong 1 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMG1297M	Car	MERCEDES BENZ		White		0
SMY4018M	Car	MAZDA	3	Grey	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210917/7035

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210917/7035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY4018M	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	ROSANNE HO WING SEE	ID No.	S8070770C	
Related Vehicle	SMY4018M (Car)	Contact No.	90211000	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	17/09/2021	Date	17/09/2021	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	KOH SENG KWEE, MATTHEW	ID No.	S8113035C	
Related Vehicle	SMY4018M (Car)	Contact No.	91088321	
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	

Brief Details.

I was travelling on PIE toward changi airport at 17/09/2021, 02:30pm on the 1st lane. The car travelling in front of me suddenly jammed brakes and i am able to brake in time without contacting the car in front of me.

Suddenly i heard screeching sound and Vehicle SMG1297M hit onto the rear of my vehicle. The impact caused me and my passenger Rosanne Ho Wing See, Nric S8070770C to hit on the car seat after which we feel soreness and strains on both our neck shoulder and spine.

We went to see Doctor and were given 3 days of Medical Certificate each.

I have in-car Camera footage which captured the whole accident and photos were also taken.



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Report No. T/20210917/7035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2021 21:57
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

This report is lodged at Clementi NPC Kiosk 1
NP168



**SINGAPORE
POLICE FORCE**



T/20210917/7035

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